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TANF child-only cases: Identifying the characteristics and needs of children living in low-income families

Elizabeth K. Anthony*, Catherine M. Vu, and Michael J. Austin

School of Social Welfare, University of California, Berkeley, USA

In a 'child-only' case the adult is not included in the welfare benefit calculation and aid is provided only for the child(ren). The proportion of child-only cases within the caseloads of the Temporary Assistance for Needy Families (TANF) welfare program continues to increase while overall TANF cases decrease. Given relatively limited information about the children and adults in child-only cases, this analysis presents the major findings from a review of studies on characteristics of children and caregivers in child-only cases with implications for child welfare and welfare-to-work services.

Introduction

Child-only cases are an increasingly important consideration in the implementation of the Temporary Assistance for Needy Families (TANF) program. 'Child-only' cases are those under the TANF program in which the adult is not included in the benefit calculation and aid is provided only to the child(ren). The most recent TANF report to Congress indicates that 802,541 TANF cases receiving aid are child-only cases (US Department of Health and Human Services [HHS] 2004). Although the overall TANF caseload has dramatically decreased within the last 10 years, the proportion of child-only cases within TANF caseloads shows an increasing trend. The national percentage of child-only families increased from 14.8 to 36.6% between 1992 and 2002 (HHS 2004). In some states the increase is even more significant. As the proportion of child-only cases continues to climb, there is a growing interest in research, policy, and practice implications of child-only cases, especially related to the characteristics of the children and families in these welfare-to-work cases as well as child well-being and level of need.

Given the policies and circumstances that create child-only cases, there is reason to suspect that many children and caregivers in child-only cases face substantial challenges to well-being (Edelhoch, Liu, and Martin 2002; Ehrle and Geen 2002). The concern about the growing proportion of child-only cases coupled with the lack of data on the characteristics, circumstances, and needs of the children and care providers in these cases serves as the impetus for this structured review of the literature. This paper is divided into three parts. We begin with a discussion of the historical and legislative forces impacting child-only cases. An understanding of the characteristics and circumstances of child-only cases resides within the context of the legislation and policies sustaining child-only cases. The second section presents findings from the major national, state, and county studies. The final section

*Corresponding author. Email: eanthony@berkeley.edu

includes a discussion of the implications for child welfare and welfare-to-work services and a brief description of innovative initiatives and programs that address the needs of child-only cases.

The methodology and electronic search strategy used to find the literature focused on bibliographic databases; government, research, and policy databases; and Internet search engines. National, state, and county research studies were reviewed. Sources with historical policy information provided a context for understanding child-only cases within the broader welfare system. Also included were policy studies examining the legislation that directly impacted the creation and maintenance of child-only cases. Special attention was given to studies that shed light on the relationship between child-only cases and poverty and kinship care. The Appendix includes the components of the search strategy.

Legislative influences on child-only cases

When TANF replaced Aid to Families with Dependent Children (AFDC), the cash assistance program was replaced with a time-limited work-oriented program under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; US Congress 1996). The major goal of this federal effort to ‘end welfare as we know it’ is to foster self-sufficiency and reduce welfare dependency by adopting a ‘work-first’ approach to helping TANF participants find jobs (Coven 2005). Indeed, welfare caseloads have declined since the implementation of TANF. Between August 1996 and June 2005, the number of families on welfare dropped from 4,408,508 to 1,895,756, a 57% decline (HHS 2006).

While a certain percentage of the caseload reduction can be attributed to parents obtaining gainful employment and to increased child support, there are other factors that have impacted caseload reductions (Parrott and Sherman 2006). Approximately 60% of former welfare recipients are employed but those who work often earn low wages and continue to live in poverty (Coven 2005; Parrott and Sherman 2006). Other families leave welfare due to sanctions, time limits, or factors other than employment. There are significant barriers to employment for many adults (Pavetti, Derr, and Hesketh 2003; Welfare Information Network 2001). Data on disposable income show that ‘single-parent families – the most economically vulnerable population – had higher extreme poverty rates after welfare reform. Indeed, 300,000 more people in single-parent families lived below 50 percent of the federal poverty level in 1998 than in 1996’ (Zedlewski 2002). Similarly, US Census Bureau statistics (2005) report an increase in the proportion of full-time employees living in poverty between 1996 and 2004.

The change from AFDC to TANF represents a shift from a focus on financial support for children to a focus on parental employability and participation in the workforce (i.e., from a concern with ‘dependent children’ to a concern for ‘needy families’). However, child poverty remains a serious concern. Between 2000 and 2002, the number of children living in poverty increased by almost 600,000; in 2002, more than 12 million children were considered poor (Center on Budget and Policy Priorities 2003). Although most of these children qualified for TANF benefits, many did not receive sufficient cash assistance to meet their needs (Fremstad 2004). Between 2000 and 2006, the poverty rate of children under 18 increased from 16.2 to 17.4% (US Census Bureau 2006).

While the TANF legislation ended the entitlement program, it gave states considerable flexibility in developing their own welfare policies, including the policies that affect child-only cases. For example, states have the option to eliminate children from the caseload altogether, use federal dollars to pay for child-only grants, or use state money. As a result of this flexibility, there is considerable variation in state rules, services, and benefits for child-only cases.

The creation and continuation of child-only cases needs to be understood within the broad context of welfare legislation and policies. While child-only cases existed under AFDC, the spotlight on the dramatic caseload reductions under TANF has stimulated new interest in child-only cases (Dunifon et al. 2004). Several specific policies under TANF impact child-only and are briefly described below.

How does a case become child-only?

The cases in which only the child is receiving cash aid are usually labeled as either 'parental' or 'non-parental.' In parental child-only cases, parents care for the child in their own home and receive the cash grant for the child. The non-parental child-only cases are those that do not include the child's biological parents in the household and comprise more than half of the national child-only caseload (Gibbs et al. 2004).

There are several ways in which a TANF case can become a child-only case. Parental caregivers may be excluded from the grant due to: (1) sanctions, (2) Supplemental Security Income (SSI) receipt, (3) time limits, or (4) immigration status. The reasons for the state-defined and enforced sanctions include noncompliance with work requirements for finding and securing employment or failure to assist with child support. In 2000, the official statistics on child-only cases no longer included cases in which the parent was sanctioned and no longer receiving assistance, thereby diminishing the relative importance of already high percentages of child-only cases. In addition, while disabled or elderly parents receiving SSI are ineligible for TANF because they already receive a cash grant, they can apply for assistance for their child(ren). Also, while federal policy indicates a time limit of five years for assistance, state policies differ. Some states such as California apply time limits only to the parent, creating a child-only case when the time limit is reached. Finally, other parents who do not qualify for TANF grants include undocumented immigrants or documented immigrants who have been in the United States for less than five years.

