June 2004

Children in Temporary Assistance for Needy Families (TANF) Child-Only Cases with Relative Caregivers

Final Report

Prepared for

David Nielsen
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services
200 Independence Avenue, Room 450G
Washington, DC 20201

Prepared by

RTI International
Research Triangle Park, NC 27709-2194

and

University of North Carolina at Chapel Hill

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Prepared by

Deborah Gibbs, MSPH
Jennifer Kasten, MSW
Anupa Bir, PhD
Sonja Hoover, MPP
RTI International*
Research Triangle Park, NC

and

Dean Duncan, PhD
University of North Carolina at Chapel Hill

Janet B. Mitchell, PhD
Scientific Reviewer

*RTI International is a trade name of Research Triangle Institute.

Contents

Figures

Tables

Executive Summary

BACKGROUND

Since the establishment of the Temporary Assistance for Needy Families (TANF) program, much attention has been given to reductions in the number of welfare cases. Welfare cases declined nationally by 52 percent between 1996 and 2001; however, child-only cases declined by much less. Thus, while the number of child-only cases has fluctuated over time, their proportionate share of the TANF caseload has increased.

Children in TANF child-only cases with relative caregivers occupy uncertain territory between the TANF and the child welfare service systems. Since these children are exempt from work requirements and not expected to move to self-sufficiency prior to adulthood, they are not well aligned with the TANF agency's expectations and service offerings. Because they have not been identified as having experienced maltreatment, they are outside the child welfare system's protective mandate, although they may be in need of supportive services.

RESEARCH QUESTIONS AND METHODS

This study used a mixed-method design to address the following research questions:

- What are the demographics, family circumstances, service system involvement, service needs, and well-being of children in TANF child-only cases with relative caregivers?

- What policies and program structures shape states' responses to children in TANF child-only cases with relative caregivers?
- How do states assess, respond to, and monitor the needs and well-being of children in TANF child-only cases with relative caregivers?

Researchers used three complementary strategies to address the research questions:

- a comprehensive review of literature to describe what is known about children in TANF child-only cases with relative caregivers, their well-being, and state policies and practices regarding these cases;
- secondary analysis of data from two national surveys: the National Survey of Child and Adolescent Well-being (NSCAW), and the Survey of Income and Program Participation (SIPP); and
- case studies of five states to describe the service needs and well-being of children in TANF child-only cases with relative caregivers from the perspectives of TANF agency staff, child welfare agency staff, and relative caregivers.

KEY FINDINGS

The complementary research activities comprising this study yielded mixed findings regarding the service needs and well-being of children in TANF child-only cases with relative caregivers. Taken together, these findings suggest both advantages of relative caregiver arrangements for children in TANF child-only cases and cause for concern. Children who enter relative care do so as a result of serious disruption in their parents' ability to care for them. Under such circumstances, relative care is believed to be preferable to either parental care or foster care with nonrelatives. However, these children often experience substantial difficulties as a result of the previous experiences and separation from parents, and the TANF system lacks the necessary resources to respond to them.

Key findings from this study stress these dual themes of protection and risk:

Many children enter informal kinship care as a result of circumstances that could justify child welfare involvement. Previous research shows that many children enter relative care as a result of maltreatment, substance abuse or mental illness of their

parents, which may or may not have attracted attention from child welfare agencies. Service providers and relative caregivers in case study sites agree that children enter relative care due to serious disruptions in parenting, leading to serious risk or actual maltreatment. However, it is impossible to estimate how many of these children have experienced maltreatment that would have warranted child welfare involvement had it been recognized, or how frequently the availability of kinship care averted abuse or neglect.

Relative care is considered preferable to other forms of out-of-home care, but often entails substantial sacrifice on the part of the caregiver. Child welfare practice favors placement with relatives, based on extensive research indicating that children fare better with relative caregivers. NSCAW data suggest that children in TANF child-only cases with relative caregivers are more likely to receive preventive health care than children in foster care, and have favorable status with respect to developmental indicators and mental health. However, states vary widely on the extent to which relative caregivers become licensed foster parents, eligible for foster care stipends. Unlicensed relative foster parents, like relative caregivers outside of the child welfare system, typically must manage the care of a child with far less financial support than is offered to foster parents.

Many children in TANF child-only cases with relative caregivers have extensive unmet needs. Previous research has established that children in relative care have physical, emotional, developmental, and educational needs at a rate far higher than children living with their parents. In addition to effects of separation from their parents, they experience long-term problems related to the experiences that precipitated relative care. Although secondary analysis of SIPP and NSCAW found that children in TANF child-only relative care were frequently in more favorable circumstances than those in other TANF households with respect to economic indicators and health care use, they demonstrated higher rates of mental health problems, trauma, and educational difficulties. Case study informants from both TANF and child welfare agencies, as well as relative caregivers participating in focus groups, describe a high prevalence of complex needs among children in relative care. Many relative

caregivers have neither the personal nor financial resources necessary to respond to these needs.

Children in TANF child-only cases with relative caregivers fall between the mandates of the child welfare and TANF systems. The TANF child-only grant provides basic financial support to children cared for by relatives not legally responsible for them, but rarely offers assessments or services appropriate to these children's needs. High caseloads and lack of expertise in children's issues further limit the ability of TANF workers to respond to children's needs. The child welfare system is oriented to child well-being and service provision, but when relative care removes children from actual or imminent harm, it effectively removes them from the child welfare system's mandate. In addition, fear of the child welfare system's authority makes many relative caregivers reluctant to seek out services for which children could qualify.

Further research could guide effective services. Enhanced services to this readily accessible population could yield substantial impact. Their connection to the TANF system provides an opportunity—for the most part, unrealized—to identify vulnerable children, provide services in a manner that does not threaten family bonds, and prevent entry to the child welfare system. However, currently available data is not sufficient to assess the needs and well-being of children in TANF child-only cases with relative caregivers, nor to understand how their interactions with service systems might provide opportunities for service provision.

Three types of information are needed:

- **Mapping the overlap between TANF and child welfare.** Data on the overlap between the TANF and child welfare system is sparse. Studies in states where administrative data systems allow matching of child welfare and TANF records would provide useful information about system involvement over time, service financing, access to services and gaps in service delivery among children in TANF child-only cases with relative caregivers.
- **Assessing the needs of both children and relative caregivers.** Data on children's physical, emotional, behavioral, mental health and educational needs could clarify relationships between case characteristics and risks to children's well-being. Data on relative caregiver resources and needs could help identify potential threats to children's

safety and caregivers' ability to provide long-term care. This information could help identify children and caregivers at increased risk and prioritize services.

- **Evaluating existing initiatives to serve children and relative caregivers.** A variety of promising practices are developing, both within TANF agencies and as a result of collaborative efforts with child welfare agencies and aging services agencies. However, data on the effects of these interventions is scarce. Rigorous evaluations addressing the impact of innovative programs on service access, utilization and costs; child and caregiver well-being; and diversion from child welfare and adult TANF involvement could guide future efforts to respond to this population.

1 Introduction

1.1 BACKGROUND

Since the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, which established the Temporary Assistance for Needy Families (TANF) program, much attention has been given to reductions in the number of welfare cases. Welfare cases declined nationally by 52 percent, from 4.4 to 2.1 million cases, between 1996 and 2001 (DHHS, 2002b). During the same time frame, however, child-only cases (defined as a case in which no parent is present or included in the assistance unit [AU]) declined by only 25 percent (DHHS, 2002b; DHHS, no date).

TANF child-only cases with relative caregivers represent approximately half of the child-only TANF population. However, little information exists to describe this population and how they are being served. This study was designed to compile available information on their characteristics, service needs, and well-being; and to improve our understanding of how states are addressing the needs of children in child-only cases.

This study was funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services (DHHS). The study was conducted by RTI International and the University of North Carolina at Chapel Hill. The study team particularly appreciates the contributions of TANF and child welfare agency staff who participated in the case studies.

1.2 PATHWAYS TO KINSHIP CARE

Children in TANF child-only cases with relative caregivers may be cared for in either informal or formal kinship care. *Informal kinship care* is arranged privately between parent and caregiver; *formal kinship care* (also known as relative foster care) occurs when children are in custody of a public child welfare agency as a result of abuse or neglect. Relative caregivers providing informal kinship care have the option of seeking support from their TANF agency through the child-only grant. Caregivers in formal kinship care arrangements who meet training and home requirements may be licensed and compensated as foster parents. Those who cannot, or choose not to, meet licensing requirements have the option of seeking child-only TANF support.[1]

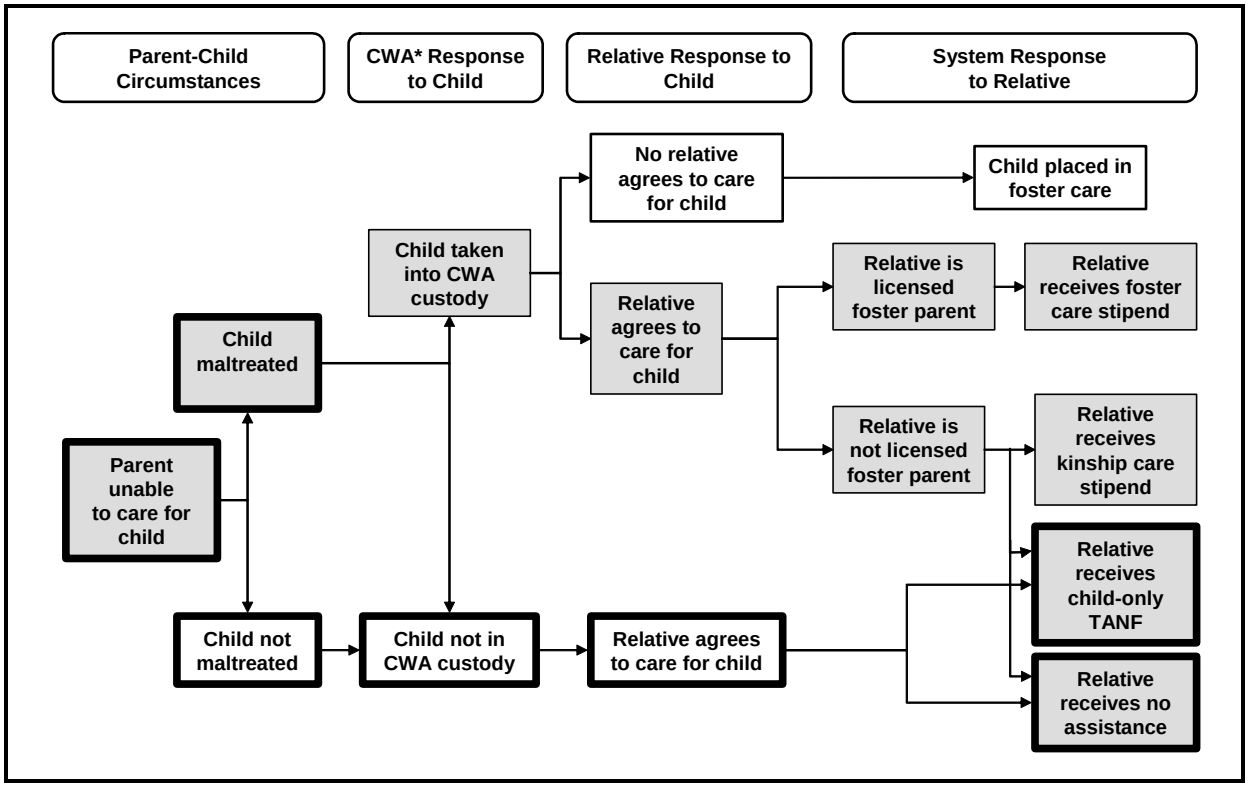
TANF child-only grants thus support relative care arrangements both within and outside the child welfare system. The nature of the kinship caregiving arrangement and the financial support provided depend on interactions between the caregiver and the child welfare agency and on local policies for kinship care.

Figure 1-1 depicts the conceptual framework for this study, with child-only TANF supporting both informal and formal kinship care arrangements. The figure models the combinations of events that determine whether a child enters formal or informal kinship care, and whether the relative caregiver is compensated through the foster care system, TANF child-only coverage, or not at all.

The boxes with heavy borders in Figure 1-1 represent relative caregivers in informal kinship arrangements. Caregivers may be supported by child-only TANF or may receive no financial assistance. While some children no doubt enter relative care without experiencing maltreatment, case study data indicates that many have experienced maltreatment that would have triggered

[1]Of course, some caregivers in informal kinship care arrangements, and unlicensed caregivers in formal kinship care, may provide care with no public financial support. The fact that approximately 400,000 children are in child-only TANF with relative caregivers (DHHS, 2000), compared to the estimated 2.3 million children in kinship care (Billing et al., 2002) suggests that unpaid care is the most common of all financial arrangements.

Figure 1-1. Pathways to Kinship Care



*CWA: Child Welfare Agency.

intervention had it been known to authorities. Others would have been at risk of maltreatment if not for the availability of a relative willing to assume care of the child.

The shaded boxes illustrate formal kinship care arrangements, in which maltreatment has been substantiated and the child is in custody of the state child welfare agency. State policies and caregivers' willingness and ability to complete foster parent licensure determine whether the caregiver receives foster care stipends, kinship stipends, child-only TANF, or no financial support.

The boxes with both shading and heavy borders illustrate some of the overlaps between formal and informal arrangements. On the left side of the figure, the child who is maltreated may or may not enter child welfare agency custody, depending on the circumstances of maltreatment, choices made by the parent, or the availability of a relative willing to intervene. States vary in the extent to which they offer flexible licensing arrangements or otherwise encourage kinship care providers to become licensed.

The distinctions have implications for both children and relative caregivers with respect to service access, financial support and ongoing supervision.

1.3 RESEARCH QUESTIONS

This study described the population of children in TANF child-only cases with relative caregivers and their interactions with the TANF and child welfare systems. The study used a mixed-method design to address the following research questions:

- What are the demographics, family circumstances, service system involvement, service needs, and well-being of children in TANF child-only cases with relative caregivers?
- What policies and program structures shape states' responses to children in TANF child-only cases with relative caregivers?
- How do states assess, respond to, and monitor the needs and well-being of children in TANF child-only cases with relative caregivers?

Researchers used three complementary strategies to address the research questions:

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- secondary analysis of data from two national surveys: the National Survey of Child and Adolescent Well-being, and the Survey of Income and Program Participation; and
- case studies of five states to describe the service needs and well-being of children in TANF child-only cases with relative caregivers from the perspectives of TANF agency staff, child welfare agency staff, and relative caregivers.

2 Literature Review

A comprehensive synthesis of available literature and current state policies and practices regarding child-only cases provided context for both secondary analysis and case studies. The goals of the comprehensive literature review include

- identifying what is known about the number and characteristics of children in TANF child-only cases with relative caregivers;
- synthesizing information on the policies and practices of TANF agencies at the state and local level with regard to children in child-only cases with relative caregivers; and
- determining, as a point of comparison, what is known about the well-being of children in relative care.

2.1 METHODS

The study team first reviewed recent studies characterizing child-only cases. Of particular interest were several studies examining this population in the context of state policies in California, Delaware, Florida, Missouri, New Jersey, North Carolina, and South Carolina. Because states have implemented a variety of approaches to address child-only cases with relative caregivers, staff reviewed the most recent annual state TANF plan for all 50 states and Washington, DC. To complement the review of state TANF plans, staff also conducted phone conversations with regional administrators of the Administration for Children and Families. Study staff used these conversations to verify information obtained through the TANF state plans and to identify state initiatives addressing child-only relative caregiver cases. Finally, as a context

for understanding the needs of children in TANF child-only cases with relative caregivers, the study team reviewed literature on the broader population of children in relative care, focusing on children's needs and well-being.

2.2 PARENTAL AND NONPARENTAL CHILD-ONLY CASES

2.2.1 Definitions and Classifications

A child-only TANF case is one in which no adult is included in the cash grant.

A child-only TANF case is one in which no adult is included in the cash grant (Wood and Strong, 2002). A case can come to be classified as a child-only case in a number of ways; however, these classifications can be grouped into two large categories: (1) child-only cases with nonparent caregivers and (2) child-only cases with parent caregivers (Farrell et al., 2000; Duncan, 2002).

One type of child-only case occurs when a child is living somewhere other than with a parent (i.e., with a relative) and the relative receives benefits on behalf of the child. While the child is residing with the relative, the relative might not have formal, legal custody of the child. Current National Survey of America's Families (NSAF) data indicate increasing numbers of children being cared for by relatives (Ehrle and Geen, 2002). Because they have no legal obligation to raise these children, nonparent caregivers have the option of receiving a child-only TANF grant (Harvard Law Review, 1999). The amount of this grant and the specific eligibility requirements differ by state. Additionally, nonparent caregivers may choose to be included in the assistance unit, if eligible, and receive benefits for both the child and themselves. In this case, the child is no longer considered to be in a child-only case.

There are a number of ways a case can come to be classified as a child-only case. These cases group themselves into two distinct groups:

- ***Z*** *Nonparent Caregivers*
- ***Z*** *Parent Caregivers*
  - ***X*** *Parents on Sanction*
  - ***X*** *SSI Parent*
  - ***X*** *Immigrant Parents*

There are three situations in which the children can be living with one or both parents, but the parents are not included in the assistance unit:

- **Z** ***Parents on Sanction.*** Dependent on the state, a child living with a parent can receive benefits as a child-only case when the parent is sanctioned for failure to comply with work requirements, reaches an adult-only time limit, or fails to comply with child support enforcement procedures. Work requirements are set by each state under federal mandate. Child support enforcement procedures require the caregiver parent to identify the absent parent to establish a child

support agreement. Depending on state policies, a caregiver who does not comply with these policies may be sanctioned. A sanctioned parent is still the primary caregiver for the children, but is not considered a part of the assistance unit.

- ***SSI Parents.*** Supplemental Security Income (SSI), a federal program administered by the Social Security Administration, is designed to cover the needs of disabled or elderly individuals who are not eligible for Old Age, Disability, or Survivors Insurance (OADSI) Social Security benefits, or are eligible for a very small OADSI benefit. Individuals receiving SSI may not be eligible for TANF benefits; however, parents can apply for assistance on behalf of children.
- ***Immigrant Parents.*** Many immigrant parents are not eligible for TANF. These parents include illegal immigrants, as well as certain recent legal immigrants who are ineligible for TANF. Ineligible immigrants can receive TANF for their children who are U.S. citizens.

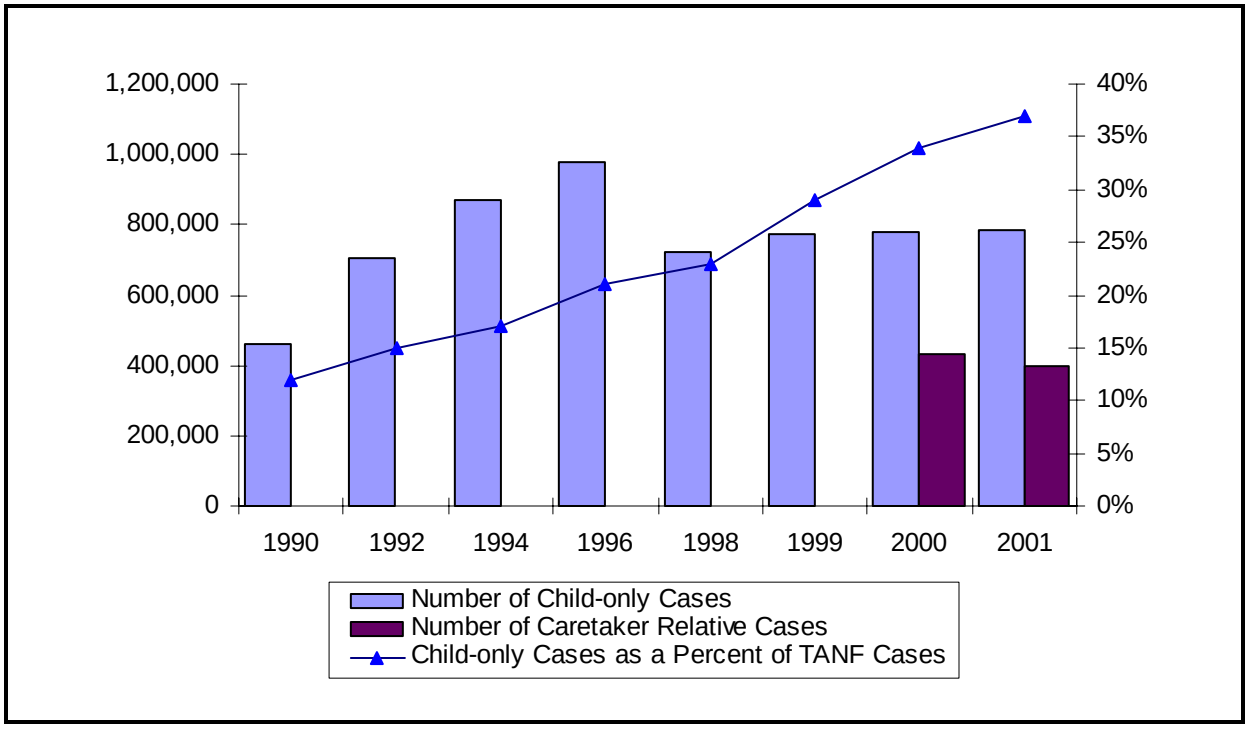
2.3 GROWING PROPORTIONS OF TANF CHILD-ONLY CASES

TANF child-only cases have more than doubled as a share of the TANF caseload, from about 10 percent to more than 20 percent from 1996 to 2001.

With the passing of PRWORA in 1996, much control of the public welfare system has devolved to states. Decentralization, state control, and the proliferation of different approaches to eligibility, work requirements, and time limits were among the intended consequences of the legislation (Blum and Francis, 2002; Hegar and Scannapieco, 2000). States have responded to PRWORA with a variety of welfare rules, services, and benefits, making it difficult to evaluate and analyze what is behind national trends as they occur (U.S. GAO, 2002).

One such trend is that of the increasing proportion of child-only cases in the TANF caseload. While the number of child-only cases has fluctuated over time, their proportionate share of the TANF caseload has increased, as shown in Figure 2-1. The number of child-only families increased steadily throughout the middle 1990s, reaching a peak of 978,000 such families in fiscal year 1996. Through fiscal year 1998, the number of child-only families decreased to 743,000, although their proportion of the caseload continued to increase slowly to 23.4 percent from 21.5 percent in FY 1996. Since fiscal year 1998, both the number and the

Figure 2-1. Number of Child-Only Cases and Proportion of the TANF Caseload



Source: Charlesworth et al., (n.d.); DHHS, 2002a; DHHS, 2003.

proportion of child-only cases have increased each year, with approximately 786,932 child-only cases in fiscal year 2001, comprising 37.2 percent of the total TANF caseload. Therefore, while child-only cases have not grown consistently in absolute numbers, they are becoming an increasing proportion of the overall TANF caseload.

Of the 786,982 child-only cases in FY 2001, just over 50 percent are child-only cases in which someone other than the parent is caring for the child (typically a relative). The focus of this study is on these child-only cases with relative caregivers.

While the increase in child-only cases across the nation has caught the attention of both federal and state officials, variations in related rules, services, and benefits make them difficult to assess at the national level. As a result, several recent studies have concentrated on characterizing and examining child-only cases at the state level.

- The Lewin Group (Farrell et al., 2000) studied child-only cases in three states (California, Florida, and Missouri) for DHHS. The study described the characteristics of the 1999 child-only caseload and found increasing proportions of

child-only cases in the three counties it investigated—Alameda County (Oakland), California; Duval County (Jacksonville), Florida; and Jackson County (Kansas City), Missouri.

- Marilyn Edelhoch (2002), director for research and evaluation with the South Carolina Department of Social Services, recently examined child-only cases in South Carolina. In that state, the TANF caseload dropped 70 percent between 1994 and 2001; consequently, child-only cases grew to represent half of the remaining caseload.
- Wood and Strong (2002), of Mathematica Policy Research Inc., examined caseload trends in New Jersey. From 1995 to 2001, the total number of TANF cases in New Jersey dropped more than 60 percent, while the number of child-only TANF cases declined by only 25 percent. As a result, the proportion of the TANF caseload consisting of child-only cases increased substantially, from 17 percent in 1995 to 33 percent in 2001.
- Schofield and Fein (2000), as part of Abt Associates Inc.'s ongoing evaluation of Delaware's A Better Chance Welfare Reform Program (ABC), investigated and analyzed trends, characteristics, and policy impacts for the state's child-only cases. They found that the proportion of child-only cases in Delaware had increased to 35 percent by September 1998.
- The California Department of Social Services (2001) implemented an initiative to examine the child-only cases present in CalWORKs (California's TANF program). The percentage of CalWORKs cases that are child-only has increased over the past few years, from 19.2 percent in October 1995 to 31.8 percent for fiscal year 1999.
- Finally, Dean Duncan, working with the North Carolina Department of Social Services, examined child-only cases in North Carolina. While Work First (North Carolina's TANF program) cases have fallen sharply over the last 7 years, the number of child-only cases has fallen only gradually, increasing the proportion of the caseload represented by child-only cases (Duncan, 2002).

Increasing proportions of child-only cases are seen in caseloads reported by other states, although patterns vary dramatically among states. Child-only cases represent a major share of the TANF caseload in some states and a much smaller proportion in others. As depicted in Table 2-1, in 2001, child-only cases made up more than half the TANF caseloads in seven states (Alabama, Florida, Idaho, North Carolina, South Dakota, Wisconsin, and Wyoming) and 45 to 50 percent in eight others (Arizona, Georgia,

Table 2-1. Child-Only Cases as a Percentage of Total TANF Caseload, October 2000 – September 2001

State	Total Families	Child-Only Families	Percent
U.S. Total	2,120,474	786,932	37.2
Alabama	18,368	9,477	51.6
Alaska	5,818	1,078	18.5
Arizona	33,478	15,194	45.4
Arkansas	11,625	4,872	41.9
California	473,616	196,717	41.5
Colorado	10,640	4,416	41.5
Connecticut	25,650	8,874	34.6
Delaware	5,448	2,368	43.5
District of Columbia	16,337	4,280	26.2
Florida	58,850	34,113	58.0
Georgia	50,636	25,192	49.8
Hawaii	12,852	2,067	16.1
Idaho	1,291	950	73.6
Illinois	62,031	33,582	38.0
Indiana	41,186	9,066	22.0
Iowa	20,152	4,817	23.9
Kansas	213,024	4,282	32.9
Kentucky	36,127	14,801	41.0
Louisiana	25,176	11,626	46.2
Maine	9,663	2,359	24.4
Maryland	27,957	11,007	39.4
Massachusetts	42,368	16,418	38.8
Michigan	71,746	25,553	35.8
Minnesota	38,558	8,111	21.0
Mississippi	15,858	7,758	49.5
Missouri	45,557	12,350	27.2
Montana	5,002	1,036	20.7
Nebraska	9,487	3,233	34.1
Nevada	7,439	3,437	46.2
New Hampshire	5,859	1,604	28.3
New Jersey	45,320	17,404	38.4
New Mexico	19,323	4,115	21.3
New York	226,390	64,115	28.3
North Carolina	42,555	21,641	50.9
North Dakota	2,991	795	26.6
Ohio	85,005	37,964	44.7
Oklahoma	14,473	6,520	45.0
Oregon	15,868	7,530	47.5

(continued)

Table 2-1. Child-Only Cases as a Percentage of Total TANF Caseload, October 2000 – September 2001 (continued)

State	Total Families	Child-Only Families	Percent
Pennsylvania	81,600	26,214	32.1
Rhode Island	15,227	2,764	18.2
South Carolina	16,939	7,825	46.2
South Dakota	2,714	1,505	55.5
Tennessee	59,541	17,999	30.2
Texas	131,997	45,005	34.1
Utah	7,488	2,447	32.7
Vermont	5,523	942	17.1
Virginia	29,271	12,847	43.9
Washington	54,161	17,192	31.7
West Virginia	14,732	4,335	29.4
Wisconsin	17,680	11,714	66.3
Wyoming	520	366	70.4

Source: DHHS, 2003.

Louisiana, Mississippi, Nevada, Oklahoma, Oregon, and South Carolina). In the same year, however, child-only cases made up less than 20 percent of the TANF caseloads in four states (Alaska, Hawaii, Rhode Island, and Vermont) (DHHS, 2003).

Many states have seen an increase in their TANF child-only caseloads. Montana reported an increase of 15 percent in their child-only caseload from 2000 to 2001, Arizona reported an increase of 16 percent from July 2000 to July 2001, and Pennsylvania reported an increase (although slight) each month since July 2001(DHHS, 2002b). Additionally, Nevada reported an increase of 8 percent in their child-only caseload for fiscal year 2001. Iowa reported a 3 percent increase; Nebraska, a 3.3 percent increase; Kansas, a 3.8 percent increase; and Missouri, a 6.7 percent increase during the same time period (DHHS, 2002b).

A critical caveat to better understanding the growth of child-only cases is while the *proportion* of child-only cases is increasing nationally, the *absolute number* is relatively stable, from 743,000 in fiscal year 1998 to 787,000 in fiscal year 2001 (DHHS, 2002b). In fact, in many states child-only cases have remained stable, if not declined (Edelhoch, 2002; Farrell et al., 2000; Wood and Strong,

2002; Schofield and Fein, 2000) in the past several years, although a few states have had modest absolute increases in their child-only caseloads. No state is able to identify a single reason for the proportional increase in child-only cases, but the significant decline in the general TANF caseload appears to be the largest factor (from 4,553,000 in fiscal year 1996 to 2,121,000 in fiscal year 2001) (DHHS, 2002b).

2.3.1 Context for Growth in TANF Child-Only Cases

As research continues to document a growing proportion of child-only cases across the nation, federal and state officials have sought an explanation for this phenomenon. The issue is of particular interest in light of concerns early in the implementation of welfare reform that parents might place children with relatives to escape rigorous TANF work requirements (Duncan, 2002). The stable number of child-only cases suggests that welfare reform has not led to a large amount of "child-shifting" from parents to other relatives to access financial support for children after adult recipients lose their benefits (Farrell et al., 2000).

Several situations affecting the number of parental child-only cases offer possible explanations for the proportional growth of child-only cases overall. These include the following (Farrell et al., 2000):

- **An increase in sanctions for noncompliance with program requirements.** The Family Support Act (FSA) of 1988, and later PRWORA, required nonexempt welfare recipients to participate in job search, work experience, or education and training activities or be sanctioned. In recent years, many states have increased their use of sanctions that remove the parent from the assistance unit and thus convert regular TANF cases to child-only cases. Other states apply full-family sanctions, which do not lead to child-only cases.
- **An increase in the number of individuals eligible for SSI.** Congress enacted a series of legislation reforms in the mid-1980s and early 1990s that significantly expanded the scope of the SSI program. One of the most significant changes was the enactment of the 1984 Disability Reform Act, which expanded SSI eligibility, particularly for those with mental impairments. This expansion allowed some TANF-eligible parents to qualify for the higher level of support provided by SSI. These parents may not be eligible for TANF, depending on state policy. If they are considered ineligible for TANF, they are removed from the assistance unit, converting the case to a child-only case.

- **An increase in the number of families headed by ineligible immigrants.** The number of illegal aliens living in the United States began growing by about 200,000 to 300,000 each year starting in 1989. This circumstance may explain some of the growing number of child-only cases in which the parent is an ineligible immigrant. PRWORA made newly arriving legal immigrants (those arriving on or after 8/22/96) ineligible for federal TANF. PRWORA allows states to use their own resources to provide assistance to these new immigrants, and several have done so. But these new federal provisions could lead to an increase in the number of child-only cases where the parent is an immigrant who is not eligible for TANF. Also, illegal aliens continue to arrive and reside in the United States, and the citizen children of these ineligible immigrants may also be eligible for child-only TANF benefits.

2.3.2 State Variation in Child-Only Caseloads

Tables 2-2 and 2-3 present data collected and presented for the Fifth Annual TANF Report to Congress (DHHS, 2003). Each table presents information for the period from October 2000 through September 2001. Both tables depict the variation in the composition of child-only cases among states.

Table 2-2 summarizes reasons that parents may be living in the household but not considered eligible for cash assistance through TANF. Although not all states provide detailed data, those that do show substantial variation in the distribution of parental-caregiver cases. As depicted in Table 2-2, almost half (49.5 percent) of child-only cases in the United States are cases in which the parent is present as a caregiver but not included in the assistance unit. Of these child-only cases, the majority (42.1 percent) are those in which a parent is not in the assistance unit due to having qualified for SSI benefits. The smallest portion of these cases (9.7 percent) is due to parent(s) being sanctioned and removed from TANF eligibility.

Composition of the child-only caseload varies among states as a result of policy and demographic variations. For example, California reports 69 percent of their total child-only cases are parental caregiver cases, with the majority of these due to parental citizenship status (DHHS, 2003). The 15 states in which the majority of child-only cases are parental include many of the states with the largest child-only caseloads (i.e., California, New York,

Table 2-2. Reasons Parents in Household Not Eligible for Assistance, October 2000 – September 2001

State	Child-Only Families (Number)	CO Families with Parents		Reason Why Parents Are Not in AU (Percent)			
		Number	Percent of All Child-Only Families	Sanction	SSI Benefit	Citizenship	Other
U.S. Total	786,932	389,773	49.5	9.7	42.1	31.8	16.4
Alabama	9,477	79	0.8	9.4	90.6	0.0	0.0
Alaska	1,078	38	3.6	0.0	0.0	63.8	36.2
Arizona	15,194	5,680	37.4	1.9	1.0	74.9	22.2
Arkansas	4,872	2,266	46.5	1.7	77.3	2.2	18.8
California	196,717	135,086	68.7	17.9	23.8	55.0	3.3
Colorado	4,416	—	—	—	—	—	—
Connecticut	8,874	3,025	34.1	0.0	40.4	19.9	39.7
Delaware	2,368	375	15.8	1.0	0.0	9.8	89.2
District of Columbia	4,280	2,101	49.1	53.5	28.8	5.6	12.1
Florida	34,113	14,197	41.6	3.1	53.5	0.0	43.4
Georgia	25,192	11,152	44.3	0.7	62.0	3.8	33.5
Hawaii	2,067	145	7.0	0.0	0.0	10.3	89.7
Idaho	950	5	0.5	0.0	0.0	0.0	100.0
Illinois	33,582	15,960	67.7	0.2	51.7	19.4	28.7
Indiana	9,066	5,054	55.7	18.6	76.0	4.4	1.0
Iowa	4,817	97	2.0	0.0	0.0	0.0	100.0
Kansas	4,282	1,967	45.9	0.0	65.4	0.3	34.3
Kentucky	14,801	7,986	53.9	1.2	91.5	0.0	7.3
Louisiana	11,626	4,773	41.1	0.0	0.0	0.0	100.0
Maine	2,359	1,239	52.5	32.7	0.0	0.0	67.3
Maryland	11,007	—	—	—	—	—	—
Massachusetts	16,418	11,264	68.6	4.8	82.3	5.4	7.5
Michigan	25,553	13,700	53.4	0.6	53.0	3.8	42.5
Minnesota	8,111	4,803	59.2	0.5	77.4	18.3	3.8
Mississippi	7,758	5,117	66.0	1.2	98.1	0.0	0.7
Missouri	12,350	6,462	52.2	0.0	73.4	0.0	26.6
Montana	1,036	—	—	—	—	—	—
Nebraska	3,233	1,281	39.6	0.0	38.9	0.0	61.1
Nevada	3,437	177	5.1	0.0	72.9	9.5	17.6
New Hampshire	1,604	759	47.3	0.0	79.9	0.0	20.1
New Jersey	17,404	1,855	10.7	99.1	0.0	0.0	0.9
New Mexico	4,115	—	—	—	—	—	—

(continued)

Table 2-2. Reasons Parents in Household Not Eligible for Assistance, October 2000 – September 2001 (continued)

State	Child-Only Families (Number)	CO Families with Parents		Reason Why Parents Are Not in AU (Percent)			
		Number	Percent of All Child-Only Families	Sanction	SSI Benefit	Citizenship	Other
New York	64,115	38,203	59.6	3.0	51.1	39.6	6.3
North Carolina	21,641	5,100	23.6	6.2	72.8	16.1	4.9
North Dakota	795	434	54.6	55.0	36.0	0.0	9.0
Ohio	37,964	15,051	39.6	0.0	76.4	0.0	23.6
Oklahoma	6,520	16	0.2	0.0	0.0	0.0	100.0
Oregon	7,530	229	3.0	100.0	0.0	0.0	0.0
Pennsylvania	26,214	15,957	60.9	19.3	0.1	0.0	80.6
Rhode Island	2,764	819	29.6	0.0	84.1	0.0	15.9
South Carolina	7,825	2,826	36.2	3.2	93.7	1.7	1.4
South Dakota	1,505	323	21.5	0.1	94.5	0.0	5.4
Tennessee	17,999	7,379	41.0	0.0	90.5	0.0	9.5
Texas	45,005	25,605	56.9	0.2	28.5	59.0	12.3
Utah	2,447	919	37.5	0.0	73.1	23.9	3.0
Vermont	942	531	56.4	1.3	100.0	0.0	0.0
Virginia	12,847	4,062	31.6	4.7	86.5	8.9	0.0
Washington	17,192	7,918	46.1	0.2	48.6	45.1	6.1
West Virginia	4,335	—	—	—	—	—	—
Wisconsin	11,714	5,789	49.4	0.0	93.7	0.1	6.2
Wyoming	366	—	—	—	—	—	—

Source: DHHS, 2003.

Texas). Many of these states have substantial immigrant populations. Thirty states report that fewer than half of their child-only cases are parental. Among these states Alabama, Alaska, Iowa, Idaho, Hawaii, Nevada, Oklahoma, and Oregon all report fewer than 10 percent of child-only cases have parents present but not in the assistance unit.

Sanctioning policies vary among states. For example, some states begin the sanctioning process by removing the adult from the grant; however, after a brief transition period the state implements a "full family" sanction (Wood and Strong, 2002). Under this sanction, the state removes the entire family from the grant and closes the case. Therefore, a case generally exits sanction status within a few months

Table 2-3. Relationship of Child-Only Recipient to Head of Household, October 2000 – September 2001

State	Total Children	Relationship to Head of Household (Percent of Child-Only Recipients)				
		Head of Household	Child	Grandchild	Other Related	Other Unrelated
U.S. Total	1,1391,263	2.3	62.8	21.8	10.4	2.7
Alabama	21,462	0.0	45.4	38.3	16.2	0.1
Alaska	1,665	0.0	59.3	29.2	11.2	0.3
Arizona	25,895	0.0	62.4	29.1	8.4	0.1
Arkansas	8,432	0.0	48.2	41.9	8.0	0.0
California	400,122	0.0	84.1	11.6	4.2	0.1
Colorado	8,078	0.0	47.6	40.5	10.7	1.3
Connecticut	12,869	0.0	36.6	42.2	18.4	2.9
Delaware	3,518	0.2	10.7	21.9	8.8	58.4
District of Columbia	7,294	0.5	55.7	29.0	13.4	1.4
Florida	58,209	4.9	39.1	0.0	28.0	28.1
Georgia	42,144	0.0	36.1	45.0	17.0	0.1
Hawaii	3,462	0.0	26.9	52.5	20.0	0.5
Idaho	1,317	0.0	1.3	72.1	26.7	0.0
Illinois	43,912	0.0	75.4	19.1	5.4	0.1
Indiana	15,956	0.0	59.4	32.3	8.3	0.0
Iowa	8,050	1.8	50.7	33.4	13.5	0.6
Kansas	7,165	0.0	44.5	41.2	12.7	1.6
Kentucky	21,834	0.3	58.1	30.5	10.8	0.1
Louisiana	21,770	2.0	54.9	32.3	10.7	0.2
Maine	3,809	0.0	86.8	10.3	2.8	0.0
Maryland	18,207	0.0	26.8	50.1	23.0	0.0
Massachusetts	27,120	0.0	70.0	23.2	6.8	0.0
Michigan	43,381	0.0	75.3	16.2	7.5	1.0
Minnesota	15,114	0.0	67.1	21.7	10.5	0.5
Mississippi	13,039	0.0	58.6	32.2	9.1	0.0
Missouri	20,847	0.0	55.6	31.8	10.9	1.6
Montana	1,769	0.2	45.2	39.4	15.2	0.1
Nebraska	5,354	11.1	42.2	0.0	42.4	4.3
Nevada	5,725	23.4	21.1	35.8	11.3	8.4
New Hampshire	2,238	0.0	51.2	31.7	16.6	0.5
New Jersey	29,888	0.0	48.5	35.7	14.3	1.5
New Mexico	7,368	0.0	69.6	23.1	7.2	0.0
New York	102,863	0.0	71.1	14.9	6.1	7.9
North Carolina	33,114	0.2	34.1	48.1	16.4	1.1
North Dakota	1,355	0.0	59.0	28.8	12.2	0.0
Ohio	59,309	39.8	39.6	1.2	19.3	0.1
Oklahoma	11,081	0.2	44.3	39.8	15.6	0.1
Oregon	11,400	4.5	53.7	22.7	4.4	13.3

(continued)

Table 2-3. Relationship of Child-Only Recipient to Head of Household, October 2000 – September 2001 (continued)

State	Total Children	Relationship to Head of Household (Percent of Child-Only Recipients)				
		Head of Household	Child	Grandchild	Other Related	Other Unrelated
Pennsylvania	44,228	2.8	63.8	23.8	9.3	0.4
Rhode Island	4,787	0.0	84.7	12.2	3.1	0.0
South Carolina	13,422	0.0	37.0	45.4	17.7	0.0
South Dakota	2,538	0.0	21.8	50.0	28.0	0.0
Tennessee	30,518	0.0	44.5	40.4	15.1	0.0
Texas	77,027	0.0	63.0	23.9	8.0	5.1
Utah	4,188	0.0	43.4	38.5	18.1	0.0
Vermont	1,357	0.0	58.9	29.0	12.0	0.0
Virginia	19,119	0.3	34.1	45.4	20.0	0.0
Washington	29,320	0.9	50.3	31.0	15.0	2.7
West Virginia	6,849	0.1	57.6	31.4	10.1	0.7
Wisconsin	21,878	0.0	55.1	25.2	19.7	0.0
Wyoming	538	0.0	37.6	45.8	16.5	0.0

Source: DHHS, 2003.

as either (1) the parent begins complying with TANF requirements and the benefits are reinstated, or (2) the parent continues not complying and the case is closed.

By contrast, some states never remove the parents from the assistance unit as a consequence of work sanctioning. In these states, sanctioned cases are those in which parents fail to assist in child support procedures.

Table 2-3 presents the relationship of the TANF child recipient in a child-only case to the head of household. Nationally, the majority (63 percent) of children in child-only cases are children of the person listed as the head of household (indicating a parent present in the household). The next highest category of child-only recipients (22 percent) is that of grandchild of the person listed as the head of household. While 51.5 percent of child-only *cases* nationally are nonparental (Table 2-2), only 32.2 percent of *children* in child-only cases have relative caregivers (Table 2-3). This may indicate that child-only cases with parents present (e.g., SSI- and immigrant-headed families) have a larger number of children than child-only cases with relative caregivers. It is also noteworthy that while California, New York, and Texas all report less than half of

their child-only cases as nonparental (Table 2-2), the large absolute number of total children in child-only cases in these three states (Table 2-3) means that the actual number of children living with a relative caregiver in these states may be similar to smaller states with a high proportion of nonparental child-only cases.

2.4 INFORMAL AND FORMAL RELATIVE CAREGIVING ARRANGEMENTS

Relative care has a variety of forms, with different licensing requirements, financial supports, and service availability.

While children living with relative caregivers may be receiving services from the TANF system and the child welfare system simultaneously, the communication between these two systems is not clearly defined. As such, a family receiving a TANF child-only relative caregiver benefit may have no contact with the child welfare system, or the child may be involved with the child welfare system at varying levels. Such dual-system involvement is not consistently tracked by states and is therefore difficult to assess.

This section defines the range of caretaking arrangements that may apply to children in TANF child-only cases with relative caregivers, and describes the eligibility and licensing requirements, financial support options, and service availability that differentiate them.

Because relative, or kinship, care has many forms, it is helpful to think of it as a continuum of interventions and support (Boots and Geen, 1999). At one end are *private kinship care* families, with no contact at all with the child welfare system and contact with the TANF system through a child-only grant if pursued and received. These situations usually occur when a parent arranges for a relative to care for a child for an extended period of time on an informal basis. In the middle of the continuum are *voluntary kinship care* arrangements, in which families are known to the child welfare system, but the child has been placed in the relative's care by the parent rather than through public agency custody. While these children are not formally a part of the child welfare system, some may be receiving support services. Both private and voluntary kinship arrangements are also known as informal kinship care, existing outside the legal authority of the child welfare system (Gleeson, 1999).

At the other end of the continuum is *kinship foster care,* in which relatives are caring for children in state custody and receiving

ongoing attention from the child welfare system. Depending on state practice, these caregivers may receive either foster care payments or TANF child-only payments. Kinship foster care is also known as formal kinship care.

It is important to note that terminology for these arrangements varies among authors and disciplines. The distinctions among these groups reflect the various circumstances leading to the nonparental placement, as well as policy variations across state and local jurisdictions. The likelihood that children who live with relative caregivers will be supported by TANF child-only payments (rather than foster care support) will therefore vary among jurisdictions. Table 2-4 summarizes these arrangements and the estimated number of children involved in each.