Another type of child-only case occurs when the child is living with a non-parental caregiver. While children in non-parental child-only cases are not in the custody of the state child welfare agency, the biological parents are unable or unwilling to care for the child. The formation of non-parental child-only cases can stem from varying causes, including substance abuse, criminal activity, lack of resources, and mental health problems (Wood and Strong 2002). In most of these cases, the relative (usually a grandparent, aunt, or uncle) agrees to care for the child and either receives the child-only TANF benefit or no assistance at all.

Child-only national trends

While the overall TANF caseloads decreased after the shift from AFDC to TANF in 1996, the decrease was less dramatic for child-only cases. Table 1 compares trends in the child-only caseload with overall TANF caseloads and shows a decline in absolute

Table 1. National trends in TANF caseload and child-only cases.

Fiscal year	Total TANF caseload	Child-only cases	Percentage child-only
1992	4,769,000	707,000	14.8
1993	4,981,000	787,000	15.8
1994	5,046,000	869,000	17.2
1995	4,873,000	923,000	18.9
1996	4,553,000	978,000	21.5
1997	4,058,000	919,000	22.7
1998	3,176,000	743,000	23.4
1999	2,648,000	770,000	29.1
2000 ¹	2,269,000	742,000	32.7
2001 ¹	2,120,000	749,000	35.3
2002 ¹	2,060,000	753,000	36.6

Note: adapted from the US Department of Health and Human Services (2004).

¹Excludes cases with a sanctioned parent.

number since 1996. However, the decline is much slower than that of the overall TANF caseload, resulting in an increase in proportion within the caseload. Representing only 14.8% of the overall national caseload in 1992, child-only cases rose to 36.6% in 2002 for the following reasons: (1) an increase in sanctions for noncompliance, (2) an increase in the number of individuals eligible for SSI due to mental impairments, (3) an increase in the number of ineligible immigrants, and (4) an increase in non-parental caregivers (Farrell et al. 2000; Gibbs et al. 2004). While the TANF legislation required welfare recipients to participate in such work-related activities as job searching and support activities, noncompliance often led to the creation of a child-only case. In most states, parents who receive SSI (though not eligible themselves for TANF) may apply for child-only support for their children.

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

Finally, the growing number of children cared for by relatives also contributes to the rise of child-only cases. The 2000 US Census data report that about six million (8.4%) children under 18 are in relative care in the United States and 4.5 million live with grandparents, an increase of 30% between 1990 and 2000 (Child Welfare League of America 2006). Caregivers are entitled to cash assistance for the children regardless of their financial resources, thus increasing the number of child-only cases.

Major findings

Recent research highlights the diversity of the child-only case population and the array of possible service needs (Farrell et al. 2000; Hetling, Saunders, and Born 2005). A study commissioned by the US Department of Health and Human Services reports that child-only cases with biological parents constitute approximately 50% of all child-only families nationwide (Gibbs et al. 2004). The proportion of parental

child-only and non-parental child-only families varies considerably by state due to implementation of state policy and variation by the demographic profile of each county (Farrell et al. 2000; HHS 1999). The changing circumstances of parents may cause a child-only case to move from one category to another (e.g., from parental child-only to non-parental child-only when a sanctioned parent is no longer able to care for the child). Given the unique circumstances confronting families in poverty, the research findings regarding caregivers in child-only cases can be categorized in terms of parental or non-parental cases.

Parental child-only

In parental child-only cases, the parent is not included in the benefit calculation but lives with the child in the household. The factors leading to the majority of child-only cases are SSI benefit (43.9%), unknown citizenship (38.5%), and other/unknown (17.6%) (HHS 2004). Other factors leading to exclusion are time limits, sanctions, and ineligibility due to a drug felony conviction or fraud. While parents receiving SSI benefits represent the largest exclusion group at the national level, the proportion of SSI benefit, citizenship, and other reasons for parent exclusion varies considerably by state. For example, Alaska, Arizona, California, and Texas have a much higher percentage of citizenship cases than all other states. While some state differences are the result of both demographic variation and state policy, others are largely policy driven.

Time limits

Under TANF, families are no longer eligible to receive welfare funds after a period of 60 months (five years). The time limit policy does not prohibit states from using other funds to support families after the five years or applying the time limit to the parent only and thereby creating a child-only case (Farrell et al. 2000). In addition, exemptions from the time limit can be applied for up to 20% of the TANF caseload for families experiencing hardship. Table 2 summarizes the characteristics of families reaching time limits.

Immigration status

Parents who are non-qualified immigrants (e.g., undocumented individuals) generally cannot receive federal TANF benefits although their children, if they are US citizens, may receive assistance. Further, most qualified immigrants (i.e., refugees, asylees, permanent residents, and other individuals granted conditional entry) who entered the United States after August 1996 are not eligible for TANF benefits for five years after entering the country (Farrell et al. 2000). Table 3 provides the major highlights of studies focusing on immigrant and refugee families.

Receipt of Supplemental Security Income (SSI)

It is clear that parental disability can have negative effects on employment and general household financial stability. While parents receiving SSI share some characteristics with other parents in child-only families (e.g., barriers to employment), a number of unique features are also present. Table 4 summarizes findings from studies of characteristics among SSI recipients in child-only cases.

Table 2. Characteristics of parents reaching time limits.

Major highlights

- Parents reaching time limits tend to fall into three general categories:
 - (1) “Hard-to-serve recipients with multiple barriers to self-sufficiency who are long-time recipients or who cycle on and off assistance;
 - (2) Employed recipients in states with earnings disregard policies, or other make-work-pay policies, who remain eligible for cash assistance because their earnings are not adequate to achieve self-sufficiency; and
 - (3) Long-time recipients with little evidence of employment barriers, but no success in securing employment” (Finance Project 2005).
- The needs of these different groups may vary from assistance with basic needs and intensive job preparation services to ongoing job training or social service intervention (Welfare Information Network 2001).
- Factors predictive of recipients reaching the time limit include:
 - (1) Having a young child (under 3)
 - (2) Never being married
 - (3) Lack of a high school diploma
 - (4) No work experience
 - (5) Being of a young age (Duncan, Harris, and Boisjoly 1997).
- Ninety-two percent of long-time TANF families have one or more substantial barriers (such as involvement in the child welfare system, disability or health problems, and conviction of a crime); 37% have four barriers (Social Research Institute 1999).