The key difference between private or voluntary (informal) kinship care and kinship foster care is that children in kinship foster care (formal kinship care) are in the states' legal custody, rather than in the custody of their birth parents or relative caregivers. Caregivers in the foster care system are subject to higher eligibility requirements and supervision. Kinship foster care providers may also receive greater financial support and access to services than voluntary caregivers, although this is not uniformly true. These distinctions are described as they apply to informal kinship care and kinship foster care, in which caregivers may receive support from either foster care stipends or child-only TANF.

Eligibility. Foster parent eligibility is based on criteria defined by states within the boundaries of federal law. Requirements include training, criminal background checks, and the safety and adequacy of the physical environment. In addition, foster care imposes stringent supervision and oversight of the foster caregiver from the child welfare agency. For foster caregivers who are related to the child, most states apply somewhat less stringent requirements for licensing or approval. Boots and Geen (1999) report that 41 of 50 states responding to their survey allowed flexibility in requirements for kinship foster parents, on criteria such as physical space or training. These flexible requirements for kinship foster parents may be accompanied by reduced financial support, as discussed below.

Table 2-4. Child Welfare Involvement and Financial Support for Kinship Care

Kinship Care Category	Estimated Number of Children[a]	Child Welfare Involvement	Financial Support Options for Caregivers
Private Kinship Care	1.3 million	None; parent and relative agree on arrangement.	• Child-only TANF • No support
Voluntary Kinship Care	300,000	May be known to agency and receive services, but parent voluntarily places child with relative. Kinship care often negotiated to avert child welfare placement.	• Child-only TANF • Subsidized guardianship • Other state-funded support • No support
Kinship Foster Care	200,000	Child is in custody of public child welfare agency.	• Child-only TANF • Foster care stipend

[a]Estimates from Ehrle, Geen, and Clark, 2001.

Eligibility for relative caregivers in child-only TANF cases is typically defined by a specified degree of relationship. Under PRWORA there is not federal law to define "relative caregivers," but rather individual state definitions. "Relative caregiver" typically includes "grandparents, siblings, stepparents, stepsiblings, uncles, aunts, first cousins, nephews and nieces," and persons of preceding generations, and spouses of any of these relatives (Mullen, 1995, page 7). In 28 states, the TANF definition of kin is different from the definition used by the child welfare agency (Janz et al., 2002). Within a single state, varying definitions may be used to define relatives with whom a child can be placed, relatives eligible for foster care funding, and relatives for purposes of TANF payment. For many, these definitions "are so confusing that caregivers cannot be expected to understand them" (Harvard Law Review, 1999, page 1057). In 21 states, the child welfare definition is broader than the TANF definition, thus placing relatives referred to the TANF office for a child-only payment at risk of receiving no assistance (Janz et al., 2002).

As with parents in parent-present child-only cases, TANF relative caregivers are neither required to participate in the work activities nor are they subject to time limits placed on a standard TANF case. Therefore, assistance for the child in a child-only case is potentially available until the child "ages out" of the program at age 18.

TANF relative caregivers are typically required to cooperate with child support enforcement activities and to meet periodically with eligibility workers for redeterminations of benefits. Generally, redeterminations take place every 6 to 12 months (depending on the state), or every 3 months in some states, if the case is receiving food stamps (Farrell et al., 2000). During the redetermination, caregivers must supply basic information about the household, although they are not required to provide information regarding income and resources.

Financial support. Financial support for relative caregivers is determined by circumstances of the placement, financial resources of the child's family, and caregiver licensing status. For children who qualify for federal foster care assistance under the standards established by Title IV-E of the Social Security Act (i.e., removal from a home that would have qualified for income assistance under the Aid to Families with Dependent Children program, and custody by a state child welfare agency), relative caregivers who are licensed foster parents are legally entitled to receive IV-E foster care payments, under the terms of *Miller v. Youkim* (Harvard Law Review, 1999). IV-E foster care payments are supported by a combination of both state and federal funds.

For kinship foster parents who do not fully meet the state's foster care licensing requirements, states are not required to provide foster care payments (Harvard Law Review, 1999). States may offer these caregivers either child-only TANF payments or state foster care payments, which may be equivalent to or lower than federal foster care. Because the state bears the full cost of state foster care, states have a financial incentive to use child-only TANF support, which is much less costly. Of the 41 states reporting alternative licensing arrangements for kinship foster parents, 19 offer a reduced level of support (Boots and Geen, 1999).

States also have the option of offering state-funded foster care payments for relative caregivers for placements of children who are not IV-E eligible. For example, in California, no matter what licensing standard a family meets, if the children in the relative home are not from a welfare-eligible family, the relative family cannot get a foster care payment, regardless of the relative family's own income. Missouri has even more complicated criteria for foster care payment eligibility. It specifies that all grandparent caregivers

can receive a foster care payment, but any other type of relative can receive foster care payments only if they are caring for children who come from a welfare-eligible family (Farrell et al., 2000).

Some general study findings offer insight into the well-being of this population:

- *Relative care may be the best alternative*

  Relative care offers permanency
- *Children have often experienced past traumatic events such as abuse, neglect, and substance abuse*
- *Physical and emotional health of children in relative care is poor*
- *School performance of children in relative care is poor*
- *Relative caregivers may be suffering from financial hardship*

Kinship foster care providers thus have several possible levels of support when caring for children in state custody: federal foster care payment, state foster care payment, or child-only TANF. By contrast, voluntary kinship caregivers, who care for children who are not in state custody, typically rely on child-only TANF. Some may choose to forego financial assistance rather than apply for child-only TANF.

In some states, assisted guardianship arrangements represent an alternative payment source for both formal and informal kinship care providers. As of April 2000, eight states had received federal approval to use Title IV-E foster care payments to support relative caregivers who are willing to assume legal guardianship of children in their care. Other states, including West Virginia, are using state funds to support guardianships. These arrangements provide financial support that is generally close to the level of foster care payments, with fewer licensing requirements and less intrusive supervision than kinship foster care.

Although provisions vary by state, guardianships are typically available for relatives who have already been caring for the child for a specified period of time (6 months to 2 years). Eligibility for children is defined in terms of the child's age (usually over age 12), strong attachment to the relative caregiver, and lack of options for reunification with parents or adoption. Most assisted guardianship initiatives provide financial support at the level of adoption assistance payments, which are capped at the foster care support rate. States may also provide services similar to those that would be available to families adopting foster children, including medical assistance. The goals of assisted guardianship programs include stable placements, reduced intrusion by the child welfare system into the relative caregiver's life, and reduced case management costs (DHHS, 2000). Although families typically transition to assisted guardianship from kinship foster care, some states offer this option to voluntary caregivers as well.

As with cash assistance, the availability of other supports for children in kinship care and kinship care providers vary according

to the state and the type of kinship arrangement. Table 2-5 summarizes income requirements and services available to families in the different types of relative care.

Table 2-5. Services Available to Families in Kinship Care

	Private Kinship Care	Voluntary Kinship Care	Kinship Foster Care
Child Welfare Services	Not applicable	Some—depending on the state and the agency	Yes—but research shows they receive fewer than traditional nonkin foster parents
Foster Care Payments	Not applicable	No	Yes—if relative becomes a licensed foster parent
TANF Child-Only Grants	Yes[a]	Yes	Yes—if not receiving a foster care payment
TANF Income Assistance Grants	Yes—for themselves and their own biological children if income eligible	Yes—for themselves and their own biological children if income eligible	Yes—for themselves and their own biological children if income eligible
Food Stamps	Yes—must be income eligible, but relative children would be counted when determining the grant amount	Yes—must be income eligible, but relative children would be counted when determining the grant amount	Yes—must be income eligible, but relative children would be counted when determining the grant amount
Medicaid	Yes—if family is income eligible or a child-only grant is being made	Yes—if family is income eligible or a child-only grant is being made	Yes—all foster children are categorically eligible
SSI	Yes—if relative child meets disability guidelines	Yes—if relative child meets disability guidelines	Yes—if relative child meets disability guidelines and a foster care payment is not being made for that child

[a]Wisconsin's TANF program converted child-only payments to kinship care payments; families were only eligible if the child was determined to be at risk of harm if living with his or her biological parents. Child welfare agencies assess all families applying for payment.

Source: Ehrle, Geen, and Clark, 2001.

Because the children in kinship foster care receive services and are monitored through the child welfare system, more research has been conducted assessing their well-being (Janz et al., 2002; Scannapieco and Hegar, 1999). By contrast, little research has been conducted assessing the well-being of children in TANF child-only cases, generally, and relative caregiver child-only cases, specifically. The following section reviews research on the well-being of children in relative care.

2.5 WELL-BEING OF CHILDREN IN RELATIVE CARE

Relative care comprises the largest single category of child-only TANF grants nationally, with approximately 50 percent of child-only grants going to kin (DHHS, 2003). National data indicate that this trend is not isolated to the TANF population and that increasing numbers of children in both the TANF system and the child welfare system are being cared for by kin. According to the 1997 National Survey of America's Families (NSAF), 1.8 million children were in kinship care arrangements (Ehrle, Geen, and Clark, 2001). By 2000, this number grew to approximately 2.3 million children (Billing, Ehrle, and Kortenkamp, 2002; Edelhoch, 2002). The rise in kinship care is attributed to a number of factors: the decline in the supply of traditional foster homes; the contemporaneous increase in the need for out-of-home placement for children; the movement in child welfare services favoring kinship care; and changes in funding practices for kin (Berrick and Barth, 1994; DHHS, 1998; DHHS, 2000). PRWORA authorized states to give preference to kin when placing foster children (GAO, 1999).

A better understanding of relative care is helpful in understanding its potential impact on child well-being in child-only cases. Much of the research to date on relative care does not focus on children who receive child-only TANF grants, but rather on children in kinship care through the child welfare system. While children receiving child-only TANF grants are sometimes included in studies of relative care, they are very rarely isolated for analysis, making any findings difficult to attribute to the TANF child-only experience. However, some general findings regarding relative care and child well-being offer insight into the well-being of children in TANF child-only cases with relative caregivers. These findings are presented below.

2.5.1 Children Enter Relative Care When Parents Cannot Care for Them

The origins of child-only cases have a direct bearing on the well-being of children in these cases. Sanctioned-parent, SSI-parent, and immigrant-parent cases are created by circumstances that leave families intact. In contrast, the origins of nonparent child-only cases are more complex and potentially more distressing (Wood and Strong, 2002). These children are not living with their parents, but with relatives who have taken on the responsibility of raising them.

Children in nonparent child-only cases often have parents with serious personal problems that make it impossible or inappropriate for them to raise their children. It is important to note that there may be multiple reasons why the child is living with a nonparent caregiver. For example, the parent(s) may

- not be able to raise the child because of a substance abuse problem,
- have a history of abuse or neglect of the child,
- have mental health issues,
- be incarcerated or have previous criminal involvement that prohibit(s) the child from living with her/him,
- not be financially capable of caring for the child,
- have deserted the child with no explanation, or
- be deceased.

Each of the situations can cause emotional and physical distress to a child. While placement with a relative caregiver provides some immediate stability and support for the child, the child remains at risk for emotional and behavioral problems.

2.5.2 Relative Care May Be the Best Alternative

Placement with a relative is usually seen as the best alternative when out-of-home care is necessary (Edelhoch, 2002). States have been giving preference to relatives when placing children outside their parental home since the mid-1990s (Edelhoch, Liu, and Martin, 2002). In an environment where foster care availability is declining, relative care offers states an essential and critical alternative. In addition, many caseworkers also believe that placement with relatives is in the best interest of the child (DHHS, 1998). Possible advantages of placement with relatives include facilitation of identity formation, preservation of family ties, and increased visitation. In most relative caregiver cases, the children have suffered emotional trauma in separating from their parents. While relative placement is no substitute for parental care, it is viewed generally as one of the best alternatives for out-of-home placement (Edelhoch, 2002; Berrick Barth, and Needell, 1994; Christian, 2000).

2.5.3 Relative Care Offers Stability

Placement stability for children in out-of-home care has long been a concern of researchers (Bernstein, 2002; Webster, Barth, and Needell, 2000; Anderson-Moore, Vandivere, and Ehrle, 2000). With each change in placement, children may experience an increased sense of rejection and impermanence. Nearly 30 percent of children in kinship care through the child welfare system experience placement instability, defined as three or more moves after the first year in care (Webster, Barth, and Needell, 2000). This does not appear to be the case, however, with children in TANF child-only relative care. Over 90 percent of relative caregivers for TANF child-only cases in South Carolina reported that they would like to raise the child (or children) placed with them until the age of 18 (Edelhoch, 2002). A study in New Jersey found that, although the lives of children in child-only families have been disrupted by removal from the home, their relative care placements are typically long term and stable (Wood and Strong, 2002). Investigation of North Carolina's child-only cases found that 82 percent of the nonparental child-only cases reported children having lived with the caregiver continuously since last living with the biological parent (Duncan, 2002).

2.5.4 Children Often Exposed to Trauma

Children in nonparent child-only cases often have parents with serious personal problems that make it impossible or inappropriate for them to raise their children. Drug addiction is particularly common. In New Jersey, 6 in 10 caregivers reported that the child's mother had a substance abuse problem that made it impossible for her to raise the child (Wood and Strong, 2002). It has also been reported that many children in nonparental TANF child-only cases have been victims of abuse or neglect and are thus also involved with the child welfare system (Edelhoch, 2002; Wood and Strong, 2002; Ehrle, Geen, and Clark, 2001; Farrell et al., 2000; Schofield and Fein, 2000).

Many children entering the TANF system do so through referrals from the child welfare system (Greenberg et al., 1999). Children removed from the home due to abuse or neglect are typically first placed through the child welfare system and then (if the relative caregiver is not a licensed foster parent) referred to TANF for financial assistance. Other traumatic experiences leading to

children not living with their parents include parents' criminal activity, lack of money, or mental health problems. In addition, children placed in relative care often have experienced not only one of these circumstances, but have been exposed to multiple traumatic experiences prior to placement out of the home.

2.5.5 Physical and Emotional Health Is Poor

Children who live with relatives or foster parents are more likely to have behavioral and emotional problems than children who live with their parents (Kortenkamp and Ehrle, 2002; American Academy of Pediatrics, 2000; Simms, Dubowitz, and Szilagyi, 2000). Analysis of the 1997/1999 NSAF found significant differences between children in kinship or foster care and children cared for by parents in terms of limiting conditions and physical health status. A higher percentage of children in kinship and foster care reported having physical or mental impairments, being in fair or poor health, and visiting a mental health provider during the survey year (Kortenkamp and Ehrle, 2002). In a study of kin caregivers in South Carolina, relatives reported that the children they cared for suffered from "nightmares, anxiety attacks, depression…learning disabilities, promiscuity, and/or aggressive behavior," much of which was likely caused by past trauma (Edelhoch, 2002). While physical and emotional health is a concern of children placed in TANF child-only relative care, states are addressing this concern through policies tying cash assistance to compliance with immunization schedules and/or well-child medical visits (Romero et al., 2001; Risely-Curtiss and Kronenfeld, 2002). However, even with this tie to cash assistance, physical and emotional health care is in question. Risely-Curtiss and Kronenfeld (2002) found that fewer than 50 percent of referrals for physical, dental, and mental health care were completed by relative caregivers within a reasonable time frame.

2.5.6 School Performance Is Poor

Compared to children who live with their parents, a significantly higher percentage of children who live with relatives or foster parents have been suspended or expelled from school and fewer are involved in school activities (Kortenkamp and Ehrle, 2002; Billing, Ehrle, and Kortenkamp, 2002). A survey of teachers found that children in kinship care compared to other students had poor study habits and lacked the ability to pay attention and concentrate

(Dubowitz et al., 1994). Additionally, children living with relatives were reported as being less involved in school activities than children living with their parents (Billing, Ehrle, and Kortenkamp, 2002). This finding is important because involvement in activities such as sports, lessons, and clubs has been shown to help children by enhancing social skills and enabling personal accomplishment (Ehrle and Moore, 1999).

2.5.7 Financial Hardship

Researchers report differing findings regarding the financial status of TANF child-only relative care cases. For example, recent research indicates that child-only relative care cases typically are less disadvantaged and have more income than a standard TANF case (Wood and Strong, 2002; Farrell et al., 2000). Schofield and Fein (2000), however, found that while child-only relative caregivers report higher earnings than parental caregivers, their total earnings average well below the poverty line. These financial barriers, if present, may be serving as obstacles to obtaining and providing physical and emotional health care. While children in TANF child-only relative care are eligible for Medicaid, long delays can occur between the time a child is removed from his or her home and Medicaid approval, during which time the child may not be covered by Medicaid (Risely-Curtiss and Kronenfeld, 2002). Health care access may also be limited because not all providers serve Medicaid patients and some types of services are not covered. With reimbursement rates for TANF grants averaging less than half of the reimbursement rate for foster care in most states (Wood and Strong, 2002; Farrell et al., 2000; Schofield and Fein, 2000), covering the additional medical and behavioral expenses of a child can become overwhelming to a relative caregiver on a fixed income.

Relative caregivers also face expenses associated with school, including clothes, uniforms, books, supplies, and field trips (Edelhoch, 2002). These needs are especially critical as school engagement is reported to be poor among this population.

Since eligibility for TANF benefits is no longer a federal entitlement, states have the option of not offering child-only grants or imposing limitations such as waiting lists on child-only grants. However, all states are currently offering some type of child-only grant, without waiting lists. Benefit levels have always varied among states, even

under the former TANF program, benefit levels varied among states. Under the current TANF program, however, states have greater flexibility to change benefit amounts or offer new combinations of benefits (e.g., without first having to submit a plan for approval to the federal government).

In summary, a substantial body of research has shown that children in relative care typically come from unstable environments and have often been exposed to multiple traumatic experiences (e.g., abuse, neglect, substance abuse). Compared to children in parental care, children in relative care have greater physical and emotional needs, perform more poorly in school, and experience economic hardship. However, even with these concerns, it is possible that these potentially damaging developmental risks might be moderated by the benefits (e.g., emotional attachment, permanency) of living with a relative (Altshuler and Gleeson, 1999).

2.6 SERVICES NEEDED TO MAINTAIN WELL-BEING

Regardless of the arrangements under which they care for children, relative caregivers frequently do so without financial support. While relatives have always been able to receive child-only grants, many (especially those in "informal" kinship arrangements) do not know that this help is available. The Urban Institute estimates that only 28 percent of all children in child welfare kinship care placements receive either a child-only TANF or foster care payment (Ehrle and Geen, 2002).

For those who do receive financial support, child-only TANF arrangements provide minimal services and less money than foster care, even though the circumstances that bring these children to kinship care may be similar. In South Carolina (Edelhoch, 2002), the base rate for foster care payments per month for one child without special needs aged 6 to 12 years is $339 per month; the TANF payment to a relative caregiver for one child is 70 percent less—$102 per month. Additionally, TANF payments decrease for subsequent children, while the foster payments are the same for each additional child. Finally, while foster parents are eligible to receive quarterly clothing allowances, no such provisions are made for relative caregivers in child-only cases.

Therefore, while service needs of TANF child-only relative caregivers vary, one critical need is financial support. This support is essential as relative caregivers in TANF child-only cases tend to take in children at a time in the caregivers' lives when they may be retiring or they are at least past the child-rearing stage (Ahmann and Shepherd-Vernon, 1997). In a study of relative caregivers in South Carolina, some were spending retirement savings or postponing retirement in order to provide for kin in their care (Edelhoch, 2002). Having unexpected children to care for on a limited income has an impact on the relative caregiver in terms of providing adequate housing, providing food, and finding daycare (Ehrle and Geen, 2002).

Additionally, children in TANF child-only relative care often face physical and emotional challenges. As noted in the previous section, children in TANF child-only relative caregiver cases may feel abandoned and have serious physical and mental health care needs that require immediate and ongoing attention (Ahmann and Shepherd-Vernon, 1997; Christian, 2000). The service needs of these children in child-only cases will differ depending on the specific circumstances preceding placement, the resiliency of the child, and the relative support within the home. While not all children in child-only cases will need additional services such as mental health counseling or anger management classes, many of these children may be at risk for physical and emotional problems.

2.7 STATE RESPONSES TO CHILD-ONLY CASES

Because of the very different types of family structures found among the child-only caseload, designing appropriate interventions to serve such families is complicated (Kaplan and Copeland, 2001). States have had to assess their child-only caseload individually and determine what programs or services were needed to address the particular concerns. For the most part, states that have developed a program to address child-only service needs have focused on the needs of the relative caregivers rather than on those of children. In a study of child-only policies and practices in three states—California, Florida, and Missouri—no special efforts were being made in 1999 to serve child-only cases (Farrell et al., 2000). However, in light of the increasing proportion of child-only cases,

several states are looking more closely at the needs of the child-only caseload.

2.7.1 Annual State TANF Plans

While child-only cases are growing in proportion and are becoming more prominent in welfare literature, the approach for addressing these cases is still at the complete discretion of the state. As stated earlier, child-only grants are not considered an entitlement as states are not required to offer the grant or may offer it with limitations such as a waiting list for services. All states are currently offering some type of child-only grant; however, it is important to note that states are not required to offer child-only grants at all and can cap payments to families at any time or implement a waiting list for assistance (AARP Grandparent Information Center, 1997).

To determine the extent to which child-only cases were addressed in annual state TANF plans, study staff reviewed each state plan for reference to child-only cases. Researchers created categories of references to organize these findings, which are summarized in Table 2-6. These categories include

- a definition (state plan defined child-only services);
- administrative reference (explaining eligibility, time limits, etc.);
- cash grant reference (outlining cash grant amount for child-only cases).
- kinship care program (specific reference to a kinship care initiative within the state); and
- no reference (child-only cases not mentioned in state plan).

The study team acquired state TANF plans for all 50 states and the District of Columbia. In 13 of these plans, no reference was made to child-only cases. However, the lack of any mention of child-only cases in the state plan does not necessarily indicate a lack of programs in that area. In fact, since all of the states report on the number of their child-only cases, it is clear that they have programs that offer cash grants, with or without additional services. There is currently no federal required format for TANF State Plans. As such, each individual plan varies greatly in the format and the amount of detail included. Among the remaining 35 state plans, administrative references were the most common (in 22 plans), followed by definitions and cash-grant references (16 plans each). Fourteen

plans included a specific reference to a program addressing the needs of kinship care families.

2.7.2 Composition of Child-Only Caseload

A critical issue for states to be able to better assess their needs regarding child-only cases is the ability to clearly describe their state's TANF caseload composition, specifically the types and proportions of child-only caseloads currently in their state. During telephone conversations with Administration for Children and Families (ACF) Regional Administrators, study staff asked regional and state representatives questions regarding the state-specific TANF caseload composition. Additionally, project staff inquired if child-only cases were increasing, decreasing, or remaining stable in

Table 2-6. Child-Only References in Annual State TANF Plans

	Definition	Administrative (e.g., participation calculation)	Cash Grant	Kinship Care Program	No Reference
Alabama				X	
Alaska		X			
Arizona			X		
Arkansas					X
California					X
Colorado				X	
Connecticut					X
Delaware					X
Florida	X	X		X	
District of Columbia	X				
Georgia			X		
Hawaii					X
Idaho	X	X			
Illinois		X	X		
Indiana					X
Iowa	X	X			
Kansas	X	X			
Kentucky		X	X	X	
Louisiana			X	X	
Maine	X	X			
Maryland	X	X		X	
Massachusetts		X	X		

(continued)

Table 2-6. Child-Only References in Annual State TANF Plans (continued)

	Definition	Administrative (e.g., participation calculation)	Cash Grant	Kinship Care Program	No Reference
Michigan	X		X		
Minnesota				X	
Montana		X			
Nebraska					X
Nevada				X	
New Hampshire			X	X	
New Jersey	X	X	X	X	
New Mexico					X
New York		X	X		
North Carolina	X	X			
North Dakota	X	X			
Ohio		X	X		
Oklahoma			X	X	
Oregon			X		
Pennsylvania	X	X			
Rhode Island		X			
South Carolina			X	X	
South Dakota					X
Tennessee	X	X			
Texas	X				
Utah					X
Vermont					X
Virginia	X	X	X	X	
Washington	X	X			
West Virginia					X
Wisconsin	X	X	X	X	
Wyoming					X
TOTALS	17	22	16	14	13

Source: State TANF plans.

recent months. Finally, researchers inquired as to the presence of any state-specific collaboration efforts between the TANF system and the child welfare system.

Table 2-7 summarizes the child-only proportion of each state's TANF caseload (DHHS, 2003) and the information communicated

by ACF Regional Administrators regarding child-only trends and practices by state. Regional Administrators often had difficulty assessing if child-only cases were increasing, decreasing, or remaining stable in the states in their regions. Some of the difficulty in making this assessment stemmed from a lag in data reported to the state or federal offices. As a result, the information reported below is often based on a state or region's "impression" of the stability of their child-only caseload and not on empirical data.

Table 2-7. Child-Only Trends and Practices by State

	Proportion TANF Caseload That Is Child-Only	Majority Type of Child-Only Cases	Percentage of Child-Only Cases			Collaboration with Child Welfare System		
			Increasing	Decreasing	Stable	Formal	Informal	None
Alabama	51.6	Parental SSI Nonparental	X			X		
Alaska	18.5	Parental Immigrant			X		X	
Arizona	45.4	Unable to Determine	X			X		
Arkansas	41.9	Parental SSI			X		X	
California	41.5	Unable to Determine			X		X	
Colorado	41.5	Nonparental	X			X		
Connecticut	34.6	Unable to Determine			X		X	
Delaware	43.5	Unable to Determine	X				X	
District of Columbia	26.2	Unable to Determine	X				X	
Florida	58.0	Nonparental			X	X		
Georgia	49.8	Parental SSI			X			X
Hawaii	16.1	Nonparental			X			X
Idaho	73.6	Nonparental			X			X
Illinois	38.0	Parental SSI	X				X	
Indiana	22.0	Unable to Determine			X		X	
Iowa	23.9	Unable to Determine			X		X	
Kansas	32.9	Unable to Determine			X		X	
Kentucky	41.0	Parental SSI			X		X	
Louisiana	46.2	SSI parental Nonparental			X	X		
Maine	24.4	Unable to Determine	X				X	
Maryland	39.4	Nonparental			X		X	
Massachusetts	38.8	Parental SSI			X		X	
Michigan	35.8	Nonparental	X				X	
Minnesota	21.0	Parental SSI			X			X

(continued)

Table 2-7. Child-Only Trends and Practices by State (continued)

	Proportion TANF Caseload That Is Child-Only	Majority Type of Child-Only Cases	Percentage of Child-Only Cases			Collaboration with Child Welfare System		
			Increasing	Decreasing	Stable	Formal	Informal	None
Mississippi	49.5	Parental SSI and Nonparental			X		X	
Missouri	27.2	Unable to Determine			X		X	
Montana	20.7	Unable to Determine	X				X	
Nebraska	34.1	Unable to Determine			X		X	
Nevada	46.2	Parental SSI			X		X	
New Hampshire	28.3	Unable to Determine			X		X	
New Jersey	38.4	Nonparental	X			X		
New Mexico	21.3	Unable to Determine			X		X	
New York	28.3	Nonparental and Parental SSI	X					X
North Carolina	50.9	Parental SSI	X				X	
North Dakota	26.6	Parental Immigrant	X				X	
Ohio	44.7	Unable to Determine	X					X
Oklahoma	45.0	Nonparental			X		X	
Oregon	47.5	Parental Sanction			X		X	
Pennsylvania	32.1	Unable to Determine	X			X		
Rhode Island	18.2	Unable to Determine	X				X	
South Carolina	46.2	Nonparental	X				X	
South Dakota	55.5	Parental Immigrant	X				X	
Tennessee	30.2	Nonparental			X		X	
Texas	34.1	Nonparental Parental Immigrant	X			X		
Utah	32.7	Nonparental			X		X	
Vermont	17.1	Unable to Determine			X		X	
Virginia	43.9	Nonparental	X				X	
Washington	31.7	Parental Sanctioned			X		X	
West Virginia	29.4	Parental SSI			X		X	
Wisconsin	66.3	Nonparental	X				X	
Wyoming	70.4	Unable to Determine	X					X

Source: DHHS, 2003; personal communication with ACF Regional Administrators.

2.7.3 State Initiatives

As a result of the increasing proportions of child-only cases with relative care in some states, initiatives are being developed to connect child-only families with needed prevention, treatment, and support services. While some of these programs are targeted

specifically to child-only cases, some are targeted to kinship care cases in general (including those not receiving a child-only grant). Two prominent studies have investigated state initiatives: "Addressing the Well-Being of Children in Child-Only Cases" by Kaplan and Copeland (2001) and "On Their Own Terms: Supporting Kinship Care Outside of TANF and Foster Care" by Geen et al. (2001). Study staff used these two documents, in conjunction with information obtained during discussions with Regional Administrators, to compile a list of some of the programs and initiatives targeted to child-only cases and kinship care. These initiatives were then categorized by type of program or initiative focus.

Supplemental Financial Support

Colorado – Denver. In Denver, the TANF division of the Department of Human Services provides a supplemental child-only TANF payment and other supports to relatives caring for kin through their Grandparents and Kinship Care Program. With the additional cash assistance, the amount of the child-only payment is similar to the foster care monthly payment.

Florida. Under the Relative Caregiver Program, nonparent relatives can receive a cash payment each month to cover the cost of the child's basic needs. The payments are a maximum of $242 for children ages 0 to 5, $249 for children ages 6 to 12, and $298 for children ages 8 to 13. Eligibility is based on child's age, income, and other eligibility criteria. The relative must have a juvenile court order placing the child in their home under protective services.

Kentucky. The Kinship Care Program was initiated to administer services under the Kentucky Cabinet for Children and Families (an umbrella agency responsible for both child welfare and TANF). The Kinship Care Program provides greater financial support and services to nonparent relative caregivers. The program uses TANF funds, and the monthly payment is $300 per eligible child. The income and resources of the relative are not considered. The program aims to provide an amount closer to that of a licensed foster parent to kin caring for children who have been abused or neglected without requiring the relative to become a foster parent. Under the program, the relative assumes temporary custody of the

adjudicated child and must agree to accept permanent legal custody of the child if reunification with the parent(s) is not an option.

Michigan. The Kinship Care and Family Preservation pilot project provides increased financial support, emergency financial payments, and community linkages to children ages 0 through 18 who are residing with a self-supporting relative caregiver. The caregiver must have petitioned for or been awarded guardianship of the child.

Missouri. The Grandparents as Foster Parents Program assists with payments equal to 75 percent of the foster care rate. Eligibility requirements include having legal guardianship and being at least 55 years of age.

Nevada. Nevada has two programs relative to child-only cases. The first is for nonneedy relative caregivers and includes a payment of $187 more per month for a child in relative care than through the regular TANF payment scale.

New Jersey. New Jersey has a program under Income Maintenance in the Division of Family Development that provides a $250 maintenance payment. This payment is midway between the regular TANF payment and the foster care payment.

Oklahoma. Oklahoma has implemented a Support Services Fund through the child-only TANF program. These funds are specifically targeted to child-only relative caregiver families. The funds can be used to supplement the child-only cash grant to purchase items such as clothing, school supplies, and sports registration fees.

Supplemental Services Support

Ohio. Ohio, through their Department of Jobs and Family Services, developed a Statewide Kinship Caregiver Services Program. The Program was developed based on recommendations in an agency task force report on grandparents raising grandchildren. The program offers subsidized child care, respite care for the caregiver, legal assistance, and training on how to deal with children with special needs. Additionally, a toll-free number is available for caregivers to call for information and referrals to services.

Pennsylvania. A nonprofit kinship foster care agency, A Second Chance, housed in Pittsburgh is working to address the needs of

relative caregivers through a comprehensive approach to family issues and permanency. Families come to the agency through referrals from the County Department on Human Services after the child has been adjudicated as abused or neglected and placed with the relative. The agency works with the birth parent, the child, and the relative to address family issues and develop a permanency plan, recognizing that kinship care families have different needs than traditional foster care families.

Coordination between TANF and Child Welfare Systems

Colorado – El Paso. In El Paso County, the Department of Social Services (DSS) has worked to blend TANF and child welfare services educating relative caregivers about other services (e.g., child-welfare services). They have also prioritized kinship care for child welfare services, and the Director of the DSS has created a flexible pot of TANF dollars to meet identified needs of families with children in kinship care.

Wisconsin. The State of Wisconsin administers a Kinship Care program through the Department of Health and Family Services (the state child welfare program). Wisconsin offers a kinship care benefit of $215 per month for children in relative care. The caregiver need not be eligible for TANF to receive this benefit.

Lower Income Families

Alabama. Alabama initiated a KinShare Pilot Program targeting vulnerable families with incomes less than or equal to 200 percent of the poverty level. Their focus is on families in which the children are at risk of foster care placement. Services are available to help stabilize an existing placement with a nonparent relative. The target population is families receiving child-only TANF cash assistance benefits and families identified through the child welfare program. Services include child care, respite care, special needs payments, emergency intervention services, and counseling. The pilot began in one county in October 2000, and has expanded to five additional counties.

California. California implemented a Kinship Guardianship Assistance Payment (Kin-GAP) program. It is intended for children exiting the foster care system and entering a guardianship with a relative. To be eligible, the child must have lived with the relative

for at least 12 months and relative guardianship must be established. Other requirements are similar to those of California Work Opportunity and Responsibility to Kids (CalWORKs) and are based on financial need.

Louisiana. The Kinship Care Subsidy Program (KCSP) provides cash assistance for eligible children who reside with qualified relatives other than parents. Qualified caregivers must have incomes below 150 percent of the poverty line and have legal custody or guardianship. The KCSP subsidy payment is $222 per eligible child per month.

Nevada. The Kinship Care program is similar to the nonneedy relative program but offers even more of an increase in payment per month (a payment equal to 90 percent of the state monthly foster care rate). To qualify for this program, the relative caregiver must be over 62, have a minor child placed in their care for at least 6 months, and obtain legal guardianship of the minor relative child.

Relative Support Groups

Kentucky. Kentucky has a KinCare Project that is a statewide network of over 25 kinship care support groups. The meetings are held in Resource Center offices housed in public schools throughout Kentucky.

Oklahoma. Oklahoma's Aging Services Division sponsors an annual conference on grandparents raising grandchildren. The conference provides grandparents with information on state services such as child welfare and TANF. The Aging Services Division also funded a resource handbook for grandparents and distributed it at the conference.

Kinship Navigator Program

New Jersey. New Jersey implemented a Kinship Navigator Program designed to help caregivers navigate government services, such as TANF, food stamps, Medicaid, health insurance, and child care. The navigator assists with case management activities and can provide referrals to such support services as rental or utility assistance.

2.8 DISCUSSION

Child well-being is one of the concerns of programs serving children and families (e.g., TANF and child welfare). Policy makers need timely data about the status of children, specifically for those children in child-only cases as the proportions of these cases continue to rise nationally.

Much more information is needed on the status of children in TANF child-only relative caregiver cases. The well-being of these children is currently unknown and typically unmonitored. The service needs of these children may differ from standard TANF services (e.g., food stamps, child care benefits, transportation) that often address the needs of the *caregiver* more than of the *child*. To date, attention has been given to the needs of the caregiver (both parental and nonparental) toward a goal of stable placement for the child. While this is a worthy and critical goal, the service needs of children, specifically those removed from their homes and placed in relative care, go far beyond a residence. Accordingly, the next chapter analyzes the data from the two national surveys in an attempt to increase our knowledge about the service needs of children in TANF child-only cases with relative caregivers.

3 Secondary Analysis

To further explore the characteristics of children in TANF child-only cases with relative caregivers, researchers analyzed data from two national surveys: the National Survey of Child and Adolescent Wellbeing and the Survey of Income and Program Participation. The extensive measures available in the two surveys offer generalized, quantitative estimates of service needs and well-being for this population and comparisons with other children supported by TANF and other children in out-of-home care.

3.1 ANALYTIC APPROACH

Secondary analyses compare children in TANF child-only cases with relative caregivers to other children supported by TANF, and to other children in out-of-home care.

To further explore the types of services and needs that children in TANF child-only cases with relative caregivers may have, the study team conducted the secondary analysis to examine child well-being measures for these children relative to other reference groups. The study staff explored two dimensions with these comparison groups: the first relates to income differences, and the second to the type of caregiver.

Researchers examined income differences by comparing child-only cases, families receiving TANF, and low-income children who are not receiving TANF. The study staff also examined different caregiver arrangements by comparing child-only cases living with a relative caregiver to child-only cases living with a parent, children in non-TANF kincare, or children in foster care. Although there are many other unobservable differences between the groups, the underlying rationale for focusing on the two dimensions of income and caregiver arrangements was that these two factors, together and separately, influence service needs, service use, and child well-being.

Some of the key research questions that are answered by this analysis are:

- What are the characteristics of children in TANF child-only cases with relative caregivers?
- What are the service needs of this population?
- What are the rates of use of different services (e.g., food stamps, housing, health insurance, mental health care, child care)?
- How do children in TANF child-only cases with relative caregivers score on measures of well-being?
- How do these children compare to other low-income children (e.g., children supported by TANF but living with their parents, low-income children not receiving TANF)?
- How do these children compare to other children in out-of-home care (e.g., children in foster care or non-TANF kinship care)?

For each survey, the following report sections provide a general overview of the data sources, a description of how researchers used survey measures to identify children in TANF child-only cases with relative caregivers and relevant comparison groups, the sample sizes of each group, and analyses. The discussion section summarizes what the two surveys can—and cannot—tell us about the well-being and service needs of children in TANF child-only cases with relative caregivers.

3.2 THE NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL BEING

3.2.1 Data Overview

The National Survey of Child and Adolescent Well-Being (NSCAW) makes available for the first time longitudinal data on children and families involved in the child welfare system. Data are collected from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers, teachers, and data from administrative records. This is the first national study that examines child and family well-being outcomes in detail and seeks to relate those outcomes to their experience with the child welfare system and to family characteristics, community environment, and other factors. The NSCAW sample, which represents the population of

Because NSCAW's sample is drawn from children who have been investigated for maltreatment, it does not represent the larger population of children supported by TANF.

children and families that encounter the child welfare system, includes more than 5,400 children (ages 0 to 14) from 97 child welfare agencies nationwide.

It is important to note that children in TANF child-only cases with relative caregivers in the NSCAW sample are not representative of all such children, since many children in TANF child-only cases with relative caregivers have no contact with the child welfare system. However, for those children represented by this sample, NSCAW data allow analyses of child performance on standardized measures of well-being, and the interaction of these children with other service systems, such as the TANF program, Medicaid, housing assistance, and others.

3.2.2 Identifying Child-Only Cases and Comparison Groups

A number of possible comparison groups were available to researchers in these data. The comparison groups examined are described in Table 3-1. These groups provided a wide continuum of characteristics and a context for understanding the service use, needs, and well-being of children in TANF child-only cases with relative caregivers in relation to their peers.

Table 3-1. Descriptions of Comparison Groups

Comparison Group	Description
TANFCOR	Children who are receiving TANF child-only benefits and living with relative caregivers
TANFCOP	Children who are receiving TANF child-only benefits but living with a parent
TANFHH	Children living in households that receive TANF
LOWINC	Children who are in low-income households but not receiving any TANF benefits
KINCARE	Children living with relatives who are not receiving TANF
FOSTER	Children living with nonrelatives in foster care
OTHER	All other children (children living with parents in higher-income households that do not receive TANF)

The study staff used an algorithm developed by a member of the NSCAW analysis team to identify children in TANF child-only cases with relative caregivers from the NSCAW data. Researchers used an item on the interview of the child's current caregiver that asked for whom the TANF or AFDC benefits that were received by the household were provided. Project staff asked this question only of caregivers who indicated in a previous item that someone in the household presently receives TANF or AFDC. Possible responses regarding who received TANF or AFDC were (1) child and other household members, (2) child only, and (3) other household members only. Researchers then limited the child-only cases to those living with a primary or secondary caregiver who is a nonparental relative. The results indicated that at Wave 1 (baseline), 13 percent (weighted) of the cases that received TANF received them for the child only.

The algorithm for the creation of the comparison groups relied on information about whether children are living in their home or outside of their home, their relationship to their caregiver, whether their caregiver receives foster care payments, and who in the household receives TANF benefits. Study staff created categories hierarchically to be mutually exclusive, so if children met the criteria for being classified as child-only TANF living with a relative caregiver, they were excluded from subsequent categories for which they might qualify, such as KINCARE. The logic and order of comparison group creation are presented in Table 3-2.

Table 3-2. Logic and Order of Comparison Group Creation

In Own Home	Caregiver	Foster Care Payments	TANF	Our Category	N	
					Unweighted	Weighted
N	Relative	N	Child	TANFCOR	54	13,954
Y	Parent	N	Child	TANFCOP	95	36,587
Y	Parent	N	Household	TANFHH	763	356,901
Y	Parent	N	None	LOWINC	1196	657,933
N	Relative	Some	Some	KINCARE	456	92,247
N	Other	Y	N	FOSTER	565	78,506
				OTHER	1,724	904,983

Children who are part of households receiving TANF benefits were identified from the same set of questions as the child-only cases, only this group comprises those children whose households reported that the household and child, or just the household, receives TANF benefits.

Researchers relied on a different set of questions to identify other children in out-of-home care with relative caregivers, or with nonrelative caregivers. Using a series of questions on the child's living arrangements, staff identified children living out of their homes and then examined the type of out-of-home care. The response categories specify kincare and foster home. For kincare, researchers required that the primary caregiver be related to the child but not a biological, adoptive, or step parent. For the foster care category, staff required that the parent reported receiving foster care payments. Because of small numbers in the kin foster care category, staff defined kincare as including both kin foster care and kin care without foster care payments. Some of these relative caregivers receive TANF for the entire household, as described in Section 2.2.1. Children living with nonrelatives receiving foster care payments were classified in the foster care group. Researchers did not include children who are in residential programs or group homes in either category.

To identify the comparison group that included children in households that were low income but not receiving TANF, staff used a categorical variable that asks respondents to choose an income category that reflects the total combined income of all members of the household over the past 12 months. Study staff created an algorithm that related household size, Federal Poverty Level (FPL), and reported income. Researchers used the NSCAW income increment that was closest to the FPL for a given family size, as shown in Table 3-3, and households that were at or below the FPL were included in the analysis.

3.2.3 Analysis

Demographics

The study team examined the demographic characteristics of the children in each group, focusing on the variables included in Table 3-4. More than half the children in each group (except

OTHER) are 5 years of age or less; the low mean age suggests that this group is highly skewed toward children aged 2 or less.

Table 3-3. Definitions of TANF Eligibility by Income Range and Household Size

Household Size	Federal Poverty Level for Household Size	NSCAW Maximum for Income Category	Difference
1	8,350	4,999	3,351
2	11,250	9,999	1,251
3	14,150	12,500	1,650
4	17,050	17,500	(450)
5	19,950	17,500	2,450
6	22,850	22,500	350
7	25,750	22,500	3,250
8	28,650	27,500	1,150

Table 3-4. Demographic Characteristics of Children by Group[a] (all numbers percentage except mean age)

	TANFCOR	TANFCOP	TANFHH	LOWINC	KINCARE	FOSTER	OTHER
Male	0.60	0.55	0.53	0.47	0.35*	0.55	0.52
Mean Age (Years)	2.35	2.29	2.56	2.70	2.42	2.24	2.72
Less than 1 Year	31.48	36.84	21.63	17.73	24.34	35.99	14.62
1 to 5	31.48	38.95	32.24	33.61	32.46	23.94	32.54
6 to 10	20.37	14.74	27.79	29.10	23.90	24.11	27.61
11 and Over	16.67	9.47	18.35	19.57	19.30	15.96	25.23
Substantiated Investigation	0.52	0.21	0.31	0.29	0.57	0.71	0.28
White	0.55	0.43	0.25**	0.47	0.44	0.41	0.56
Black	0.31	0.34	0.42	0.25	0.33	0.34	0.22
Hispanic	0.06	0.06	0.25***	0.20	0.16	0.18	0.16
Other	0.08	0.17	0.08	0.07	0.07	0.08	0.06
In Home	0.32	1.00***	1.00***	0.98	0.22	0.00***	1.00

***Significantly different from TANFCOR at the 0.01 level.

**Significantly different from TANFCOR at the 0.05 level.

*Significantly different from TANFCOR at the 0.10 level.

[a]Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national survey of children who have been investigated for abuse or neglect.

KINCARE children tend to be female, while the other groups tend to have a fairly even balance between male and female. TANFHH children are less likely than TANFCOR children to be white and more likely to be Hispanic. TANFCOP and TANFHH children are more likely to be at home, while FOSTER children are less likely. Children in nonkin foster placements are more likely to have substantiated child welfare investigations than children in the other groups.

Variables Related to Child Well-Being

NSCAW collects a number of measures of child well-being that include the following areas of function: cognitive status, neurodevelopmental impairment, communication, school achievement, school engagement, relationships with peers, protective factors, and parental monitoring. Because each of these instruments has a specified age range, some measures are not available for some groups of children. This analysis uses the measures shown in Table 3-5, which were selected to maximize data on various aspects of child well-being across the sample age range.

Table 3-5. Summary of Child Well-Being Measures by Age[a]

	Age							
Measure	**0**	**1**	**2**	**3**	**4 to 5**	**6**	**7 to 10**	**11 to 15**
Social Skills Rating System				X	X	X	X	X
Child Behavior Checklist			X	X	X	X	X	X
Children's Depression Inventory							X	X
Preschool Language Scale-3	X	X	X	X	X			
Battelle Developmental Inventory	X	X	X	X				
Youth Self-Report								X
Total	2	2	3	4	4	3	4	5

[a]Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national survey of children who have been investigated for abuse or neglect.