Table 3. Characteristics of immigrant and refugee families.

Major highlights

- Children in immigrant families face a number of challenges, including:
 - (1) “Higher rates of poverty (more than 25% for immigrant children compared to approximately 20% of native born);
 - (2) A lower likelihood of receiving public benefits; and
 - (3) A greater likelihood to be uninsured” (Lincroft et al. 2006).
- Specific challenges include insufficient interpretation/translation services, negative experiences in the home country, a general misunderstanding of rights and responsibilities, and differing cultural norms and parenting practices (Lincroft et al. 2006).
- Challenges can lead to inaccurate or insufficient communication of crucial information and may also create barriers and distrust of governmental agencies (Lincroft et al. 2006).
- Many immigrant families lack essential resources, including quality health care, federal income (i.e., TANF, SSI, and food stamps), and employment supports (Lincroft et al. 2006).
- Undocumented or recently documented immigrants may be hesitant to access certain services such as food stamps or TANF on behalf of their children due to concerns about legal and immigration consequences (Capps et al. 2004).

Table 4. Characteristics of Supplemental Security Income (SSI) recipients.

Major highlights

- SSI cases have longer case histories with welfare than other child-only subgroups. Specifically, parental SSI child-only cases average 41.5 months on welfare compared to 13.6 months for regular TANF child-only cases (Hetling, Saunders, and Born 2005).
- Parental SSI child-only families tend to have older parents and older children than other TANF families (Wood and Strong 2002).
- Given the context of a disability, SSI parents in child-only cases have less work history and spend more time on welfare than other TANF families (Wood and Strong 2002).
- Although SSI parents in child-only families tend to have slightly higher incomes and are less likely to live in extreme poverty than other TANF families, rates of food insecurity are higher (Wood and Strong 2002).
- Parental SSI child-only families have more barriers to obtaining food security that may be related to the disability, including difficulty obtaining and preparing food and financial demands related to health problems (Wood and Strong 2002).
- SSI (and immigrant) families are more financially vulnerable when compared to other child-only families (Dunifon et al. 2004).

Sanctions

Although there is considerable variation in the implementation of sanction policies, the TANF program requires states to sanction families for noncompliance with federally defined program requirements, including work participation and child support. States, however, have discretion regarding the specific implementation of sanctions. For example, as a maximum sanction, California removes the parent from the benefit calculation and continues assistance for the child (i.e., partial sanction) while Florida terminates the entire grant (i.e., full family sanction). Mississippi is one of five states that issues a lifetime sanction as a result of multiple instances of

Table 5. Characteristics of sanctioned recipients.

Major highlights

- Many sanctioned recipients have significant barriers to employment and generally more complex life circumstances when compared to non-sanctioned recipients (Cherlin et al. 2000; Kramer 1998).
- Barriers may include substance abuse, mental health problems, domestic violence, health problems, disabilities, few job skills, low levels of education, and economic/resources issues such as difficulty finding childcare (Kaplan 2004).
- Younger, less educated, never married, or African American recipients are more likely to be sanctioned in Illinois and New Jersey when compared to non-sanctioned recipients (Pavetti et al. 2004).
- Some studies report that sanctioned parents are less likely to be employed and more likely to become involved in the welfare system again when compared to non-sanctioned parents (Pavetti, Derr, and Hesketh 2003); Shook (1998) identified higher rates of child placement with the child welfare system for sanctioned families.
- Sanctioned clients may experience greater difficulty in understanding rules and sanction policy (Fein and Karweit 1997; US General Accounting Office 1998).

noncompliance (HHS 2004). Sanction policies may be used by states to help motivate ‘hard-to-serve’ families; some states have implemented various program initiatives to work with clients in jeopardy of a sanction as well as those recently sanctioned. Table 5 summarizes the characteristics of sanctioned recipients.

Despite differences in demographics, parents in child-only cases often share a similar profile within their subgroup when it comes to barriers to employment. A variety of personal, logistical, and family barriers impact parental employment and can exacerbate an already strained situation. Human capital deficits, such as lack of a high school diploma or GED, or inadequate work experience, limit employment opportunities. Lack of transportation and lack of affordable childcare create logistical barriers to employment. Further, personal and family challenges, such as mental health problems, can impact relationships and support systems as well as the ability of a parent to generate resources and engage in problem-solving. Such factors contribute to difficulties obtaining and maintaining employment and often perpetuate a life of poverty.

Non-parental child-only

As with parental caregivers, the characteristics and needs of non-parental caregivers and the children in their care vary considerably by the circumstances that created the child-only case. Given the oversight of the child welfare system in some cases, considerably more information is available about the well-being of caregivers and children in formal kinship care (relative foster care) situations (Gibbs et al. 2004). Limited information is available about the children and caregivers in informal kinship care arrangements.

Kinship care arrangements range from formal to informal agreements and reflect a variety of financial circumstances and relationships with the TANF and child welfare systems. When parents are unable to care for a child, non-parental caregivers may respond to care for the child in a variety of ways: relative foster care; informal relative caregiving through a private agreement with the parent with financial assistance; or relative caregiving without any public assistance, even though many of these individuals may be eligible (HHS 1999). The hesitation among relative caregivers to seek needed public assistance may include the stigma associated with receiving welfare and concerns about involvement from the child welfare system based on the parental circumstances that led to the need for kinship care (Farrell et al. 2000; Gibbs et al. 2004).

The options for relatives in kinship care include applying for TANF assistance for themselves or the child. If the caregiver chooses to apply for assistance on behalf of the child (i.e., caregiver is not included in the benefit calculation), the TANF time limits and work requirements do not apply. When the child is in the custody of a child welfare agency as a result of abuse or neglect, non-parental caregivers may receive a foster care stipend, kinship care stipend, or child-only TANF. Many states are in the process of creating special programs given the needs of relative caregivers and the child(ren). Depending on individual state decisions about the financing of such programs, some of these cases may be counted as TANF child-only (Farrell et al. 2000).

The generally accepted practice involves placement with a relative to enhance the child’s identity formation, preservation of family connection, and increased visitation

Table 6. Characteristics of caregivers in non-parental child-only cases.

Major highlights

- Non-parental caregivers tend to be older when compared with parents. In a study in Maryland, non-parental caregivers had an average age of 52 years compared to sanctioned parents (34 years), SSI parents (28 years), and immigrant parents (32 years) (Hetling, Saunders, and Born 2005). In New Jersey the average age of non-parental caregivers was 51.6 in contrast to the average age of 31.9 for adults heading regular TANF cases (Wood and Strong 2002).
- Non-parental caregivers are generally more likely to be married than parental child-only and traditional TANF caregivers (Edelhoch, Liu, and Martin 2002).
- Many non-parental caregivers in child-only cases suffer from poor physical health (Wood and Strong 2002).
- Relative caregivers in TANF child-only cases typically provide greater placement security than the child welfare system; Wood and Strong (2002) found that non-parental caregivers in child-only cases in New Jersey provided more effective long-term and stable living arrangements for children. In South Carolina, 90% of relative caregivers indicated that they planned to care for the child until age 18 (National Center for Children in Poverty 2002).
- Relative caregivers in child-only cases generally experience financial hardship despite fewer disadvantages when compared to typical TANF cases (Farrell et al. 2000; Hetling, Saunders, and Born 2005; Wood and Strong 2002).
- Relative caregivers in TANF cases receive less money and fewer services than traditional foster care situations, despite the similar reasons identified for the child living with the relative. Many relative caregivers are involved with children as a result of parental abuse or neglect, mental illness, or substance abuse (Gibbs et al. 2004).
- A national study found that financial and support service needs of kinship care families include financial assistance, information and emotional support, mental health needs, child and respite care, and legal assistance (Ehrle and Geen 2002).
- Unmet needs for relative caretakers in child-only cases include:
 - (1) Money for the TANF child(ren), especially for clothes and school expenses
 - (2) Food stamps or more food stamps
 - (3) Health coverage for adults in the household and assistance with prescriptions
 - (4) Counseling for the TANF child(ren)
 - (5) Child care, after-school care, and summer programs
 - (6) Support groups, home visitors, and respite care (Edelhoch, Liu, and Martin 2002)

(HHS 1998). Since the mid-1990s, state decisions to place children with relatives reflect a preference for relatives when out-of-home placement is required (Edelhoch, Liu, and Martin 2002). Table 6 summarizes findings from studies focusing on caregivers in non-parental cases.

Mullen and Einhorn (2000) found that state policies might not meet the needs of relative caregivers, specifically grandparents, given the lack of consideration to the impact of such policies on grandparent-headed households. When examining benefit levels, time limits, work requirements, and child support enforcement, they found that policies and procedures may have inadvertent consequences for grandparents and, consequently, for children. For example, cooperation in child support enforcement activities is mandated by TANF; however, some grandparents may

have concerns about upsetting the informal custody arrangement by providing such information.

Children in child-only cases

While most studies focus on the caregivers, several studies highlight the children in child-only cases, finding that the typical child-only case consists of two children receiving cash aid (Farrell et al. 2000). Children generally shared the same ethnicity as the caregiver in both parental and non-parental caregiver cases. The majority of children in relative care are African American (Gibbs et al. 2004).

In a study of New Jersey caregivers, Wood and Strong (2002) found that TANF participation also varies between children in child-only cases and children in TANF families. Children in non-parental child-only cases spend more time on cash assistance than other TANF children, but less time receiving food stamps, due to the higher income of their caregivers. On the other hand, children in SSI-parent child-only cases spend more time on TANF and are more likely to receive food stamps than children on other TANF cases. Teenagers whose SSI parents are receiving a child-only grant are more likely to continue participating in TANF as adults. In contrast, immigrant teenagers in child-only cases are less likely to receive TANF as adults, even though younger immigrant children have patterns of welfare receipt that are similar to children of comparable age on other TANF cases.

Children in child-only cases have limited financial resources. While many studies suggest that relative care offers stability (Dunifon et al. 2004; Farrell et al. 2000; Gibbs et al. 2004; Wood and Strong 2002), others argue that children in relative care can experience significant economic hardship (Billing, Ehrle Macomber, and Kortenkamp 2002). Children living with elderly grandparents who have physical health problems may be at greater risk for poverty. In a study of two California counties, families receiving child-only grants had lower absolute and relative poverty rates when compared to families that left welfare completely (Lieberman, Linder, and O'Brien-Strain 2002). Other studies comparing non-parental child-only cases with other TANF cases indicate that children living with relatives are more financially stable. For example, Gibbs et al. (2004) found that children living with relatives who receive a child-only grant have lower participation rates in most public assistance programs, live in better housing conditions, and have lower rates of food insecurity compared to children in other out-of-home care.

The sections below describe physical, behavioral and emotional, and educational outcomes for children in child-only cases. Outcomes are closely tied to the financial stability of caregivers.

Physical well-being

Several studies address the physical well-being of a child in the context of food security and physical health. For example, families that have been sanctioned (and therefore receive a reduced TANF grant), generally fare worse in the areas of employment, hardships, health, and various child outcomes than families who leave TANF by choice (Meyers et al. 2006). A reduction in grant amount can have a major impact on the physical well-being of children. One study of families who accessed health care in hospital emergency rooms across six cities found that 60% of families

who had TANF sanctions were more likely to experience food insecurity than non-sanctioned families (Children's Sentinel Nutrition Assessment Program 2005). Of those families that were sanctioned, 90% of young children were more likely to report fair or poor health and 30% were more likely to report a history of hospitalizations than children in non-sanctioned families.

Children living with parents who receive SSI may also experience food insecurity. Despite high levels of food stamp receipt, 81% of parents on SSI in New York report problems obtaining enough food (Dunifon et al. 2004). In New Jersey, Wood and Strong (2002) found that although SSI parents in child-only cases have slightly higher incomes than other TANF families, high rates of food insecurity still persist. There are many reasons why children of SSI parents experience food insecurity. A disability may prevent a parent from cooking or shopping, causing him/her to purchase more expensive pre-prepared foods. This can have a negative effect on a child's diet. Additionally, parental health problems may contribute to financial difficulties, decreasing the amount of money that could be spent on food. Wood and Strong (2002) found that children in SSI child-only cases are older, with an average age of 11.3 years compared to 8.7 years for children in other TANF households. The child's physical needs can cause parents to incur significant expenses as they try to provide food for their growing children.