Table 3-6 shows that TANFCOR children tended to have the highest percentile scores and standardized scores for social skills in preschool. For standardized scores, TANFCOR children scores were significantly higher than those of children in the KINCARE, FOSTER, and TANFHH groups. Children in the TANFCOP, LOWINC and OTHER groups had scores that were not significantly different from those of the TANFCOR children. In the measures of well-being that address social skills and developmental status, higher scores are better scores. For problem-focused measures, such as the Child Behavior Checklist, the opposite is true.

Children in TANF child-only cases with relative caregivers score somewhat higher on developmental indicators, but also have some indicators of behavioral and mental health problems.

The TANFCOR group scored very well on the perceptual discrimination section of the Battelle Developmental Inventory, relative to the other children. TANFCOP children and TANFHH children both scored lower on this part, with a significance difference at the 10 percent level. No significant differences were observed among the various categories of children for the other sections of the Inventory, such as memory, reasoning and academic skills, and conceptual development. TANFCOR children also scored well on the reasoning and academic skills section and the conceptual development section, though no significant differences were noted. Furthermore, while there were no significant differences across the groups, TANFCOR children had the highest rating for their language skills.

On the child behavior checklist, where higher scores reflect more behavior problems, younger children in the TANFCOR group had significantly higher scores than the TANFHH and KINCARE groups. Although there were no significant differences between percentile scores for child behavior among the different groups of older children, a different pattern was observed. FOSTER children scored the highest, and the TANFCOR children scored the lowest except for the OTHER children.

Similarly, no significant differences were observed among the children's depression levels or their trauma symptoms, although TANFCOR children had relatively high scores on depression and trauma symptoms compared to other children. On the behavior section of the Youth Self Report, where again higher scores indicate more problems, TANFCOR children scored relatively well. The TANFCOP, FOSTER, and LOWINC children all reported higher

Table 3-6. Measures of Well-Being[a]

	TANFCOR	TANFCOP	TANFHH	LOWINC	KINCARE	FOSTER	OTHER
Social Skills Rating System							
PS: Social Skills Percentile-Preschool	50.74	23.87***	28.24	34.60	32.26	23.53	32.89
PS: Social Skills Standard-Preschool	100.53	87.18	87.68***	91.28	89.43***	85.34***	90.45
Battelle Developmental Inventory							
BD: Perceptual Discrimination-Percentile	46.09	14.34*	18.99*	23.07	26.17	28.35	24.54
BD: Memory-Percentile Score	23.74	28.87	28.90	25.43	27.61	30.76	28.12
BD: Reason and Academic Skills-Percentile	34.92	19.51	19.47	24.75	26.13	31.50	19.44
BD: Conceptual Develop.-Percentile	40.55	24.87	21.09	26.13	18.70	30.22	26.62
Preschool Language Scale							
CO: Total Langu (Aud/Express) Std. Score	98.91	85.91	86.28	87.54	91.71	88.43	89.72
Child Behavior Checklist							
TC: Total Percentile (0-4)	82.17	75.09	69.94***	59.65	64.17***	82.88	53.44
BC: Total Percentile Score (4-18)	68.62	73.25	73.03	69.49	69.55	82.00	67.25
Children's Depression Inventory							
CD: Depression: Total CDI Raw	11.20	8.31	9.68	11.37	8.59	11.18	9.14
Trauma Symptom Checklist							
TR: Trauma: PTS Raw Score	13.46	9.07	8.40	8.61	8.28	9.89	8.32
TR: Trauma: PTS T Score	57.85	49.40	49.32	49.50	48.93	52.03	49.00
Youth Self-Report							
YB: Behavior Probability: Total Raw Score	29.46	37.40	48.10***	46.59	43.59*	41.83	45.73

***Significantly different from TANFCOR at the 0.01 level.

**Significantly different from TANFCOR at the 0.05 level.

*Significantly different from TANFCOR at the 0.10 level.

[a]Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national survey of children who have been investigated for abuse or neglect.

scores than the TANFCOR children. The KINCARE group scored significantly higher at the 10 percent level, and the TANFHH group scored significantly higher at the 1 percent level from the TANFCOR children.

Overall, the one area that seems problematic for the TANFCOR group is in reports of depression and trauma, although these differences are not statistically significant. In terms of social skills, problem behavior, and development, TANFCOR children scored as well or better than the other groups of children.

Variables Related to Service Use

NSCAW provides a wide range of data on services received by the child (Table 3-7) and by the caregiver (Table 3-8). Data on services received through the child welfare system are included in subsequent waves of data collection and are not reported here.

Children in TANF child-only cases with relative caregivers were less likely to use emergency health care than other children.

For many of the service use categories, no significant differences were reported by different groups of children. These service categories include seeing a dentist; taking a vision test; going to the ER or urgent care unit for an illness; requiring a nurse or doctor to treat an injury, accident, or poisoning; and being tested for learning problems. TANFCOR children did well in rates of hearing tests, with children in the FOSTER group using this service significantly less. TANFCOR children also had a relatively low rate for overnight hospital admissions for an illness or injury, while KINCARE, FOSTER, and TANFHH children had significantly more admissions. FOSTER and TANFHH children were more likely to be currently enrolled in a daycare program than TANFCOR children, at a significance level of 5 percent. FOSTER children were also more likely to be diagnosed with a learning problem or disability by a professional than TANFCOR children. TANFCOR children were significantly less likely to be receiving special education services or enrolled in special education classes compared to children in the KINCARE, FOSTER, TANFCOP and TANFHH groups.

There were no great differences in WIC coverage across the different groups of children. TANFCOR children were more likely to receive food stamps than FOSTER children, but less likely than TANFCOP children. These differences were statistically significant. KINCARE and FOSTER children were less likely to be receiving TANF funds or other public assistance, whereas TANFCOP and TANFHH children

Table 3-7. Child-Reported Service Use[a] (for Children over age 11 during the past year)

	TANFCOR	TANFCOP	TANFHH	LOWINC	KINCARE	FOSTER	OTHER
Child saw dentist/hygienist	64%	43%	60%	53%	58%	51%	59%
Child had vision test	55%	65%	74%	71%	56%	48%	72%
Child had hearing tested	70%	57%	77%	78%	55%	51%*	76%
Child admitted to hospital overnight for injury or illness	1%	3%	7%***	8%	5%**	7%***	4%
Child went to ER or urgent care for injury or illness	22%	42%	36%	42%	28%	31%	35%
Child had injury/accident or poisoning requiring doctor or nurse	5%	16%	9%	10%	7%	6%	11%
Child currently in any daycare program	21%	15%	28%**	27%	26%	30%**	30%
Child tested for learning problems	41%	27%	37%	41%	25%	38%	36%
Professional says child has learning problem or disability	12%	11%	28%	25%	27%	34%**	20%
Child currently receiving special education services or classes	17%	74%*	80%***	80%	81%***	89%***	78%

***Significantly different from TANFCOR at the 0.01 level.

**Significantly different from TANFCOR at the 0.05 level.

*Significantly different from TANFCOR at the 0.10 level.

[a]Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national survey of children who have been investigated for abuse or neglect.

Table 3-8. Caregiver Reported Program Use[a]

	TANFCOR	TANFCOP	TANFHH	LOWINC	KINCARE	FOSTER	OTHER
WIC	40%	52%	45%	33%	35%	37%	18%
Food Stamps	8%	88%***	90%	50%	17%	04%***	16%
TANF, AFDC, General Assistance/ Other Public Assistance	100%	100%	99%	7%	22%***	04%***	0%
Housing Support	3%	18%***	26%***	13%	4%	2%	5%
SSI	13%	38%*	20%	22%	26%	12%	13%
No One Receives Anything	0%	0%	0%	26%	39%*	51%*	58%

***Significantly different from TANFCOR at the 0.01 level.

**Significantly different from TANFCOR at the 0.05 level.

*Significantly different from TANFCOR at the 0.10 level.

[a]Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national survey of children who have been investigated for abuse or neglect.

were more likely to receive housing support than TANFCOR children. TANFCOP children were significantly ($p < 0.10$) more likely to be in a household that receives SSI; not surprisingly, since this would qualify the household for child-only TANF benefits. Similarly, KINCARE and FOSTER were more likely to receive foster care payments.

Table 3-9 shows that all groups of children received peer support at relatively the same levels. TANFHH children, however, did use a drop-in community youth center more often. This is perhaps due to their older age.

Table 3-9. Percent Reporting Social Services Received by Children[a]

Question	Response	TANFCOR	TANFCOP	TANFHH	LOWINC	KINCARE	FOSTER	OTHER
Peer Support Group	Yes	13%	31%	31%	33%	19%	28%	23%
Drop-In Community Youth Center[b]	Yes	9%	2%	32%***	29%	12%	22%	27%

***Significantly different from TANFCOR at the 0.01 level.

**Significantly different from TANFCOR at the 0.05 level.

*Significantly different from TANFCOR at the 0.10 level.

[a]Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national survey of children who have been investigated for abuse or neglect.

[b]For children over 11 years old.

3.2.4 Summary

Overall, the NSCAW data paint a fairly reassuring picture of the well-being of children in TANF child-only cases with relative caregivers when compared to children in other groups. There are no significant indications in service use, service needs, or child well-being measures that this group is exceptionally vulnerable or ill-served. Compared with other children supported by TANF and other children in out-of-home care, children in TANF child-only cases with relative caregivers appear to have equal or better use of preventive health care and lower use of emergency room and inpatient care. They also appear to have comparable or favorable developmental status indicators. Relative caregivers are less likely to report using support services such as food stamps and housing assistance.

Children in TANF child-only cases with relative caregivers compare favorably with other children supported by TANF on most measures, with many similarities to other children in out-of-home care.

The only area of possible vulnerability for these children is in measures of behavioral and emotional well-being, although many of these differences are not statistically significant. Compared to other children supported by TANF, children in TANF child-only cases with relative caregivers show some indications of increased behavioral problems among younger children, as well as increased rates of trauma and depression. These may reflect the effects of disrupted parental relationships. On these measures, children in TANF child-only cases with relative caregivers are similar to other children in out-of-home care, and in some cases report less favorable conditions. However, that interpretation of the NSCAW data should be tempered with the understanding that all children surveyed have had some contact with Child Protective Services, so that children in the TANFHH and TANFCOP categories do not represent the larger populations of TANF recipients. Another caveat is that given the small sample sizes and large standard errors, there may be differences between groups that were not detectable.

3.3 ANALYSIS OF THE SURVEY OF INCOME AND PROGRAM PARTICIPATION

3.3.1 Data Overview

The Survey of Income and Program Participation (SIPP) is an ongoing longitudinal, nationally representative survey of between 20,000 and 40,000 households that has been conducted since 1983. In analyzing children in TANF child-only cases with relative

caregivers, only the new panel that ran from 1996 to 2000 is relevant. The panel was modified soon after its fielding to account for changes in program details and eligibility with the passing of PRWORA. This panel consists of over 40,000 households comprising 95,000 individuals who are surveyed every 4 months. The core set of questions obtains extensive information on income and assets from all sources, labor force attributes, family structure, health insurance, and education. More detailed questions (modules) on special topics were asked periodically. The child well-being module, including questions on each child's TV viewing, reading or being read to, and activity participation, was included twice between 1996 and 2000. Questions of basic needs and food availability were asked in an adult well-being module once during the period. In the 1996–2000 panel, the survey contained approximately 1,000 children who did not live with any parent.

3.3.2 Identifying Child-Only Cases and Comparison Groups

The SIPP began a new longitudinal panel in 1996, sampling some 80,000 individuals in four subgroups over 12 waves. Because study staff used the SIPP for a cross-sectional snapshot only, they used wave 9, which took place in late 1998. The survey is structured as a core set of questions asked in each wave, with special topical modules asked in only one or two of the 12 waves. Topical modules 2, 6 and 8 had the greatest number of relevant questions on child welfare, welfare reform, and other well-being questions. All were linked to wave 9 core question data. Thus, researchers created a database for each individual in the sample (adults and children, total = approximately 80,000) containing variables from core wave 9, and topical modules 2, 6, and 8.

To define the child-only population, for each child under age 18, staff determined whether he or she was living with a mother or father in the same household by using the person number of the mother and father for each child and the household ID. Staff then used the variable that flags a TANF recipient to further categorize children. Researchers created a variable to indicate whether a child's guardian or household reference person [2] received TANF, and checked whether the household reported receiving foster care

[2]The reference person is the point-person in the sampled household—usually the owner or renter of record.

payments. Combinations of these variables were used to define groups of children that paralleled the categories defined for the NSCAW analysis.

Table 3-10 summarizes the variables used to define each group. Note that no children in the SIPP met the definition criteria for the FOSTER group. The only households reporting receipt of foster care payments were in the KINCARE group, likely representing relative caregivers who are licensed foster care providers. The SIPP classification algorithm included 18 cases in which children lived with relative caregivers and the entire household received TANF in the TANFCOR group. Similar cases in NSCAW were classified in the KINCARE group, resulting in an unintended inconsistency between the two analyses.

Table 3-10. Logic and Order of Comparison Group Creation

Kinship	Foster Care Payments	TANF	Our Category	N	
				Unweighted	Weighted
Relative	No	Child or household	TANFCOR	117	376,776
Parent	No	Child	TANFCOP	420	1,438,519
Parent	No	Household	TANFHH	694	2,333,692
Parent	No	No	LOWINC	119	434,812
Relative	Some	No	KINCARE	881	2,762,340
Other	Yes	No	FOSTER	0	0
			OTHER	20,036	70,122,574

3.3.3 Analysis

Demographics

Race and age distribution varied substantially among the groups (Table 3-11). Only in the TANFCOR group were a majority of children Black. The majority of children in all other groups were white, although the proportions varied substantially among the groups. The majority of children in each group were aged 5 years

Table 3-11. Demographics[a,b]

Question	Response	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
Child's race	White	44.4	51.7	45.4*	92.6***	64.2***	81.2***
	Black	55.2	39.7	42.7	3.4	32.2	13.9
	American Indian	1.9	1.5	3.6	0.0	1.5	1.6
	Asian or Pacific Islander	1.5	7.1	8.2	4.0	2.1	3.3
	Mean age	9.2	7.2	8.0	9.3	9.5	8.4
Age as of last birthday	Less than 1 year	1.0	9.1***	5.3***	7.2	5.2	6.4**
	1–5	23.6	31.2	32.1	20.9	20.9	27.7
	6–10	33.9	27.9	28.5	31.5	28.4	28.3
	11–17	41.4	31.7	34.2	40.4	45.5	37.6
Relationship of child to reference person	Child of reference person	0.0	81.3***	89.5***	94.2***	0.0***	93.6***
	Grandchild of reference person	56.7	15.8	6.6	0.0	37.4	4.1
	Brother/sister of reference person	10.1	0.0	4.1	0.1	0.0	0.3
	Other relative of reference person	39.9	0.8	2.2	0.3	27.5	1.1
	Foster child of reference person	0.0	0.0	0.0	0.0	12.4	0.0
	Other	8.5	2.2	1.8	5.5	21.8	1.2
Relationship of reference person to child	Biological parent	4.2	78.7	86.8	89.9	18.0	89.2
	Stepparent or adoptive parent	1.8	2.5	2.0	8.8	3.7	5.3
	Grandparent	68.3	13.2	5.9	1.0	45.6	3.4
	Other	26.4	5.8	5.3	0.4	32.4	2.1

(continued)

Table 3-11. Demographics[a,b] (continued)

Question	Response	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
Total number of persons in this household in this month	1–2	7.1	5.8	8.1	5.7***	10.6***	4.1***
	3–4	33.6	36.5	41.7	80.8	47.9	53.8
	5 or more	59.4	57.8	50.4	13.5	41.3	42.2
Number of own children under 18 in family (question is asked of the household reference person)	0	70.8	12.3	4.4	19.1	85.5	6.5
	1	14.9	17.1	18.2	43.0	8.2	22.3
	2	4.9	22.1	25.7	28.4	4.5	37.8
	3 or more	9.4	48.7	51.8	9.5	1.9	33.4

***Significantly different from TANFCOR at 0.01 level.

**Significantly different from TANFCOR at 0.05 level.

*Significantly different from TANFCOR at 0.10 level.

[a]Data from the Survey of Income and Program Participation (SIPP), a nationally representative household survey.

[b]Data from the Survey of Income and Program Participation, a national household survey.

or older, and TANFCOR children were least likely of all groups to be under 1 year of age. In the SIPP data, the TANFCOR group is an older group relative to the comparison groups. The TANFCOR group in the NSCAW data was younger relative to the comparison groups. This difference is fortuitous and convenient for examining the well-being of TANFCOR children at older ages, although the SIPP and NSCAW samples do have other underlying differences.

The relationships between the child and the reference person (the sampled household member) varied widely across the groups of children. By definition, TANFCOR households were more likely to have a nonparental relative of the child living in the household. A small majority of TANFCOR children lived with their grandparents, though many TANFCOP and KINCARE children also lived with grandparents. Almost a third of TANFCOR children lived with a relative other than their grandparent or sibling, a higher percentage than for any other group.

About 60 percent of TANFCOR households contained more than four people; other groups were more likely to contain four people or fewer. Most reference persons were likely to have up to four of their own children in the household. TANFCOR and KINCARE reference persons were least likely to have any of their own children who

were under the age of 18, which makes sense given that the majority of these reference persons are grandparents.

Program Coverage

Table 3-12 shows that TANFCOR households were more likely than other groups to receive SSI and General Assistance, although these distinctions are not statistically significant for most groups. However, a mixed pattern was seen for Medicaid, WIC, and Food Stamp coverage, where TANFCOR children were less likely to receive coverage than TANFCOP or TANFHH children, but more likely to be in households with this coverage than KINCARE children. The low rate of Medicaid coverage among KINCARE children is explained in some small part by their higher rate of other health insurance coverage. The fact that biological parents appear to be receiving more coverage for their household, whether from WIC, Food Stamps, or Medicaid, may indicate greater ability, desire, or assistance in navigating the system as compared with other caregivers. In the case of food stamps, relative caregiver households may be ineligible if they exceed the income limits. Given these differences in levels of public assistance, it is surprising that there are not greater differences in child outcomes. SIPP data for receipt of WIC by children alone do not alter this pattern.

Children in TANF child-only cases with relative caregivers have lower participation in most assistance programs, and more favorable indicators of housing adequacy and food security.

Economic Well-Being

The child well-being measures in the SIPP data are complementary to those presented in NSCAW data, in a sense, because they focus more on the child's environment and experiences than on standardized testing and well-being measures. Unfortunately, the differences in measures and samples make comparisons difficult. In the SIPP data, staff focused on housing and food security as measures of economic well-being, at least at the level of the household.

The majority of each group was at least somewhat satisfied with the quality of their homes (Table 3-13). A common pattern across characteristics of their living situation is that TANFCOR families were more likely to be very or somewhat satisfied than TANFCOP and TANFHH families. Although this finding is a positive one, indicating that TANFCOR families are certainly no worse off than other TANF families, the standard of somewhat satisfied is probably a low one. Also, the differences between the families on TANF and

Table 3-12. Percent Reporting Service Use[a]

Question	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
Federal SSI	4.4	3.0	3.6	0.0***	3.1	1.1*
General Assistance	2.7	1.4	0.7	0.0	1.0	0.2
Foster Care Payment	0.0	0.0*	0.0*	0.0*	3.3***	0.0*
WIC Coverage	12.1	23.0***	14.5	0.0***	4.0**	6.0**
Food Stamp	45.6	83.6***	88.6***	0.0***	9.7***	6.5***
Medicaid	70.3	87.0***	89.8***	0.0***	28.3***	11.7***
Health Insurance	8.2	8.8	8.0	93.1***	38.3***	72.4***
WIC	1.4	0.6	0.7	0.0	0.9	0.4
SSI	0.8	1.1	1.4	0.0	0.7	0.4

***Significantly different from TANFCOR at 0.01 level.

**Significantly different from TANFCOR at 0.05 level.

*Significantly different from TANFCOR at 0.10 level.

[a]Data from the Survey of Income and Program Participation (SIPP), a nationally representative household survey.

the other groups, including KINCARE, LOWINC, and OTHER, are consistent. The non-TANF families had very high ratings of satisfaction with their housing.

While both KINCARE and TANFCOR families are caring for relative children, Table 3-10 shows that TANFCOR households are larger and more likely to be headed by grandparents rather than other relatives. A small percentage of KINCARE families are receiving foster care payments, and may be more likely to be wage-earners. Age, household size, and access to other resources are likely to explain the different levels of satisfaction with housing. To further understand the impact of resources for relative caregivers would require more than a descriptive analysis of the data, since discerning the type of caregiver and caregiver resources is necessary.

Table 3-13. Child's Home and Environment[a]

Question	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
Percent very or somewhat satisfied with:						
The general state of repair of home.	77.5	73.5	74.3	96.9***	87.0***	90.5***
The amount of room or space in home	87.5	76.5***	75.5***	98.0***	86.0	84.6
The warmth of home in winter	80.0	76.3**	73.9***	96.8***	86.5	89.5***
Percent who consider neighborhood very safe or safe from crime	77.7	71.1	69.0*	100.0***	84.7***	90.7***
Household has:						
Personal computer in working condition	26.1	12.1***	15.0**	88.3***	34.1	54.5***
Safety devices, alarm system.	11.2	10.8	9.5	54.6***	22.7***	28.1***
Phone in home	83.6	79.3	79.8	99.1***	95.5***	95.9***

***Significantly different from TANFCOR at 0.01 level.

**Significantly different from TANFCOR at 0.05 level.

*Significantly different from TANFCOR at 0.10 level.

[a]Data from the Survey of Income and Program Participation (SIPP), a nationally representative household survey.

In addition to housing satisfaction, another important dimension of economic well-being is food security. Table 3-14 shows that a large number of respondents thought issues of food security were not applicable to them, which is a positive finding in itself. The pattern of findings for food security is very similar to that of satisfaction with housing. Again, compared to others on TANF, TANFCOR children had less of a problem having enough to eat. Children in families receiving TANF (TANFHH) were the most likely to have problems with food security, and reported trouble with affording balanced meals, or having enough food for the children to eat. Even in this group, only 6.4 percent of children were reported by a caregiver as often not eating enough. The standard of "enough" is probably quite variable, but consistent with previous research; this finding indicates that the population that is most likely to have food security problems is also the most likely to be covered by WIC and food stamps.