Children in undocumented immigrant families also face extreme financial hardships. Immigrant child-only families generally have low incomes and high rates of poverty. The average monthly income of immigrant child-only New Jersey families in 2000 was \$800 (Wood and Strong 2002). Half of these families live below 50% of the poverty line. In order to cope, immigrant families may double up in their homes, sometimes having two or more families living in one household. The same study found that one in four immigrant-parent families live in severely overcrowded conditions. Research indicates that crowded living conditions have negative impacts on child physical and emotional well-being (Evans and Kantrowitz 2002; Evans et al. 1998). Children of immigrant families who live in crowded households or inadequate housing environments may be at risk for poor respiratory health, increased injuries, and the spread of disease.

Comparisons of physical health can also be made between child-only cases where children are living with their biological parents and those living with relative caregivers. Children living with their parents generally have better physical health than children in relative care, although financial status once again plays a major role. For example, Billing, Ehrle Macomber, and Kortenkamp (2002) and Gibbs et al. (2004) report that 14% of children living with relatives had a limiting condition and 7% reported fair or poor health compared to 8 and 4%, respectively, of children living with parents. With respect to financial stability, however, children in relative care have more stable financial situations than children living with biological parents (Dunifon et al. 2004; Wood and Strong 2002). While family financial stability has positive outcomes for children's physical well-being, Billing, Ehrle Macomber, and Kortenkamp (2002) note that children with health conditions may be more difficult to care for due to their demanding physical needs, thus making them more likely to be separated from their parents. Indeed, the study found that children living with low-income relatives are as likely to report fair or poor health as children living with low-income parents, indicating that financial stability influences the physical well-being of children.

Behavioral and emotional well-being

Economic influences can also affect the behavioral and emotional well-being of children. Chase-Lansdale et al. (2002) found that both adolescents and preschoolers whose families were sanctioned had more behavioral problems when compared to non-sanctioned families. Given that sanctioned families are likely to have lower income than non-sanctioned families, these findings suggest that financial stability may be a factor in the child's behavioral and emotional well-being.

Children in non-parental child-only cases also have significant behavioral and emotional challenges that may be caused by economic strain (Billing, Ehrle Macomber, and Kortenkamp 2002; Gibbs et al. 2004; Wood and Strong 2002). Although some children living with relatives score high on measures of well-being, others may show signs of behavioral and mental health problems (Gibbs et al. 2004). Results from a six-item survey assessing behavioral and emotional problems among children 6–17 years old indicated that 13% of children in relative care had high levels of difficulties compared to 7% who were living with parents (Billing, Ehrle Macomber, and Kortenkamp 2002). However, children with high behavioral and emotional problems were comparable to children living in low-income households, both with relatives and with parents. These findings suggest that while children living with relative caregivers are more likely to have difficulties, low-income status is a large factor in determining the behavioral and emotional outcomes for children in child-only cases.

Educational achievement

The lack of financial resources has an impact on the behavioral and emotional well-being of children, which in turn can have an effect on school involvement. Billing, Ehrle Macomber, and Kortenkamp (2002) found that 26% of youth ages 12–17 in relative care were suspended or expelled from school during the survey years (1997 and 1999) compared to 13% of youth living with their parents. Among teenagers in New Jersey, 43% have been suspended or expelled from school and 12% have had police involvement (Wood and Strong 2002). Compared to teenagers in other current or former TANF families, these rates are substantially higher.

Low participation in school activities is also found among children living with relative caregivers. About one-third demonstrate low levels of school engagement and 26% are not involved in any school activities compared to children living with parents who had 20% non-engagement and 17% of non-involvement (Billing, Ehrle Macomber, and Kortenkamp 2002). Given the role that participation in school activities plays in helping children develop social skills and a sense of accomplishment, this finding is troublesome.

School performance is also poor for children living with relatives. Results from one study indicate that children living with relatives have substantial school-related problems (Dubowitz et al. 1994). The study found that almost one-third of the children in the study were receiving special education services and about 45% had repeated a grade. These statistics are slightly higher than those in New Jersey where 30% of school-aged children in child-only cases enrolled in special education classes and more than 25% repeated a grade (Wood and Strong 2002).

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

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

Initiatives to address the needs of child-only cases

As the major findings indicate, child-only cases represent a complex set of characteristics and service needs that require unique interventions. Given that parents in child-only cases are ‘much less likely to escape dependency through work’ when compared to the rest of the TANF caseload (HHS 2004, 1–7), a number of counties and states are beginning to develop programs to address specific aspects of identified needs (Kaplan and Copeland 2001). Due to the wide range of family structures and circumstances within child-only cases, the process of developing programs to address needs is complex. In many cases, the innovations reflect collaborations between the TANF and child welfare systems and often involve public and private funding. This section highlights several state and local initiatives that seek to meet unique geographic and policy needs.

Community outreach and education

Financial need is a primary consideration for many child-only families. A number of studies suggest that many eligible children may not be receiving benefits, including TANF child-only grants, food stamps, and Medicaid (Geen et al. 2001; O’Dell 2005). Increasing community education about eligibility through benefits outreach, especially to immigrant parents in their native languages, may increase enrollment for those needing services. Education efforts can also provide undocumented immigrant families with information about safeguards (if they exist) for keeping citizenship information separate from information required for receipt of services. When citizenship information cannot be protected, families should be advised of the risks of sharing information to obtain services. Additional outreach and benefits enrollment can be valuable to all families receiving child-only grants. Families may be unaware of other programs or their eligibility for more assistance. Referral and resource services, such as 211 info lines, would benefit from obtaining information about the needs of children and caregivers in child-only cases and the potential services available to them. In addition to information about eligibility, education efforts can address underlying concerns of relative caregivers about receiving welfare assistance.

Several states such as New Jersey have initiated programs such as Kinship Navigator to provide information and referral services designed to help kinship caregivers obtain government services (New Jersey Department of Human Services n.d.). Recognizing the complexity of programs such as TANF and Medicaid and the

unmet needs of many kinship families, the program seeks to help families ‘navigate’ services and find local community supports.

Some states have addressed financial need by providing additional cash benefits or supplemental payments for child-only cases. For example, six states provide a one-time supplemental payment to non-parental caregivers while eight states offer monthly supplemental payments (Geen et al. 2001). Additional cash benefits or supplemental payments may be funded with a combination of TANF, maintenance-of-effort (MOE), and state funds (O’Dell 2005). While competition for limited funds may rule out or limit additional cash benefits or supplemental payments, a number of states such as Ohio report the use of other supports such as legal assistance, clothing, and respite care to ease a family’s financial needs. In a study of kinship caregivers, the state of Ohio found that 2100 of the 3700 individuals identified as kinship caregivers received financial assistance and the majority receiving assistance did not find the amount adequate. The Ohio Department of Job and Family Services (2004) created a statewide resource guide to assist kinship caregivers in identifying services. The guide provides information on how to obtain financial, medical, legal, and educational assistance. In addition, the guide explains the role of child protective services and other resources for ensuring the safety and health of children in need.

Therapeutic services also enable children in child-only cases to overcome emotional, behavioral, and educational difficulties. Attention at the state level to policies and programs that address the developmental needs of children in child-only cases can help to ensure that children receive appropriate services (e.g., mental health counseling can contribute to family communication and individual coping strategies during times of stress). Programs such as the KinShare Pilot Program in Alabama connect kinship care providers and the children in their care with a host of services (AARP Foundation Grandparent Information Center 2006; Kaplan and Copeland 2001). The Alabama Department of Human Resources created the KinShare Pilot Program specifically for the high number of non-parental cases. The program provides support services to kinship care families statewide with a focus on low-income and vulnerable families in which the child(ren) are at risk of involvement with the foster care system. KinShare provides comprehensive support services in the form of: (1) assistance in finding child care, (2) respite care services, (3) household resources such as clothing and furniture, (4) payment for emergency items, and (5) referrals as needed for support with legal, medical and mental health, and financial needs.

Cross-system collaboration

Given the limits on available funding through TANF and the policy restrictions in some states, several innovative approaches to meeting the needs of TANF child-only cases include creating or strengthening collaborations within public systems and between public and private funding sources. A growing recognition of crossover cases (e.g., families receiving services from the TANF and child welfare systems) has recently drawn attention to the need for cross-system collaboration between the two systems that have historically been viewed as distinct and separate (Prince and Austin 2004).

According to the Urban Institute national survey, only two states had a combined TANF and child welfare staff to work with non-parental cases in 2001

(Geen et al. 2001). For example, El Paso County, Colorado, created a special unit within TANF to identify and support the needs particular to child-only cases. By integrating child welfare and TANF, a team of social workers addresses the common goal of providing information and support services within TANF through flexible use of funds and creative collaborations with supportive child welfare services. This type of initiative may become more common with the growing recognition of the needs of crossover cases (Gibbs et al. 2004; O'Dell 2005).

Community partnerships

Many counties currently have strong collaborative ties with community-based organizations that provide a range of services to children and care providers involved in the child welfare system. Community-based organizations are well positioned to reach out to many of the adult care providers in child-only cases. Access to individuals in their own communities gives community-based organizations the capacity to deliver services in a less intimidating environment than governmental agencies (Kaplan and Copeland 2001). Recognizing the value of such collaborations, the Tennessee Department of Children's Services initiated a public-private collaboration in 2000 that utilizes the resources and expertise of private agencies in a Relative Caregiver Program. In an effort to prevent state custody of the children, the program provides supportive services including respite, advocacy, counseling, and emergency financial services. The state establishes eligibility guidelines and provides the funding while the private agencies deliver the services in the local communities. The program has drawn attention to the serious financial needs of relative caregivers (O'Dell 2005).

In summary, states and counties launched a number of initiatives to address the needs of children and care providers in child-only cases. Such programs reflect a response to the unique characteristics, circumstances, and needs of children and care providers in low-income families.

Conclusion

As the proportion of child-only cases within TANF caseloads increases, a growing concern for children and caregivers has emerged. Children in child-only cases have limited economic resources that impact physical, behavioral and emotional, and educational outcomes. Financial instability impacts the behavioral and emotional well-being of children in both parental and non-parental child-only cases. Limited economic resources place a strain on the family system and have physical and health-related consequences. Throughout the country, states and counties have developed innovative strategies to assist caregivers in child-only cases. Many of these efforts seek to address the unique circumstances of caregivers who are attempting to care for needy children with limited resources and supports. Despite these programs, child-only caregivers continue to lack support services to raise the children.

This structured review of the child-only literature demonstrates a need for additional research in several areas. First, the increasing number of children cared for by relatives in both the TANF and the child welfare systems raises concern about the unique needs of these families (Billing, Ehrle Macomber, and Kortenkamp 2002; National Center for Children in Poverty 2002). Studies examining the needs of

relative caregivers and the children in their care suggest that additional research is needed to determine the impact of policies on this subgroup within child-only cases. Second, further research is needed to examine the overlap between the TANF and child welfare systems, the needs of children and caregivers in crossover cases, and the reluctance among some caregivers to seek out certain services. Third, the complexity of child-only cases suggests that counties and states need to examine the policies and demographics that impact child-only cases before creating programs to address needs. Finally, many of the initiatives summarized in this analysis are a direct response to pilot studies in local areas. The impact of such programs should be monitored so that states may learn from one another with respect to the similarities and differences between state policy and program implementation.

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Notes on contributors

Elizabeth K. Anthony, PhD, is a post-doctoral fellow in the School of Social Welfare, University of California, Berkeley, and Research Director for the Bay Area Social Services Consortium (BASSC). Her research focuses on resilient adaptation in children and youth living in poverty and the effects of interventions and innovative practice approaches on children, adolescents, and families.

Catherine M. Vu, MSW, is a doctoral student in the School of Social Welfare, University of California, Berkeley, and Doctoral Research Assistant for BASSC. Her research interests include issues revolving around welfare policies and child well-being, particularly for children living in immigrant families.

Michael J. Austin, PhD, is the Milton and Florence Krenz Mack Distinguished Professor of Nonprofit Management in the School of Social Welfare, University of California, Berkeley, and Staff Director for BASSC. His research focuses on client-centered agency management, strategic planning, community organizing, and policy implementation in both the public and nonprofit human services organizations.

References

- AARP Foundation Grandparent Information Center. 2006. *Alabama: A state fact sheet for grandparents and other relatives raising children*. Washington, DC: AARP Foundation Grandparent Information Center. http://www.giclocalsupport.org/pages/state_fact_sheets.cfm (accessed October 17, 2007).
- Billing, A., J. Ehrle Macomber, and K. Kortenkamp. 2002. *Children cared for by relatives: What do we know about their well-being?* New Federalism: National Survey of America's Families Series B, no. B-46. Washington, DC: The Urban Institute. <http://www.urban.org/url.cfm?ID=310486> (accessed October 17, 2007).