Table 3-14. Child's Nutrition[a]

Question	Response	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
Couldn't afford balanced meals	Often true	4.8	4.8	10.2***	3.9***	3.8	2.2***
	Sometimes true	21.1	31.9	32.7	1.9	18.6	10.2
	Never true	74.2	63.4	57.1	94.3	77.6	87.6
Children were not eating enough	N/A	60.5	50.8	46.1**	94.2***	71.3**	81.6***
	Often true	2.6	1.3	6.4	0.0	1.4	1.0
	Sometimes true	8.2	19.4	14.4	1.0	7.8	4.6
	Never true	28.7	28.4	33.2	4.8	19.5	12.8
Didn't eat for a whole day	N/A	78.2	70.4	67.3**	96.8***	83.4	90.4***
	Yes	2.7	6.2	7.6	0.0	2.3	1.5
Did get breakfast under federal school breakfast program?	N/A	63.5	51.9**	51.0***	94.7***	74.9**	86.3***
	Y	34.9	44.6	43.4	2.7	24.1	12.3

***Significantly different from TANFCOR at 0.01 level.

**Significantly different from TANFCOR at 0.05 level.

*Significantly different from TANFCOR at 0.10 level.

[a]Data from the Survey of Income and Program Participation (SIPP), a nationally representative household survey.

As compared with KINCARE, LOWINC, and OTHER children, the TANFCOR group had significantly more issues with food security. This is not surprising, except in the case of children in the KINCARE group. The discussion here parallels that of housing differences. Whether these differences reflect access to public resources, since KINCARE and TANFCOR children lived in households that were less likely to be covered by WIC and Food Stamps, is an important question.

Table 3-15 shows education and caregiver aspirations for their children as another component of child well-being. Small percentages of children in all groups attend a special class for gifted students or do advanced work in any subject. Of those groups, however, TANFCOR children were the least likely to do advanced work and most likely to have been held back, although these differences are not significant. While these characteristics may be due to trauma of separation from parents, it is surprising that there is a large difference between TANFCOR and KINCARE children in

Table 3-15. Child's Education[a]

Question	Response (%)	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
Does child go to a special class for gifted students, or do advanced work in any subject?	Yes	5.4	7.8	7.1	24.7	8.7	11.5
How far do you think child will go in school?	Graduate from high school or more	95.2	97.4	96.9	89.8	89.2	87.4
Educational attainment you would like for your child	Graduate from high school or continue further	95.1	98.7	98.5	91.7	90.4	98.0
Has child been held back in school?	Yes	16.3	6.8	9.0	4.9	8.5	5.6
Are there family rules about how early or late child may watch television?	Yes	70.8	61.0	71.0	60.3	67.3	69.3

***Significantly different from TANFCOR at 0.01 level.

**Significantly different from TANFCOR at 0.05 level.

*Significantly different from TANFCOR at 0.10 level.

[a]Data from the Survey of Income and Program Participation (SIPP), a nationally representative household survey.

these responses. Obviously, some attention to age patterns within comparison categories would be helpful in sorting out these differences. On the surface, TANFCOR children are older as a group, and as such would be more likely to have had the chance to do advanced work, but they would also have had more of a chance to have been held back in school. More detail or multivariate analysis including age would be helpful.

The patterns for the other groups are somewhat surprising. Although the LOWINC and KINCARE groups had higher percentages of children in advanced classes and fewer being held back, they were less likely to expect or hope that their child would graduate from high school. It is worth noting that these differences are not statistically significant, and that at least 90 percent of all caregivers reported thinking and hoping that their child will complete high school or more.

Another SIPP question assesses whether the caregiver thinks their child is difficult to care for. Table 3-16 shows that caregivers reported that this is not the case for more than 98 percent of children in all categories. While children in the TANFCOR category were the most likely to be called difficult by a caregiver, the difference is small and not statistically significant.

Table 3-16. Child's Health and Health Care Utilization[a]

Question	TANFCOR (%)	TANFCOP (%)	TANFHH (%)	LOWINC (%)	KINCARE (%)	OTHER (%)
% reporting child is not hard to care for	98.1	99.8	99.7	99.1	99.4	99.8
% with private health insurance coverage in this month	8.2	9.5	8.8	97.5***	42.2***	74.5***
% Reporting excellent/very good/good current health status	91.7	92.9	95.1	99.3	95.4	97.8
% Reporting fair/poor current health status	8.3	7.1	5.0	0.7	4.6	2.3
% reporting no dental visits in past 12 months	58.3	61.0	53.7	22.9***	44.5***	43.9***
% reporting no medical provider visits, past 12 months	37.1	40.8	32.3	22.6***	34.5	30.8
% reporting more than 2 sick days in past 12 months	3.6	2.5	4.3	14.4	6.2	6.3
% who did not see a dentist when needed	8.6	11.6	12.0	1.2***	12.4	2.5
% who did not see a doctor when needed	11.6	10.1	14.8	3.6**	9.6	7.5

***Significantly different from TANFCOR at 0.01 level.

**Significantly different from TANFCOR at 0.05 level.

*Significantly different from TANFCOR at 0.10 level.

[a]Data from the Survey of Income and Program Participation (SIPP), a nationally representative household survey.

Another dimension of child well-being that is more comparable to data from NSCAW relates to child health and health care utilization. Differences in health status are not very large: across all categories of children, more than 90 percent were reported to be in good, very good, or excellent health. TANFCOR and TANFCOP children were the most likely to report being in fair or poor health, with KINCARE and TANFHH children being in the middle, and LOWINC and OTHER children being in the best health. Although these differences are not statistically significant, the pattern reflects a consistent one, with TANF children doing worse than their non-TANF counterparts, including the KINCARE group. Across all groups, KINCARE, LOWINC, and OTHER had high rates of private insurance coverage for the current month, which likely reflects higher income or caregiver employment, and lower Medicaid eligibility in these groups.

Measures of well-being suggest that children in TANF child-only cases with relative caregivers fare better than other children on TANF, but not as well as children in kinship care.

In terms of health care utilization measures, again the pattern is consistent, but less dramatic. The LOWINC group was more likely to have seen a doctor and a dentist in the past year, consistent with higher reports of sick days. The other non-TANF groups, KINCARE and OTHER, were also more likely to have seen a dentist. This may reflect a lack of dental coverage or limited access to dentists in the state Medicaid programs, since TANF children are more likely to have Medicaid coverage. Differences for dental care are statistically significant, while only the LOWINC group is statistically more likely to have seen a doctor in the past year. The other groups were all similar, with about 60 to 65 percent reporting at least a medical visit in the past year, and small numbers reporting more than one sick day in the past year.

Not surprisingly, LOWINC members were also least likely to report not having received medical or dental care when they needed it. The TANF children had higher rates of unmet need for medical and dental coverage, ranging from 9 to 15 percent. Among TANF children, TANFHH were the most likely to report unmet need, although the difference is not statistically significant. It is interesting to note that in terms of unmet need, the KINCARE group had rates as high as the TANF groups. Given the private insurance coverage in the KINCARE group, this finding might indicate more of a problem with caregiver access than with coverage, but nothing can be concluded from these descriptive results.

3.3.4 Summary

The overall picture from the analysis of the SIPP data is quite interesting. Relative to other groups on TANF, the TANCOR group did not have the same rates of public coverage, whether for WIC, Food Stamps, or Medicaid. While this finding may be because coverage flags were for household coverage, a similar pattern was observed for KINCARE children, except that they had even less public coverage than did the TANFCOR group. In general, except for coverage issues, the TANFCOR group did better on well-being indicators than the others on TANF, but worse than the KINCARE, LOWINC, and OTHER groups. The LOWINC and OTHER groups were likely to be wealthier than KINCARE and TANFCOR groups, as well as having parental caregivers. In trying to assess the relative import of economic resources and caregiver characteristics on child well-being, it seems that both the KINCARE and TANFCOR groups had limited access to public assistance, and the same nonparental (likely to be a grandparent) caregiver. The pattern of TANFCOR faring better than other TANF groups and worse than KINCARE, LOWINC, and OTHER was consistent across dimensions of well-being.

Aside from the public coverage that seems weak for both KINCARE and TANFCOR groups, the KINCARE group rates are consistently better on economic well-being measures, including housing and food security. TANFCOR children were the most likely to have been held back or not be doing advanced work, and as such did worse than KINCARE children on educational well-being measures as well. If this finding is even partially due to the trauma of separation from a parental caregiver, it is surprising that the same finding was not true of the KINCARE group. In terms of access and utilization of health care, the two groups were similar, except that KINCARE children had higher rates of private coverage and higher reports of dental visits in the past year.

3.4 DISCUSSION

The two surveys analyzed, SIPP and NSCAW, provide largely complementary views of children in TANF child-only cases living with relative caregivers. The samples of children are markedly different, as are the questions asked of them. In both cases, the samples of TANFCOR children are small, so statistical comparison is

limited. However, the comparison groups, similar across the data sets, allow a descriptive analysis of the relative well-being of children in the TANFCOR group, which was the goal of this analysis. Despite their statistical limitations, these descriptive analyses also allow, to some extent, a look at the relative impact of public assistance and caregiver assistance on child well-being.

Both SIPP and NSCAW suggest that children in TANF child-only cases with relative caregivers are similar to other children on TANF on many measures of well-being, with some indicators of vulnerability.

Comparing children in TANF child-only cases with relative caregivers to other children on TANF who live with their parents, researchers found little evidence that TANFCOR children are worse off in terms of well-being. However, there are specific areas of vulnerability or concern from NSCAW and SIPP. These include indicators of mental health problems, trauma, and educational problems such as being held back a grade. It is likely that some children who need to live with a relative caregiver will have psychological needs related to both the separation from their parents and events precipitating the separation. Depending upon when the separation occurs, it can affect educational outcomes and well-being generally. Again, it is important to remember that the NSCAW sample is drawn from a child welfare population, so that comparisons will differ from those in SIPP.

Compared to other children in out-of-home-care, children in TANF child-only cases with relative caregivers have generally favorable status, suggesting a positive caregiver effect.

Compared to other children in out-of-home-care, TANFCOR children in NSCAW tend to have a favorable status with respect to health care utilization, developmental indicators, and mental health. The advantage appears to reflect caregiver effect or child characteristics, due to the fact that other categories of children in out-of-home care (KINCARE and FOSTER) should entail higher levels of services available to children. The SIPP findings are almost the inverse, with KINCARE children having higher levels of well-being in most spheres. While many KINCARE children in SIPP have no child welfare involvement, and the NSCAW ones necessarily do, these patterns are somewhat surprising and could be productively analyzed. A multivariate analysis could address the relative impact of resources and caregiver characteristics, while controlling for age differences and policy differences by state, if they were known. Depending on the state program boundaries, TANFCOR children may be similar to children in kinship foster care or foster care, but receiving fewer services and supports.

The analyses were limited by the small numbers of children who are child-only TANF cases living with relative caregivers, as well as the

lack of state-level identifying information in the unrestricted-use NSCAW data set. A simple multivariate analysis with careful coding of benefits received to care for the child in question might allow a better distinction between caregiver and resources effects of well-being. This distinction is relevant to the policy considerations regarding how best to protect the well-being of these vulnerable children.

4 Case Studies

The case studies provide an in-depth look at policies and practices affecting children in TANF child-only cases with relative caregivers in five states. Complementary information sources include discussions with professionals in TANF agencies, child welfare agencies, aging services offices, and relative caregivers, as well as reviews of program documents and case record abstractions. Together, these diverse perspectives provide a comprehensive picture of how the TANF program supports kinship care, and areas of potential unmet need.

4.1 CASE STUDY METHODS

4.1.1 Design

Case study is an ideal methodology when a targeted, in-depth investigation is needed (Feagin, Orum, and Sjoberg, 1991). Case studies are a useful tool in exploratory analysis because they are designed to bring out the details from the viewpoint of the participants through the use of multiple sources of data.

The study team used a multiple-case, explanatory-exploratory methodology to investigate policies, services, and well-being for relative child-only cases. The explanatory strategy addresses "how" questions comparing the well-being of children in TANF child-only cases with relative caregivers with other children in relative care and to children in TANF cases with parents. The exploratory strategy addresses "what" questions regarding policies and programs affecting children in TANF child-only cases with relative caregivers, as well as service needs and services received by children in TANF relative caregiver child-only cases.

4.1.2 Site Selection

While case study research is not sampling research, selecting cases must maximize what can be learned with available time and resources. Study staff reviewed data on caseload size, stability, and level of attention to relative caregiver cases as documented in state TANF plans or reported by regional staff. Staff selected states for the in-depth analyses based on

- existence of a substantial proportion of child-only cases with relative caregivers, either as a proportion of child-only cases or of the overall TANF caseload;
- existence of documented efforts to address the needs of this population;
- lack of extensive previous research within the state;
- willingness to participate in the study; and
- regional diversity (as possible).

Based on these factors, five states were selected to participate in this study: Louisiana, Maryland, Oklahoma, Washington, and Wisconsin. Within states, study staff selected two counties for examination, based on

- distribution of child-only cases;
- urbanicity of county;
- role of the caseworker within relative caregiver cases;
- collaboration efforts with child welfare services;
- efforts to improve services for children receiving child-only benefits;
- efforts to assess the well-being of children receiving child-only benefits;
- county tracking and oversight system for child-only cases; and
- attempts to conform county policies and initiatives to state policies and initiatives.

4.1.3 Data Collection

The study team used multiple data sources and data collection approaches in a triangulated design to increase confidence in findings. Table 4-1 summarizes the data collection approaches, data sources, and the strengths and weaknesses associated with each.

Table 4-1. Data Collection Approaches

Data Collection Method	Data Source	Respondent/Material	Potential Strengths/Weaknesses
Individual Discussions	State personnel	• TANF agency leader(s) • Child welfare agency leader(s) • Aging agency leader(s)	**Strengths** • Targeted—focuses on topic of study • Insightful—provides perceived causal inferences **Weaknesses** Response bias • Incomplete knowledge and recollection • Reflexivity—respondent expresses what interviewer wants to hear
Group Discussion	County personnel	• Case workers in two counties	
Record Abstraction	County records	• Randomly selected record review in one county per state	**Strengths** • Stable—repeated review • Unobtrusive—exist prior to study • Broad coverage **Weaknesses** • Retrievability—difficult • Reporting bias—reflects author bias • Access—may be dated or unavailable
Document Review	State records	• TANF reports • Organization charts • Budget summaries	
	County records	• TANF agency plans • TANF service manuals • Case management information system elements • Organizational charts • Budget summaries	
Focus Group	County clients	• Relative caregivers in one county per state	**Strengths** • Target focus • Input from key stakeholders **Weaknesses** • Bias due to participation

The study team developed individual and group discussion guides, templates for document review, and record abstraction guides based on findings from the comprehensive literature synthesis and the secondary data analysis. Researchers structured discussion guides to ensure consistent data collection while allowing researchers enough flexibility to tailor discussions to respondents' expertise and pursue emerging ideas. RTI's Committee for the Protection of Human Subjects approved all data collection materials and procedures prior to data collection.

The study staff conducted on-site data collection between October and December 2003. Two-person teams shared responsibility for leading discussions, abstracting data, and taking notes using topically organized forms. The study team held debriefing meetings after each site visit to review findings and identify any needed follow-up or modifications to procedures.

4.1.4 Analysis

Miles and Huberman (1994) have suggested alternative analytic techniques for case studies, including using arrays to display the data, creating displays, tabulating the frequency of events, ordering the information, and other methods. The analysis process used a combination of approaches to build a description and explanation of current practices, policies, and initiatives regarding services for children in TANF relative caregiver child-only cases. To ensure that the analysis was of high quality, staff used all relevant evidence, examined all rival explanations, and used their knowledge and experience to the maximum advantage in the study.

The first step of data analysis was to develop and describe critical themes streaming through the data across states and across discipline (i.e., contrasts between TANF and child welfare). Study staff used this analysis to develop key topics for discussion in this report. The second step was to compare the five sites based on the critical themes identified. Researchers tested hypotheses within and across states to identify differences in policy and practice, factors contributing to these patterns, and effects for children and relative caregivers.

Quotes from informants and focus group participants have been edited for brevity and clarity. Statements that are negative in tone that cannot be assumed to represent practice in a given state are included without attribution to the site.

4.2 WHO ARE THE CHILDREN IN TANF CHILD-ONLY CASES WITH RELATIVE CAREGIVERS IN CASE STUDY STATES?

4.2.1 Demographics of TANF Child-Only Cases with Relative Caregivers

As depicted in Section 2, child-only cases have been growing in proportion since the enactment of PRWORA in 1996.

Characteristics of the child-only caseload and their relative caregivers varied among the states participating in the case studies.

Children

The most recent national data on children in child-only cases comes from the *Fifth Annual TANF Report to Congress* (DHHS, 2003) and is based on data collected between October 2000 and September 2001. Table 4-2 summarizes these nationally collected data for the five states.

Table 4-2. Characteristics of TANF Child-Only Cases, FY2001

State	Number of Children in TANF Child-Only Caseload	Children in Child-Only Cases with No Parent in Household		Percent of Children in TANF Child-Only Relative Care Who Live with Grandparent
		Number	Percent of All Children in TANF Child-Only Caseload	
Louisiana	21,770	9,818	45.1%	72%
Maryland	18,207	13,328	73.2%	68%
Oklahoma	11,081	6,172	55.7%	71%
Washington	29,320	14,572	49.7%	62%
Wisconsin	21,878	9,823	44.9%	56%
U.S. Total	1,391,263	517,550	37.2%	59%

Source: Fifth Annual TANF Report to Congress (DHHS, 2003).

"A relative typically comes in and states that they have the child because of [parental] drug use or incarceration. Most of the time they don't know the whereabouts of the parent."

TANF Eligibility Worker, Maryland

While specific statistics were not available, all five states involved in the in-depth analysis consistently reported parents' drug use and incarceration as the primary reason leading to placement out of the home. Oklahoma informants reported that most of the child-only cases come from the relative taking care of the children because a mother is incarcerated. Additionally, informants in Oklahoma and Washington noted the prevalence of methamphetamine laboratories and substance abuse as a primary reason for relatives being called upon to care for the children of their kin. Often, parents will approach a relative for temporary placement while they seek substance abuse treatment or rehabilitation; however, these persons often relapse into substance abuse and the children remain in the care of the relative.

Caregivers

All five states participating in the in-depth analysis reported that children in child-only relative caregiver cases were most likely to reside with a grandparent. Based on data from the Report to Congress (DHHS, 2003), this proportion ranged from 56 percent in Wisconsin to 72 percent in Louisiana, as shown in Table 2-3. Aunts were reported as the second-most common relative caring for a child in a child-only relative caregiver case. In the record review of 148 cases child-only cases with relative caregivers across all 5 states, researchers identified 44 cases where relatives other than grandparents were serving as caregiver, although this review is not representative of all cases.

While all states thought that the majority of their grandparent relative caregivers were "younger grandparents," few states had specific statistics regarding the average or mean age of the grandparent caregiver. Washington State reported the median age of relative/kinship caregivers to be 50 years, compared to 34 years for ineligible parents and 40 years for unrelated caregivers (Washington State DSHS, 2003). The age of these grandparents and other relative caregivers is significant because it indicates that many relative caregivers are working. As such, they are in need of support for day care and after-school care services. Their work performance may also be affected by difficulties finding affordable day care or children's behavioral problems that interfere with their day care or school attendance.

4.2.2 Living Arrangements

In addition to caregiver relationships, the circumstances leading to relative caregiver arrangements were also reported to vary across states. Louisiana reported that few kinship care cases are involved with the child welfare system, perhaps because most children living with relatives come to live with the relative before child protective services steps in. Therefore, the majority of their cases were TANF cases with minimal involvement with child welfare. Paula Brown, Kinship Care Coordinator for Wisconsin, estimates that 20 percent of relative care cases are court-ordered (in child welfare agency custody).

By contrast, Oklahoma reported that many of their relative caregivers are involved with child protective services and receiving

child-only TANF as interim support while they work to become licensed foster parents. Informants in Maryland and Washington reported that approximately 50 percent of their child-only relative caregiver cases are referred to the TANF office and are involved in child protective services. Note that these are estimates, and that TANF agencies do not track child welfare involvement within their case loads.

Stability of placement was identified as a strength of relative caregiver arrangements. Louisiana reports that children in child-only cases often remain with the relative caregiver until they are 18 years old. The Child-Only TANF case manager in Pottawatomie County in Oklahoma reported that child-only cases "remain open until the child turns 18 or the relative closes the case." Maryland and Washington reported a transitional program for children 16 through 18 years of age receiving child-only benefits.

"Parents are able to come back, damage the family unit, leave and come back again."

Family Investment Case Manager, Maryland

Respondents from all five states identified concerns regarding parental visitation and its impact on the family. While child-only TANF households are not intended to include the child's parents, TANF workers acknowledged they had little control over this situation. TANF eligibility workers in Louisiana referred to the situation as a "revolving door on the home." The Puyallup County Service Officer Administrator in Washington State reported that "a grandparent—who loves their own child—sends children home with the parent." The State of Wisconsin is working to address this situation by requiring the caregiver to sign a kinship care agreement specifying the terms for parental visitation.

4.2.3 Well-Being

Children

"Children would rather live with their parents and are dealing with questions like 'why am I not living with my parent' and 'where do [my parents' live."

Kinship Care Coordinator, Wisconsin

Across all five states participating in the in-depth analysis, TANF eligibility workers and child welfare workers expressed concern for the well-being of children in TANF child-only cases with relative caregivers. Service providers and relative caregivers described the reasons that children entered care in nearly identical words, "drugs, mental illness and homelessness," offering numerous anecdotes of children experiencing maltreatment. A TANF eligibility worker in Louisiana stated that "nothing deals with the quality of life for these children." While grandparents offer some stability, many children are torn between the loyalty they feel toward their parent and their

grandparents. A TANF eligibility worker in Oklahoma stated that "children sense the complicated relationships between caregiver and parent." Addressing the moderation of benefits, a TANF eligibility worker in Oklahoma noted that "the nurturing that would come from the mother will be missed, but can be matched by the nurturing from a relative."

Many informants noted the need for counseling to help children deal with the experience of separation from their birth parents. Child welfare workers in Washington State stated, "children need counseling. They are having problems in school and at home and the wait time for services is 3 or 4 months." Another Louisiana TANF worker stated, "separation from parents can be difficult for children to deal with. They need counseling and are not receiving any." The State TANF Director in Maryland noted that "these children need more than medical and cash assistance—they need extra therapy to know how to adapt."

The permanent nature of these cases was also discussed as having an impact on the well-being of the child. As the Kinship Care Coordinator in Wisconsin stated, "It becomes too easy to just leave the child placed with the relative, but that placement often does not offer the child any type of closure like adoption or reunification." While the parents involved with most of these cases do not express a desire for reunification, this remains an issue for the children in these child-only cases.

Finally, while the general feeling of most persons participating in the in-depth analysis was that the system is fortunate to have relatives willing to care for their kin, some concern was expressed regarding categorically accepting a relative as the best placement option. As the Division Manager for Social Services in Sheboygan, Wisconsin, stated, "For us to blindly trust that the relatives are handling this well is naïve on our parts." Case workers across the five states noted that relative caregivers themselves may have a history with the child welfare agency. While this issue was discussed as a concern, a social worker in Wisconsin stated, "there seems to be the ability of the caregiver to do a better job of caring for a child on the second go round."