- Camarota, S. 2002. *Immigrants in the United States – 2002: A snapshot of America’s foreign-born population*. Washington, DC: Center for Immigration Studies. <http://www.cis.org/articles/2002/snapshotpanel2002.html> (accessed October 17, 2007).
- Capps, R., M. Fix, J. Ost, J. Reardon-Anderson, and J.S. Passel. 2004. *The health and well-being of young children of immigrants*. Washington, DC: The Urban Institute.
- Center on Budget and Policy Priorities. 2003. Poverty increases and median income declines for second consecutive year. News release. Washington, DC. <http://www.cbpp.org/9-26-03/pov.htm> (accessed October 17, 2007).
- Chase-Lansdale, L., R.L. Coley, B.J. Lohman, and L.D. Pittman. 2002. *Welfare reform: What about the children?* Policy Brief 02-1: Welfare, children & families: A three-city study. Baltimore: Johns Hopkins University. <http://web.jhu.edu/threecitystudy/Publications/> (accessed October 17, 2007).
- Cherlin, A.J., L.M. Burton, J. Francis, J. Henrici, L. Lein, J. Quane, and K. Bogen. 2001. *Sanctions and case closings for noncompliance: Who is affected and why*. Policy Brief 01-1: Welfare, children & families: A three-city study. Baltimore: Johns Hopkins University. <http://web.jhu.edu/threecitystudy/Publications/> (accessed October 17, 2007).
- Child Welfare League of America. 2006. *Kinship care and assisted guardianship*. Arlington, VA: Child Welfare League of America. <http://www.cwla.org/advocacy/2006legagenda09.htm> (accessed October 17, 2007).
- Children’s Sentinel Nutrition Assessment Program. 2005. Pediatricians find TANF sanctions put young children at risk. Policy brief, March. Boston. http://dcc2.bumc.bu.edu/csnappublic/TANF_March2005.pdf (accessed October 17, 2007).
- Coven, M. 2005. *An introduction to TANF*. Washington, DC: Center on Budget and Policy Priorities.
- Dubowitz, H., S. Feigelman, D. Harrington, R. Starr, S. Zuravin, and R. Sawyer. 1994. Children in kinship care: How do they fare? *Children and Youth Services Review* 16, no. 1–2: 85–106.
- Duncan, G.J., K.M. Harris, and J. Boisjoly. 1997. *Time limits and welfare reform: New estimates of the number and characteristics of affected families*. Evanston and Chicago, IL: Joint Center for Poverty Research, Northwestern University and University of Chicago. <http://www.jcpr.org/wpfiles/limit121.doc?CFID=3818009&CFTOKEN=64595593> (accessed October 17, 2007).
- Dunifon, R., M.A. Hamilton, S.F. Hamilton, and C.J. Taylor. 2004. *An examination of child-only temporary assistance for needy families (TANF) cases in New York State*. New York: Cornell University.
- Edelhoch, M., Q. Liu, and L.S. Martin. 2002. Unsung heroes: Relative caretakers in child-only cases. *Policy and Practice of Public Human Services* 60, no. 1: 26–30.
- Ehrle, J., and R. Geen. 2002. *Children cared for by relatives: What services do they need?*. Washington, DC: The Urban Institute.
- Evans, G.W., and E. Kantrowitz. 2002. Socioeconomic status and health: The potential role of environmental risk exposure. *Annual Review of Public Health* 23 (May): 303–31.
- Evans, G., S. Lepore, B.R. Shejwal, and M.N. Palsane. 1998. Chronic residential crowding and children’s well-being: An ecological perspective. *Child Development* 69: 1514–23.
- Farrell, M., M. Fishman, S. Laud, and V. Allen. 2000. *Understanding the AFDC/TANF child-only caseload: Policies, composition, and characteristics in three states*. Washington, DC: US Department of Health and Human Services, Assistant Secretary for Planning & Evaluation.
- Fein, D.J., and J.A. Karweit. 1997. *The early economic impacts of Delaware’s A Better Chance (ABC) welfare reform program*. Bethesda, MD: Abt Associates.
- Finance Project. 2005. Time limits. Washington, DC. <http://www.financeproject.org/jirc/win/time.asp> (accessed October 17, 2007).

- Fremstad, S. 2004. *Recent welfare reform research findings: Implications for TANF reauthorization and state TANF policies*. Washington, DC: Center on Budget and Policy Priorities. <http://www.cbpp.org/1-30-04wel.htm> (accessed October 18, 2007).
- Geen, R., P. Holcomb, A. Jantz, R. Koralek, J. Leos-Urbel, and K. Malm. 2001. *On their own terms: Supporting kinship care outside of TANF and foster care*. Washington, DC: The Urban Institute.
- Gibbs, D., J. Kasten, A. Bir, S. Hoover, D. Duncan, and J.B. Mitchell. 2004. *Children in Temporary Assistance for Needy Families (TANF) child-only cases with relative caregivers*. Washington, DC: US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.
- Hetling, A., C. Saunders, and C.E. Born. 2005. *Maryland's child-only caseload: A comparison of parental and non-parental cases*. Baltimore: Family Welfare Research and Training Group.
- Kaplan, A., and I. Copeland. 2001. Addressing the well-being of children in child-only cases. *Issue Notes* 5, no. 6. Washington, DC: Welfare Information Network. <http://www.financeproject.org/Publications/childonlycasesissue.htm> (accessed October 18, 2007).
- Kaplan, J. 2004. Addressing the needs of adults sanctioned under TANF. *Issue Notes* 8, no. 2. Washington, DC: Welfare Information Network. <http://www.financeproject.org/Publications/sanctionedclientsIN.htm> (accessed October 18, 2007).
- Kramer, F.D. 1998. The hard-to-place: Understanding the population and strategies to serve them. *Issue Notes* 2, no. 5. Washington, DC: Welfare Information Network. <http://www.financeproject.org/Publications/hardto.htm> (accessed October 18, 2007).
- Lieberman, C.J., V. Linder, and M. O'Brien-Strain. 2002. *Assessing the family circumstances of current and former TANF child-only cases in San Mateo and Santa Clara counties: Executive summary*. Burlingame, CA: The Sphere Institute. <http://aspe.hhs.gov/hsp/leavers99/state-rpts/ca/assessing02-es.htm> (accessed October 18, 2007).
- Lincroft, Y., J. Resner, M. Leung, and A. Bussiere. 2006. *Undercounted and underserved: Immigrant and refugee families in the child welfare system*. Baltimore: Annie E. Casey Foundation.
- Meyers, M., S. Harper, M. Klawitter, and T. Lindhorst. 2006. *Review of research on TANF sanctions: Report to Washington State WorkFirst SubCabinet*. Washington: University of Washington, West Coast Poverty Center. http://www.workfirst.wa.gov/research/studies/sanction_literature_final.pdf (accessed October 18, 2007).
- Mullen, F., and M. Einhorn. 2000. *The effect of state TANF choices on grandparent-headed households research report*. Washington, DC: AARP Public Policy Institute.
- National Center for Children in Poverty. 2002. Relative caretakers in child-only cases lack support services to fulfill crucial roles. *The Forum* 5, no. 3: 1–7.
- New Jersey Department of Human Services. n.d. *Kinship navigator program*. Trenton, NJ: New Jersey Department of Human Services. <http://www.state.nj.us/humanservices/DHS%20Publications/kinshipbro1.html> (accessed October 18, 2007).
- O'Dell, K. 2005. An update on child-only welfare cases. *Issue Note* 9, no. 1. Washington, DC: The Finance Project. http://www.financeproject.org/publications/WIN_child_only_welfare.pdf (accessed October 18, 2007).
- Ohio Department of Job and Family Services. 2004. *Relatives caring for children: Ohio resource guide*. Columbus: Ohio Department of Job and Family Services. <http://www.odjfs.state.oh.us/forms/results1.asp> (accessed October 18, 2007).
- Parrott, S., and A. Sherman. 2006. *TANF at 10: Program results are more mixed than often understood*. Washington, DC: Center on Budget and Policy Priorities.
- Pavetti, L., M.K. Derr, and H. Hesketh. 2003. *Review of sanction policies and research studies: Final report*. Washington, DC: Mathematica Policy Research.
- Pavetti, L., M.K. Derr, G. Kirby, R.G. Wood, and M.A. Clark. 2004. *The use of TANF work-oriented sanctions in Illinois, New Jersey, and South Carolina*. Washington, DC: Mathematica Policy Research.

- Prince, J., and M.J. Austin. 2004. Crossover services between child welfare and welfare-to-work programs. In *Changing welfare services: Case studies of local welfare reform programs*, ed. M.J. Austin, 363–75. New York: The Haworth Social Work Practice Press.
- Shook, K. 1998. Assessing the consequences of welfare reform for child welfare. *Poverty Research News* 2, no. 1. Evanston and Chicago, IL: Joint Center for Poverty Research, Northwestern University and University of Chicago. <http://www.jcpr.org/winter98/article2.html> (accessed October 18, 2007).
- Social Research Institute. 1999. *Understanding families with multiple barriers to self-sufficiency: Final report*. Salt Lake City, UT: Social Research Institute. <http://www.socwk.utah.edu/pdf/sri-final1.pdf> (accessed October 18, 2007).
- US Census Bureau. 2005. *Workers as a proportion of all poor people: 1978 to 2006. Historical poverty tables: Table 18*. Washington, DC: US Census Bureau. <http://www.census.gov/hhes/www/poverty/histpov/hstpov18.html> (accessed October 18, 2007).
- . 2006. *Poverty status of people, by age, race, and Hispanic origin: 1959 to 2006. Historical poverty tables: Table 3*. Washington, DC: US Census Bureau. <http://www.census.gov/hhes/www/poverty/histpov/hstpov3.html> (accessed October 18, 2007).
- US Congress. 1996. *Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)*. Pub. L. 104–193, August 22, 110 Stat 2106. Washington, DC: US Congress.
- US Department of Health and Human Services, Administration for Children and Families (HHS). 1998. *Children placed in foster care with relatives: A multi-state study*. Washington, DC: US Department of Health and Human Services.
- . 1999. *Frequently asked questions about child-only cases*. Washington, DC: Office of the Assistant Secretary for Planning & Evaluation. <http://aspe.hhs.gov/hsp/FAQ-Child-Only99/childonlyfaq.htm> (accessed October 18, 2007).
- . 2004. *TANF sixth annual report to Congress*. Washington, DC: Office of the Assistant Secretary for Planning & Evaluation.
- . 2006. *Welfare rolls continue to fall: 2nd quarter data ending June 2005 show another decline in caseloads*. Washington, DC: US Department of Health and Human Services. http://www.acf.hhs.gov/news/press/2006/welfare_rolls_decline_june_o5.htm (accessed October 18, 2007).
- US General Accounting Office. 1998. *Welfare reform: States are restructuring programs to reduce welfare dependence*. Washington, DC: US General Accounting Office.
- Welfare Information Network. 2001. Sanction policies and practices: An update. *Resources for Welfare Decisions* 5, no. 11. Washington, DC: Welfare Information Network. <http://www.financeproject.org/Publications/sanctionupdateresource.htm>.
- Wood, R.G., and D.A. Strong. 2002. *The status of families on child-only TANF cases*. Report Series of the Work First New Jersey Evaluation. Princeton, NJ: Mathematica Policy Research.
- Zedlewski, S. 2002. *Are shrinking caseloads always a good thing?* Washington, DC: The Urban Institute. <http://www.urban.org/url.cfm?ID=310508> (accessed October 18, 2007).

Appendix: Search protocol

Academic databases for books and articles

Pathfinder or Melvyl

ArticleFirst

ERIC

Expanded Academic ASAP

Family and Society Studies Worldwide

PAIS International

PsychInfo

Social Science Citation Index
Social Services Abstracts
Social Work Abstracts
Sociological Abstracts

Research and policy institutes

Brookings Institute
Manpower Demonstration Research Corporation
Mathematica Policy Research, Inc.
Urban Institute
RAND
Government Accountability Office (GAO)
Chapin Hall Center for Children (University of Chicago)
Public Policy Institute of California
The Finance Project
Carl Vinson Institute of Government (University of Georgia)
Family Welfare Research and Training Group (University of Maryland)
Nelson A. Rockefeller Institute of Government (State University of New York)
Center on Budget and Policy Priorities
Child Trends
Child Welfare League of America
Center for Immigration Studies
Institute for Policy Research
AARP Public Policy Institute
United States Census Bureau

Conference proceedings

PapersFirst (UCB Database)
Proceedings (UCB Database)

Internet

Google Scholar
California Department of Social Services, <http://www.dss.cahwnet.gov/cdssweb/default.htm>
United States Department of Health and Human Services, <http://www.hhs.gov/>
The California Evidence-Based Clearinghouse for Child Welfare, <http://www.cachildwelfareclearinghouse.org/>
National Governor's Association (NGA) – Center for Best Practices, <http://www.nga.org/portal/site/nga/menuitem.50aeae5ff70b817ae8ebb856a11010a0/>
The Annie E. Casey Foundation, <http://www.aecf.org/>