"[Grandparents] are being asked to take on the responsibility of raising children in a different era."

Child Welfare Worker, Washington

Caregivers

While children in child-only relative caregiver cases are dealing with the loss of a parent and previous traumatic experiences, caregivers often face substantial challenges as well. "Older people don't know how to deal with the social and behavioral problems that many of these children have," stated a Louisiana TANF eligibility worker. These problems are complicated by relative caregivers' social isolation. They have little contact with others raising young children, and childrearing demands may limit their contact with their own support network. Informants also pointed out that grandparent caregivers are often dealing with problems related to their own children's substance abuse or mental illness, in addition to raising their grandchildren.

Compounding the emotional issues of raising relative children with multiple mental and behavioral issues, many relative caregivers are also dealing with physical or functional limitations of aging. Some caregivers are suffering from disabilities keeping them from working or driving, while others are just challenged by the day-to-day care of an infant or a teenager. As one relative caregiver in Wisconsin stated, "you find yourself saying I can't do this anymore, I can't care for these children if it is going to disrupt my life."

4.3 HOW DO SERVICE SYSTEMS RESPOND TO CHILDREN IN TANF CHILD-ONLY CASES WITH RELATIVE CAREGIVERS?

4.3.1 Formal and Informal Kinship Care

Section 2.4 characterized two forms of kinship care. *Informal kinship care* is arranged privately between parent and caregiver; *formal kinship care* (also known as relative foster care) occurs when children are in custody of a public child welfare agency as a result of abuse or neglect. A child who has experienced maltreatment may enter either formal or informal kinship care, depending on whether maltreatment was first identified by the system or by a concerned relative willing to take responsibility for the child. The implications for the child are substantial in terms of access to services and case management. While the TANF system is designed primarily for economic support, child welfare agencies are able to offer higher levels of financial support, greater access to services, and ongoing case management. However, many relatives avoid

contact with child welfare agencies for fear that children might be placed in nonrelative foster care. The following paragraphs outline these distinctions; more detailed descriptions of practice in the study states are provided in Section 4.4.

A major difference between formal and informal care is in the financial support available to relative caregivers. Table 4-3 shows the difference in monthly financial support between child-only TANF and foster care, assuming relatives are licensed foster care providers. Child-only TANF grants for a single child range from $89 (Oklahoma) to $349 (Washington), while foster care payments range from $360 (Oklahoma) to $535 (Maryland). Because child-only TANF grants increase by progressively smaller increments as the number of children increases, the differences for multiple children are even more substantial.

Disparities between child-only TANF grants and foster care stipends are substantial in each of the five states, but vary in degree. In Louisiana and Oklahoma, the child-only TANF grant for a relative caring for three children is equivalent to 22 percent of the foster care stipend for three children. Washington's TANF grant for a single child is much closer to that of foster care (82 percent), but the ratio drops to 43 percent for three children. In Wisconsin, the only

Table 4-3. Financial Support for Formal and Informal Kinship Care

	Louisiana		**Maryland**	**Oklahoma**	**Washington**	**Wisconsin**
Informal Kinship Care: Program Name	Family Independence Transitional Assistance Program (FITAP)	Kinship Care Subsidy Program (KCSP)	Temporary Cash Assistance (TCA)	Child-Only TANF	Child-Only TANF	Voluntary Kinship
Payment:						
1 child	$122	$300	$213	$89	$349	$215
3 children	$240	$900	$477	$241	$546	$645
Foster Care[a] Payment:						
1 child	$365		$535	$360	$427	$326
3 children	$1,095		$1,605	$1,080	$1,281	$978

[a]Basic foster care stipend for 9-year-old child (Child Welfare League of America, 2001).

state of the five that provides full support for additional children, the child-only TANF grant is equivalent to 66 percent of the foster care stipend regardless of family size.

Service availability also varies according to whether a child is in formal or informal care. When children are in child welfare custody, the agency, as legal parent, is required to ensure that they receive needed services, such as diagnostic evaluations and mental health services. While difficulties in accessing needed services certainly occur, services are part of a court-ordered treatment plan and the presumption is that they should be provided. By contrast, services to children in informal kinship care may include financial supports such as Medicaid for children, child care for working caregivers, and annual supplemental or emergency funds. Even this limited set of supports was not available to all children in the study states. Relative caregivers who are elderly may have access to additional services such as support groups, kinship navigators, and resource guides.

*"I was told that they would need to give the children to child welfare, and then child welfare would decide **if** they would give the children back."*

Relative caregiver, Oklahoma

Another area of distinction is seen in case management provided to children, including initial assessments and ongoing supervision. Children in formal kinship care receive a comprehensive assessment early in the custody period, and are visited every 1 to 3 months by a social worker whose training is child-focused. For children in informal kinship care, intake and ongoing services are typically focused on eligibility requirements, and conducted by a financial service worker who is not required to have had any training in child development. Children are not required to be present during these interactions. Assessments for child-only cases, when conducted at all, were described as "conversational" inquiries as to whether services or assistance were needed. Caregivers who request help may be referred to a social worker.

Many relative caregivers participating in focus groups described serious maltreatment situations from which they had removed children. They reasoned that the care they provided was keeping these children out of the foster care system, and questioned why they received so much less financial support and fewer services than foster parents. A few described contacting child welfare agencies and being told that because the children were safely in the care of relatives and not currently being abused or neglected, the child welfare agency had no authority to provide services to them. Some

child welfare agencies offer services to children in informal relative care on a preventive basis, such as family preservation services available in Maryland. However, few relative caregivers said that they would voluntarily approach the child welfare system, even for desperately needed services. They worried that if "the system" became involved they might lose custody of the children due to their age or the condition of their homes.

4.3.2 Licensed and Unlicensed Relative Foster Care

For those children who are in child welfare custody, states vary in their requirements and supports for relatives providing care. As described in Section 2.4, most states offer some flexibility in licensing or approval processes to relative caregivers who do not meet all of the training and home inspection criteria required of nonrelative foster parents. Depending on the type of license and whether the child is eligible for Federal foster care support under terms of Title IV-E of the Social Security Act, relatives may receive the full foster care stipend, a modified amount, or the equivalent of child-only TANF.

States visited for this study varied dramatically in the extent to which relatives participated as licensed foster parents, as shown in Table 4-4. For example, Oklahoma encourages relatives to pursue licensure. While many relative caregivers receive child-only TANF as interim support while completing licensing requirements, relatively few choose to remain as unlicensed foster parents. Maryland reports that relative caregivers are evenly divided between licensed and unlicensed (approved) status. Other states, such as Washington, report that few relatives are willing to pursue licensure, although they are encouraged to do so. Among children in foster care with relative caregivers in Washington, an estimated 10 percent are in the care of relative caregivers who are also licensed foster parents (Mayfield, Pennucci, and Lyon, 2002). Because state child welfare systems do not necessarily track data on whether relative caregivers are licensed, and TANF agencies are not required to track the child welfare status of children in TANF child-only cases with relative caregivers, estimates of the prevalence of these arrangements are not readily available, even to those within the child welfare or TANF agency.

Table 4-4. Licensed and Unlicensed Relative Foster Care

	Louisiana	Maryland	Oklahoma	Washington	Wisconsin
Estimated children in unlicensed relative care	Not available[a]	2,000	500	3,500	1,700
Estimated children in licensed relative care	Not available	2,000	Not available	400	Not available
Requirements for licensed relative care	Same as for nonkin	Modified	Same as for nonkin	Same as for nonkin	Same as for nonkin
Supervision for licensed relative care[b]	Same as for nonkin	Same as for nonkin	Same as for nonkin	Same as for nonkin	Less than for nonkin

[a]Louisiana estimates 1,075 children in relative foster care but cannot estimate the proportions in licensed and unlicensed care.

[b]Source: Boots and Geen, 1998.

4.3.3 Collaboration between TANF and Child Welfare Agencies

Collaboration between TANF and child welfare agencies varied across the five states visited, and to some extent, within states as well. At the state level, Washington has convened a workgroup to address shared issues, and the Washington State Institute for Public Policy has convened a multidisciplinary task force to study issues and strategies. In other states, development or lack of collaborative strategies appears to occur at the local level, if at all.

While child welfare and TANF agencies were located within the same parent agency in all states visited, the extent of collaboration varies substantially across and within states. In Louisiana, where agencies are located in the same department but appear to have little contact with each other at the parish level, we heard no reports of either formal or informal collaboration. In Wisconsin, by contrast, children in TANF child-only cases with relative caregivers were managed from within the child welfare agency in the counties visited, although officials noted that this is not the case in every county.

In Oklahoma, TANF and child welfare are housed in two divisions within the Department of Human Services, with a common director at the local level. For child-only cases in formal kinship care, child welfare workers are responsible for child safety and service needs, while TANF workers are responsible for financial and medical

assistance. In the smallest site visited in Oklahoma (Pottawatamie County), both divisions are located within a single building, and workers report a high level of informal collaboration. Workers frequently communicate about cases that are seen by both agencies, either concurrently or at different times. In the larger, urban office visited in Oklahoma, informants reported far less informal collaboration. Maryland also reported that collaboration varied according to both the size of the county and the specific county involved.

"They call us when they need something. Otherwise, we don't get into their business."

TANF Worker

Informants described a variety of collaborations for informally sharing information. They most commonly described information-sharing strategies. In Maryland, some counties reported conducting joint case staffings, in what Kevin McGuire, Executive Director of the Family Investment Administration describes as an innovative approach that "makes effective use of the time and talent that they have." Oklahoma City staff also described joint staffings, with activities required for a child welfare treatment plan accepted as counting toward the TANF work requirements.

Computer systems in Oklahoma and Washington allow some information sharing across child welfare and TANF agencies, although the systems are not fully integrated. Pottawatomie County, Oklahoma, holds monthly staff meetings for both TANF and child welfare staff to provide training on common issues. Washington's Region 5 TANF staff participate in community-wide networking brown-bag lunch meetings for service providers, and in a city-wide resource network.

Child welfare informants in Oklahoma and Washington described making referrals to TANF, most commonly for relative caregivers who were not licensed foster parents and were seeking financial support. In Oklahoma, child welfare workers help relatives with the application for child-only TANF, then transfer the application to the TANF office for processing. In Washington, service agencies provide information and assistance to applicants for programs other than their own through the Coordinated Service Initiative, also known as "No Wrong Door."

Maryland offered some examples of resource sharing to address shared population issues. In Baltimore, social workers paid with TANF funds are stationed in district offices to respond to social and

welfare issues. Some Oklahoma City TANF offices have child welfare workers assigned to assist relative caregivers with services.

With the exception of Wisconsin, it is somewhat striking that informants did not describe more collaborative efforts related to case management and service provision. In several discussions, workers from either child welfare or TANF observed that they did not know enough about each others' programs. Several informants acknowledged that child welfare and TANF caseloads had similar needs, and overlapped at times. However, the two agencies operate under very different mandates, and consequently with distinct resources, philosophies, and expectations.

4.4 HOW DO STATES ASSESS, RESPOND TO, AND MONITOR THE NEEDS AND WELL-BEING OF CHILDREN IN TANF CHILD-ONLY CASES WITH RELATIVE CAREGIVERS?

4.4.1 Eligibility and Intake

In four of the five states, policies for TANF relative caregiver cases are developed by the same people that develop polices for the state's TANF program. In these four states, the relative caregiver cases are processed almost exactly the same as a TANF case headed by one or both parents of the children. The intake processes for relative caregiver cases in these four states are very similar. Income maintenance workers determine eligibility. In the fifth state, Wisconsin, child welfare staff develop the policies and procedures for relative caregiver cases. As a result, the procedures for handling a kinship care TANF case are similar to those for child welfare cases. Staffing assignments in Wisconsin are delegated to individual counties. In some counties, these relative caregiver cases are handled by a protective services social worker. In others, the cases are handled by Wisconsin Works (W2) income maintenance staff.

While procedures in Louisiana are similar to those in the three other states where relative caregiver policies are developed by the state's TANF policy unit, there are some slight differences. These differences are due to the fact that there are two separate TANF grant programs: one specifically for relatives who are taking care of children, and the other for families. Both programs are handled by parish income maintenance staff. The Kinship Care Subsidy

Program (KCSP) is designed for kinship care cases. The KCSP payments are substantially higher than those for the Family Independence Temporary Assistance Program (FITAP), as shown in Table 4-4. This is particularly true when the relative cares for more than one child. To be eligible for KCSP, the relative caregiver must have some form of custody for the child. The relative can receive a KCSP for one year while he or she seeks to obtain custody. If the relative has not obtained custody within 12 months, the KCSP case is closed. In addition to custody, the relative caregiver's household income must be below 150 percent of the poverty level.

FITAP, the state's standard TANF program, provides assistances to families and includes an employment and training component. The lines between these two programs are flexible, and there are instances when a relative caregiver may choose to apply for FITAP instead of KCSP. In addition to caregivers who do not wish to pursue custody, or whose income is over the eligibility limit for KCSP, caregivers may choose FITAP for its employment and training benefits. Under FITAP, relative caregivers can also choose to be included in the grant. If caregivers are able bodied and not elderly, they are required to participate in the state's Strategies to Empower Program (STEP) for employment, but will be eligible for Medicaid coverage for themselves.

The eligibility processes in the three other states where the polices for relative caregiver cases are developed by the state's TANF unit—Maryland, Oklahoma, and Washington—are very similar. In these states, the relative caregivers are interviewed by income maintenance staff. Frequently, these cases are given priority processing. In Washington, these cases are seen the day they come to the office as opposed to regular TANF cases that are scheduled for a follow-up interview. In some counties in Maryland, relatives can make appointments for interviews ahead of time. In other counties, they are seen on a first come, first served basis.

The State of Wisconsin manages relative child-only cases through child protective services. This program is similar to a jointly funded kinship care program in that only relative caregiver child-only cases are managed though the child protective services system. The only financial requirement for relative caregivers to receive a kinship care payment in Wisconsin is that the child does not receive SSI. Additionally, to receive kinship care, a determination needs to be

made that a child is in need of protective services (CHIPS) or that the child is at risk of needing protective services. Kinship care intake workers make this determination when relatives apply for child-only TANF assistance. As part of the eligibility process, the kinship case worker conducts a background check on the relative caregiver, conducts a home study, and confirms that parental permission for the arrangement has been documented. For children in the child welfare system, the need for protective services is established by court order. For children outside the child welfare system, the determination of "at risk for protective services" is established as part of the kinship care intake worker's assessment. Parental child-only cases are maintained and managed within the TANF system.

In Wisconsin, unlike other states, funding for the kinship care program is based on a biennial allocation of funds, which are allocated across counties. Counties are responsible for month-to-month budgeting. At the state level, county kinship care expenditures are monitored on an ongoing basis, and may be re-allocated to balance shortfalls and surpluses among counties. Since there is no guarantee to counties that additional funds will be available, some counties establish wait lists of kinship care cases, while others use county funds to cover any shortfall in state kinship care funding. Counties are required to fund all court-ordered kinship care referrals.

Eligibility criteria for relative caretakers vary among the states. In Wisconsin, a person can be related through marriage, blood, or adoption. Louisiana uses a fifth degree of consanguinity rule, which includes great, great grandparents, aunts, uncles, and up to once-removed cousins. This relationship can include biological or adoptive relatives. Maryland also allows biological or adoptive relatives to apply. A grandmother in Maryland reported that she takes care of her two grandchildren plus a step-grandchild who is the son of her son's girlfriend and another man. She receives a Temporary Cash Assistance (TCA) child-only grant for her two grandchildren but nothing for the step-grandchild. She said she chose to take care of the step-grandchild without a TCA grant because she wanted to keep the family together and did not want the step-grandchild to enter the foster care system. If the woman had been living in Louisiana (and had appropriate custody for the

two grandchildren), she could have applied for KCSP payments for the two grandchildren and a FITAP grant for the step-grandchild.

In all states, relatives are informed that they must cooperate with the child support enforcement agency for their application to be approved. All five states allow for exemptions from cooperation with child support for "good cause" reasons, such as the possibility of domestic violence or a threat to the child if child support is pursued. Workers in all states acknowledged that cooperation with child support could be a barrier but that most relatives were willing to comply. As one worker in Louisiana said, "most grandparents are upset that they have to take the kids …[they say] 'Good luck in trying to find them and getting anything from them.'"

However, several workers provided anecdotal support that child support could be a barrier to pursuing kinship care. One worker said she had heard that some parents threatened to take back the child if child support payments were pursued. Another said, "Grandparents have withdrawn applications because of child support enforcement. Parents can say 'Don't go after support' and grandparents don't do it because they don't want kids causing problems."

A worker in Wisconsin reported that child support can be an issue during both initial applications and recertifications. "I would estimate that about 20 percent of my home studies drop out of the application process because of this [the child support] requirement. I have not had any parents pull children out of relative placement [after the case is initially approved] because of this requirement, but they will on the annual review say 'No, I don't think my child needs to be in relative placement anymore' and then they will refuse to sign the voluntary placement agreement." She estimated that this occurs in about 5 percent of her recertifications.

Relative caregivers may have other reasons for finding it difficult to cooperate with child support enforcement. Some grandparents may not know who the father of their grandchild is, or may be reluctant to discuss their children's complicated relationship histories.

4.4.2 Assessment of Child/Family Needs

Assessment, as used in this report, refers to a specific effort to identify the well-being and service needs of the child and family.

Assessment might include using a tool to identify specific service needs, or could be a more general process of monitoring family dynamics and analyzing (or assessing) the need for support services. Assessment of child and family needs differs from intake and eligibility screening in that it is more definitive with a focus on identifying the well-being of the child and caregiver.

TANF System

Generally, a person's first interaction with the TANF program occurs at the point of application and eligibility determination. According to the American Public Human Services Association (APHSA), states report collecting a great deal of assessment data (APHSA, 2000). All 50 states and the District of Columbia reported to the APHSA conducting client assessments in the following areas:

- TANF eligibility,
- Employment history,
- Vocational skills and aptitudes,
- Literacy levels and education,
- Family strengths and supports,
- Family needs and problems,
- Child-care needs,
- Transportation needs,
- Substance abuse status,
- Physical health/disabilities, and
- Domestic violence.

However, these assessments focus on households that include a parent, with a primary interest on the adult and on identifying barriers to employment. With the work requirement removed from child-only relative caregiver cases, much of the "standard" assessment used by counties and states is no longer applicable.

None of the five states reported conducting any formal assessment of child-only relative caregiver cases at intake. Louisiana reported completing a Family Needs Assessment at the time of application for regular TANF cases, but stated that due to staff constraints and size of caseloads, it is not realistic to complete this assessment on child-only cases. The issue of staff time and caseload size is not uncommon. The report *Screening and Assessment in*

TANF/Welfare-to-Work: Ten Important Questions TANF Agencies and Their Partners Should Consider (DHHS, 2001) concluded that a TANF staff's ability to screen and assess may be affected by the size of their individual caseloads. Although nationwide TANF caseloads have declined, these declines often mask high individual worker to caseload ratios.

"We are eligibility workers—not social workers. Our focus is on economic eligibility."

Eligibility Worker, Maryland

This same report also notes that staff hired to perform eligibility functions are required to pay close attention to detail and understand the complex budgeting requirements needed to determine if a family is eligible for TANF. This skill set differs markedly from the skills required to conduct assessments of family dynamics and develop relationships with clients that foster trust and facilitate disclosure of family issues and service needs. Eligibility workers in several states confirmed this distinction. Financial workers in Washington State noted that "the eligibility assessment is primarily a black-and-white financial assessment." They stated that "this may seem cold; however, our primary focus is on financial need and eligibility." As a TANF eligibility worker in Maryland stated, "TANF staff are not trained social workers—they can only refer for services from an outdated resource list. A TANF financial worker in Washington stated that "the [TANF] maintenance worker has a minimal role in assessing the needs of the child."

Four of the five states visited conduct minimal assessments at the time of eligibility and during reassessment. Typically, case managers ensure that immunizations are up-to-date and confirm school attendance. The focus remains on the adult (e.g., caregiver) and the child is often not even present during the assessment. When the child is present, they may be hesitant to speak freely in front of their relative, particularly about issues related to parental unfitness or child maltreatment. As a social worker in Washington stated, "The problem with the assessment of these children is that the caregiver is with the child 90 percent of the time and there are topics that the child is not willing to discuss in front of their relative."

The State of Wisconsin is the exception to this pattern. Because child-only relative caregiver cases in some counties are managed from within the child welfare agency, initial and ongoing assessments of the child and family are conducted by a social worker. While this assessment is more in-depth than any

assessment reported by other states, it is still not a formal well-being assessment of the child or the family.

Child Welfare System

Assessment is more intense when a child-only relative caregiver case is involved with the child welfare system. After CPS removes a child from their home, child welfare caseworkers conduct an in-depth assessment of the child's individual needs and family circumstances. CPS then uses this assessment to develop a permanency plan for the child. Additionally, many child welfare agencies have adopted the 2002 American Academy of Pediatric Guidelines, recommending initial and ongoing assessments to ensure that children's health and developmental needs are met.

"No one really knows what's going on with these kids unless there is a CPS worker involved."

Child Welfare Worker, Maryland

As a result, children linked to the child welfare system are receiving a much more thorough assessment of their service needs. A TANF worker in Oklahoma stated, "If CPS is involved, much more information is obtained. An evaluation of their well-being needs—educational, medical, emotional, and dental—is conducted and criminal background checks are run on the relative caregiver." A TANF eligibility worker in Washington agrees that "having the child placed through CPS does open up the door to many resources that the families where children were not placed through CPS do not have." A child welfare social worker in Washington points out that "our assessment is much different than one that would be done through TANF. We are the social service experts; therefore, needs are better addressed through our office." The kinship care coordinator in Wisconsin, who is housed within the child welfare system, also supports this notion. She stated that the "assessment process through CPS is continuous—first assessing that basic needs are met for food, shelter, and clothing and then making sure that emotional needs are met."

This level of involvement continues from the initial assessment through ongoing assessments with the child and relative caregiver. Typically, ongoing visits and assessments occur once a month on open cases. Social workers conduct home visits to make sure children are getting their immunizations and checkups, confirm that they are in school, and assess for support services. As a CPS social worker in Washington stated, "If CPS is involved, they are managing the social service needs of the family."

Although children in child welfare custody are more likely to be assessed, and those assessments are more likely to be conducted by trained social workers, this process may also fall short of recommended standards. The kinship care coordinator in Wisconsin noted that even in the child welfare system, "Basic needs and social service needs are assessed during ongoing assessments, but there is no formal assessment of well-being at this time."

4.4.3 Financial and Other Supports

Children who live with relative caregivers and receive a child-only grant may receive several other income maintenance supports available to all families receiving TANF. These services include medical coverage (discussed in the following section), food stamps, child care, and funds to address special needs. Many relative caregivers are eligible for assistance through the Low Income Home Energy Assistance Program (LIHEAP). In addition, a number of states maintain supplemental funds that can be accessed for relative caregiver cases. The differences and similarities across states in applying for and receiving these benefits are described below.

States vary widely in the percentage of relative caregiver households that received food stamps. Workers in Louisiana estimated that close to 80 to 90 percent of the relatives receiving KCSP payments received food stamps, while workers in Wisconsin estimated that 15 percent or less of the households receiving kinship care payments received them. Workers in Oklahoma, Washington, and Maryland reported that relative caregivers' incomes were usually too high for the household to receive food stamps. A worker in Maryland reported, "People who are just receiving [TCA payments] for children and not in the [assistance] unit are probably ineligible for food stamps. Families are very upset when they find out food stamps are not available. They do not understand why the federal government does not pay for food if they give them cash and medical [assistance]."

Household income may also be a barrier to a relative caregiver receiving subsidized child care. In many of the states visited, child care subsidies are targeted for families that receive TANF and are participating in employment and training activities or for families that leave TANF after obtaining a job. There may be insufficient child care funding to assist relative caregivers. A worker in

Maryland said that if the relative caregiver is working, the family's income will likely be too high to qualify for child care; even if the caregiver qualified, they would be added to a long waiting list for support. In Wisconsin, on the other hand, a worker estimated that 35 to 40 percent of the kinship care caseload in her county received a day care subsidy. Subsidized day care in Washington or Oklahoma is authorized if the relative caregiver is working. Oklahoma also provides respite care.

Several states also offer supplemental financial supports for children in TANF child-only cases with relative caregivers. In Oklahoma, supplemental service funds are available for school clothes and supplies, counseling, and other services not covered by Medicaid; legal fees related to guardianship; shelter emergencies; and some transportation expenses. The annual limit for these funds was cut in half for the most recent fiscal year, to $750. In Washington, relative caregiver families may be eligible for up to $750 per year for emergency expenses, or $1,500 diversion assistance to prevent nonneedy caregivers from being added to the assistance unit. Several counties in Wisconsin also have funds to cover emergencies and special needs of children in kinship care.

4.4.4 Health and Mental Health Service Needs

Medical coverage is typically the most critical service for relative caregivers. A Louisiana worker noted that it was often more of a concern than the child-only TANF grant. The worker added that the relative will say, "I don't really need this but I need the Medicaid for the child." Staff in a Washington local office reported that they typically could arrange immediate Medicaid coverage for relative caregiver cases.

In Maryland, Oklahoma, and Washington, all children who receive child-only TANF payments are automatically covered by Medicaid. To receive medical coverage in Louisiana under KCSP or through kinship care in Wisconsin, the relative caregiver must contact a separate human service office, which is in charge of applications for Medicaid and the State Children's Health Insurance Program (SCHIP).

In Wisconsin, children in relative care receive Medicaid managed care, while children in foster care receive fee-for-service Medicaid. This situation creates challenges for children who transition from

foster care to relative care. Because not all providers accept Medicaid managed care, children may need to change providers, especially for mental health care.

Well-child visits, vision and hearing screening, dental services and mental health services are covered by Medicaid under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Few children are insured privately by their caregivers. Relative caregivers voiced complaints commonly heard among Medicaid populations regarding the dearth of providers in certain specialties, including psychiatrists, dentists, and orthodontists. As a Wisconsin grandmother noted, "This [Medicaid] service is very lacking. There are not doctors or dentists available that can provide services. Even if you have medical assistance, you can't get services for the kids."

Across the five states, informants noted that children in relative care often had distinct mental health needs. Unlike children in TANF households, children in TANF cases with relative caregivers are typically separated from their parents because their parents were incarcerated, abused alcohol and/or drugs, or their whereabouts were unknown. These children often have long-term issues stemming from sexual abuse, exploitation, and separation and attachment disorders, requiring counseling and therapy.

Informants noted that many relative caregivers lack the skills necessary to identify children's needs and locate appropriate services. Caregivers who lack knowledge of available services and who have no experience with maneuvering the Medicaid and welfare systems to receive needed services have particular difficulties.

"Relatives have no recourse, unless they're pretty savvy to the system."

Child Welfare Worker, Washington

Although many informants reported that mental health and counseling services were needed, several factors limited access to treatment. These factors include a lack of providers who accept Medicaid, a lack of providers who provide quality care, long waiting times for appointments, and insufficient treatment for children's needs. These issues are further exacerbated for children living in rural areas where there is a lack of providers generally, children living with caregivers who lack transportation, and children in managed care.

4.4.5 Case Management

There is little ongoing supervision of relative caregiver cases. All states review these cases annually for recertification, and Louisiana, Oklahoma, and Washington conduct semiannual reviews, as well. Other than during these times, relative caregiver cases do not interact with workers unless they initiate contact. This is a sharp contrast to adult TANF cases and child welfare cases, where case managers typically have monthly contact with their clients.

"Child-only cases are managed at the time of application, at recertification and at closure. There is nothing else done with them."

Intake Worker

Case management provided for relative caregiver cases differs from that provided to regular TANF cases. While the focus of case management in regular TANF cases is on parents' employment, training, and progress toward self-sufficiency, in child-only cases, relative caregivers are exempt from work requirements. Many caregivers are grandparents whose concerns may focus on issues such as disabilities, fixed incomes, and lack of familiarity with the welfare system. The purpose of case management is not to move caregivers off of welfare, but rather to maintain the status quo and, in some cases, to address service needs.

Organization of case management for relative caregiver cases varies across states and sometimes within states. As described earlier, the sites visited in Wisconsin use kinship care workers located within the child welfare agency. Among other states, some sites have placed non-needy relatives into a single caseload. This grouping allows a small number of workers to become more familiar with the caregivers' needs and relevant community resources.

At other sites, relative caregivers are mixed into the general TANF caseload. This model is popular with TANF workers who typically find relative caregiver cases to be their easiest ones to manage. There are few requirements in terms of monitoring, and no requirements of beneficiaries in terms of employment and training, unlike regular TANF cases. One informant suggested that caseworkers liked to have relative caregiver cases if only to realize some sort of success with a case, as opposed to adult TANF cases where employment and education issues were challenging. Relative caregiver cases also tend to be stable, with few changes in household arrangements. Most are seen as long-term cases, closing only when children reach 18 years old.

The recertification process for relative caregiver cases also varies by state. In some states, recertification is conducted through face-to-face interviews, either in the office or through a home visit. In other states, recertification is conducted by telephone or via mail. At recertification, case managers review eligibility, confirm that the children are still in the home, and ask about any assistance needed (e.g., housing, mental health services, counseling). Some states also require documentation that children are attending school and are up to date with immunizations and doctor visits.

When asked how well the case management system worked in their state, many informants indicated that it works well because there are so few regulations and reporting requirements for these cases. They also acknowledged that case management works well because case managers are doing what they are supposed to do—reviewing the file only on an annual or semiannual basis. Many recognized the shortcomings of the case management system for these cases and wished that they could do more for them. However, due to the lack of manpower, resources, and time, case managers typically do only what is required, and focus on cases that require more of their attention. Some were concerned that overburdened staff may miss the subtle needs of caregivers. Informants believed it is unfortunate, but noted that case managers have little knowledge about what is occurring in the cases if caregivers do not contact them.

4.4.6 Custody and Permanency

Custody arrangements for children in informal kinship care vary. Children in formal kinship care are, by definition, in the custody of a public child welfare agency. For informal kinship care, none of the states visited require relative caregivers to have legal custody of children for whom they are caring. Relatives can establish voluntary custody fairly readily if the child's parent is available to provide written consent to the caregiving arrangement. This process establishes their authority to make routine decisions on the child's behalf. Wisconsin requires documentation of parental consent for TANF child-only cases with relative caregivers, and Louisiana's Kinship Care Support Program requires that relative caregivers establish custody within one year.

"In essence, I have no rights. If my daughter shows up, high on whatever, she can just walk off with my granddaughter."

Relative Caregiver, Washington

Many relative caregivers participating in focus groups would like to go further than this and establish permanent legal custody to ensure that children are not returned to a parent who does not adequately care for them. This is a far more demanding process, requiring the caregiver to document parental unfitness in court. The high cost of legal assistance for this process (reported to be between $800 and $3,000 per child by relative caregivers in Oklahoma) make this infeasible for most caregivers. A few participants in different states reported having completed this procedure, either at great cost to themselves, or (in one case) by finding a lawyer willing to work *pro bono* to protect the relative children from their parents.

Children in formal kinship care receive periodic permanency reviews to assess whether their living arrangement offers them long-term safety, stability, and preservation of family and community bonds (DHHS, 2000). Especially for younger children, adoption is seen as the preferred arrangement when reunification with birth parents is not possible. Relatives who adopt children who have been in foster care are often eligible for adoption subsidy payments until the child is at least 18 years old, as well as reimbursement for legal costs associated with the adoption. These benefits are not available to informal kinship care providers.

Although most relative caregivers intend to raise children until adulthood (Edelhoch, Liu, and Martin, 2002), many caregivers are reluctant to adopt these children for a variety of cultural and interpersonal reasons. Because of the preference given to placement with relative caregivers, states are not required to pursue termination of parental rights and adoption for children in kinship care (DHHS, 2000). As an intermediate strategy to offer children greater permanency without disrupting other family relationships, four of the five states visited offer subsidized guardianship arrangements for relatives willing to assume legal long-term responsibility for children. These arrangements remove relative caregivers from the supervision of child welfare agencies, generally with a higher level of financial support than is available from child-only TANF. In Louisiana and Maryland, the support level is more than child-only TANF but less than foster care; in Oklahoma and Wisconsin the support level is equivalent to foster care. All programs provide the full amount of support for multiple children rather than incremental increases provided by child-only TANF.

Table 4-5 summarizes these programs. Wisconsin officials noted that there is a pilot guardianship program, similar to Maryland's, in Milwaukee. In all states except Louisiana, these arrangements are available only to children who have been in state custody. Maryland's program is funded through a IV-E waiver, while others are supported by state funds.

Table 4-5. Relative Guardianship Programs

Relative Guardianship Program	Louisiana	Maryland	Oklahoma	Wisconsin
Program Name	Kinship Care Subsidy Program (KCSP)	IV-E Waiver Guardianship	Supported Permanency	Long-Term Kinship Care (Chapter 48.977)
Population	Low-income relative caregivers	Children formerly in kinship foster care	Children over age 12 in formal kinship care, for whom reunification is not likely	Children who have been in court-ordered kinship care
Payment per Child:			(same as foster care)	(child-only TANF)
1 child	$222	$300	$360	$215
3 children	$666	$900	$1,080	$645
Estimated Children:	4,000	300-500	252	Requested
Custody	Must establish provisional or actual custody within 1 year of entry	Relative guardianship	Relative guardianship: TANF block grant pays legal fees	Relative guardianship

4.4.7 Caregiver Services and Initiatives

Several of the states have special initiatives under way to address the needs of relative caregivers. In many instances, these efforts were undertaken by the state human service agency that deals with aging. Two states—Louisiana and Washington—also are pursuing a "no wrong door" approach to meeting client needs.

Wisconsin used a $3,000 grant from the Brookdale Foundation to develop its Grandparents Raising Grandchildren program. While several efforts were launched across the state, one of the strongest is located at the Oshkosh Senior Center. As part of that effort,

monthly programs are offered for grandparents and the children they are raising. A meal is provided at the meetings, then the children go to a play room while an information session is provided for the grandparents. As part of a related effort, the state Bureau of Aging and Long Term Care developed a resource directory called GRAND. It was designed to be replicated easily in each county across the state. GRAND provides information on housing, legal services, mental health, and financial assistance. The state's cooperative extension service collaborates in these efforts.

The DSHS unit on aging in Washington is involved with 42 support groups across the state. These support groups provide a number of referral services. Tribal organizations across the state also provide support services for members. The unit also has produced three information guides: *Relatives as Parent*; *Legal Guide* (3rd Edition); and *Relative's Guide to Child Services*. The unit has coordinated some activities with the American Association of Retired Persons (AARP), which provides a handout on relative caregivers to schools. The unit also has worked with pharmacies to print information for aging relative caregivers on pharmacy bags. In addition, the unit also developed a handout entitled "Sticking Together: Kinship Care and Financial Care," which describes available services.

Maryland's aging service office funds a kinship care resource center. As part of that effort, the office has developed a resource guide for the entire state that provides linkages to county level services. The office funded five support groups for relatives providing kinship care to help them navigate the system. All groups met at least monthly, with some groups meeting on a weekly basis. The meetings dealt with such topics as financial issues for children, mental health issues, behavior and school problems, medical issues, and special needs. The support groups are now funded through a different agency.

Organizations for grandparents are also active in two other states involved in this study. The Aging Service Division in Oklahoma has sponsored a grandparents' conference for the last 7 years. The state is currently conducting a survey of 500 grandparents to assess their needs. The grandparents' association in Louisiana successfully lobbied a state representative several years ago to introduce legislation to create KCSP.

4.5 DISCUSSION

Across the five sites visited, three themes were voiced consistently, and from a variety of perspectives:

- Many, if not most, children in TANF child-only cases with relative caregivers enter kinship care as a result of serious deficits in parental care. Kinship care situations—most of which do not involve the child welfare system—were described as the result of parental substance abuse, mental illness, incarceration, or abandonment.
- While informal kinship care arrangements generally improve safety, stability, and well-being for children, many kinship care families experience high levels of material and service needs. TANF programs, with their focus on economic self-sufficiency, lack the resources to respond to these needs. Assistance beyond the child-only TANF grant is typically available only to relative caregivers persistent enough to seek out help, and limited to referrals to community resources.
- Relative caregivers are fiercely committed to the children they care for. However, they have deep concerns on several fronts. They worry that they cannot protect children from the reappearance of the same parents who failed them before. They recognize that their own child-rearing abilities may be limited by the effects of aging, or inadequate to meet children's behavioral, emotional, and physical needs. The demands of child-raising require substantial material sacrifices of relative caregivers, and may threaten what had previously been marginal financial stability.

The states visited as part of this study have implemented a variety of strategies to address the needs of children in TANF child-only cases and their relative caregivers. These strategies include tailoring intake and recertification procedures to meet the needs of relative caregivers, providing social support and resource networks for elderly caregivers, and offering supplemental funds to augment child-only TANF grants. One state offers enhanced financial support for low-income relative caregivers, as do several other states not participating in the case studies.

A major distinction among the five states is their response to formal kinship care providers who care for children in child welfare custody. Among the two states for whom estimates were available, the proportion of kinship caregivers who were licensed as foster parents ranged from 10 to 50 percent. Caregivers who do not meet

licensure requirements receive substantially less financial support. These distinctions are offset in some states by the availability of supported guardianship programs for relatives who assume long-term custody of children formerly in state custody.

Informants in each of the case study sites recognized the similarities between formal and informal kinship care populations, and the fact that many children travel between child welfare involvement and informal kinship care over time. To varying degrees within and across the five states, collaborative efforts attempt to improve communication, share resources, and otherwise bridge the gap between child welfare and TANF agencies. Only in some Wisconsin counties have structural changes been implemented to bring children in TANF child-only cases with relative caregivers closer to the type of child-focused services and supervision provided for children in child welfare custody.

Many TANF agency representatives pointed out that children in TANF child-only cases with relative caregivers were likely to be better off in their current situation than they had been with their parents. However, to the extent that these children would have received services from a child welfare agency had their circumstances been known, or had a relative not intervened, they are substantially underserved. Children in TANF child-only cases with relative caregivers do not have access to the comprehensive assessments, support services, financial support, and permanency planning provided to those in state custody.

Because informal kinship care providers receive far less caregiver assessment and ongoing supervision, the risk remains that children are placed in the care of yet another inadequate or even dangerous caregiver. The child welfare system, working under critical resource constraints, has no mandate to serve these children; the TANF agency has neither the resources nor the expertise to meet their needs.

5 Summary and Conclusions

The complementary research activities comprising this study yielded mixed findings regarding the service needs and well-being of children in TANF child-only cases with relative caregivers. The comprehensive literature review identified limited information specific to this population, although it did suggest that children in child-only cases with relative caregivers had often been exposed to traumatic experiences leading up to placement with a relative. Research on children in general relative care also suggests children placed in relative care have increased risk of medical, behavioral and educational problems. At the same time, literature specific to child-only cases with relative caregivers suggested that relative caregiver living arrangements often provided more stable financial situations than their standard TANF family counterparts.

Differing somewhat from the findings in the literature review, secondary analyses conducted as part of this study suggested that children in TANF child-only cases with relative caregivers compare favorably on many indicators of well-being to other children supported by TANF and other children in out-of-home care. However there were indicators of specific concern regarding mental health, trauma and educational problems.

Finally, case studies in five diverse states concur with the previous literature and the indicators identified in the secondary data analysis finding that many children in TANF child-only cases with relative caregivers have extensive material and service needs, to which TANF agencies are not equipped to respond. In particular, case studies revealed a lack of assessment and case management for children in TANF child-only cases with relative caregivers, and little collaboration between TANF and child welfare agencies.

Taken together, these findings suggest advantages of relative caregiver arrangements for children in TANF child-only cases, as well as cause for concern. Children who enter relative care do so as a result of serious disruption in their parents' ability to care for them. Under such circumstances, relative care is believed to be preferable to either parental care or foster care with nonrelatives. However, these children often experience substantial difficulties as a result of the previous experiences and separation from parents, and the TANF system lacks the necessary resources to respond to them. Key findings from this study stress these dual themes of protection and risk.

Many children enter informal kinship care as a result of circumstances that could justify child welfare involvement. Previous research shows that many children enter relative care as a result of maltreatment, substance abuse or mental illness of their parents, which may or may not have attracted attention from child welfare agencies. The substantial number of children in kinship care within NSCAW's sample of children investigated for abuse or neglect supports this contention. Service providers and relative caregivers in all five case study sites agree that children enter relative care due to serious disruptions in parenting, leading to serious risk or actual maltreatment.

Because children outside the child welfare system do not receive comprehensive assessments, it is impossible to estimate how many have experienced maltreatment that would have warranted child welfare involvement had it been recognized by authorities. Nor is it known how frequently the availability of kinship care averted abuse or neglect.

Relative care is considered preferable to other forms of out-of-home care, but often entails substantial sacrifice on the part of the caregiver. The Adoption and Safe Families Act requires child welfare agencies to give preference to relative placements when possible, based on extensive research indicating that children fare better with relative caregivers. NSCAW data suggest that children in TANF child-only cases with relative caregivers are more likely to receive preventive health care than children in foster care, and have favorable status with respect to developmental indicators and mental health. Relative caregivers in case study sites describe a fierce devotion to the children for whom they care, although many

struggle to meet the physical, emotional and financial demands of child-rearing.

While acknowledging the benefits of relative care, state policies frequently assume that relatives will care for children with less financial support than is given to nonkin foster care providers. States vary widely on the extent to which relative caregivers become licensed foster parents, eligible for foster care stipends. Unlicensed relative foster parents, like relative caregivers outside of the child welfare system, must manage the care of a child with very limited financial assistance.

Many children in TANF child-only cases with relative caregivers have extensive unmet needs. Previous research has established that many children in TANF child-only cases with relative caregivers have physical, emotional, developmental, and educational needs at a rate far higher than children living with their parents. In addition to effects of separation from their parents, they experience long-term problems related to the experiences that precipitated relative care. Although secondary analysis of SIPP and NSCAW found that children in TANF child-only relative care were frequently in more favorable circumstances than those in other TANF households with respect to economic indicators and health care use, they demonstrated higher rates of mental health problems, trauma, and educational difficulties. Case study informants from both TANF and child welfare agencies, as well as relative caregivers participating in focus groups, echoed these findings, describing a high prevalence of complex needs among children in relative care. Many relative caregivers have neither the personal nor financial resources necessary to respond to these needs.

TANF agency representatives pointed out that children in TANF child-only cases with relative caregivers were likely better off in their current situation than they had been with their parents. While this may be true, NSCAW data and case study data suggests that they have needs comparable to those of children in foster care, and many of these needs will not be met.

Children in TANF child-only cases with relative caregivers fall between the mandates of the child welfare and TANF systems. The TANF child-only grant provides basic financial support to children cared for by relatives not legally responsible for them. However,

TANF agencies, with their primary focus on self-sufficiency and employment readiness, typically offer neither assessments nor services appropriate to these children's needs. High caseloads and lack of expertise in children's issues limit the ability of TANF workers to respond to the complex needs of children in TANF child-only cases with relative caregivers.

The child welfare system, by contrast, is oriented to child well-being and service provision, but its resources may not be available to children in TANF child-only cases with relative caregivers. While relative care has removed these children from actual or imminent harm, it also effectively removes them from the child welfare system's mandate. Children who might have been entitled to the child welfare system's services had they been known to that agency are thus substantially underserved. In addition, fear of the child welfare system's authority makes many relative caregivers reluctant to seek out services for which children could qualify. These children, and their caregivers, forfeit access to a range of resources, including additional financial support, child-focused assessments and services, case management, and permanency planning.

Further research could guide effective services for this vulnerable population. Enhanced services to this readily accessible population could yield substantial impact. Their connection to the TANF system provides an opportunity—for the most part, unrealized—to identify vulnerable children, provide services in a manner that does not threaten family bonds, and prevent entry to the child welfare system. However, currently available data is not sufficient to assess the needs and well-being of children in TANF child-only cases with relative caregivers, nor to understand their interactions with service systems that might provide opportunities for service provision.

The variation in state policies and programs, particularly with respect to the interaction of TANF and child welfare systems, suggest that future research must be state-specific, although findings will be applicable across similar systems. Three types of information are needed:

Mapping the overlap between TANF and child welfare. While states report the number of foster care placements in relative care, and TANF agencies report the number of children in TANF child-only cases with relative caregivers, data on the overlap between

these two populations is sparse. In particular, TANF agency informants in case study sites had difficulty estimating the proportion of TANF child-only relative caregiver cases involved with the child welfare system. Studies in states where administrative data systems allow matching of child welfare and TANF records would provide useful information about system involvement over time, financing, access to services and gaps in service delivery among children in TANF child-only cases with relative caregivers.

Assessing the needs of both children and relative caregivers. Data on children's physical, emotional, behavioral, mental health and educational needs could clarify relationships between case characteristics and risks to children's well-being. Data on relative caregiver resources and needs could help identify potential threats to children's safety and caregivers' ability to provide the long-term care that is frequently needed. This information could help identify children and caregivers at increased risk and prioritize services. Case records and required recertification contacts could offer opportunities for economical sampling and data collection.

Evaluating existing initiatives to serve children and relative caregivers. A variety of promising practices are developing, both within TANF agencies and as a result of collaborative efforts with child welfare agencies and aging services agencies. Strategies include case management, alternative service delivery approaches, enhanced financial support, and information and support for relative caregivers. However, data on the effects of these interventions is scarce. Rigorous evaluations addressing the impact of innovative programs on service access, utilization and costs; child and caregiver well-being; and diversion from child welfare and adult TANF involvement could guide future efforts to respond to this population.

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