Work First New Jersey Evaluation

The Status of Families on Child-Only TANF Cases

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Robert G. Wood
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EXECUTIVE SUMMARY

Child-only cases—cases with no adult included in the grant—have become a growing portion of New Jersey’s cash assistance caseload in recent years. From 1995 to 2001, the total number of Temporary Assistance for Needy Families (TANF) cases in New Jersey dropped more than 60 percent, while the number of child-only TANF cases declined by only 25 percent.¹ Due to this slower rate of decline, the proportion of the TANF caseload consisting of child-only cases has increased substantially, up from 17 percent in 1995 to 33 percent in 2001.²

As the proportion of child-only TANF cases increases, understanding the issues and needs of this population becomes more important. For this reason, the New Jersey Department of Human Services (NJDHS) has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a study of the state’s child-only TANF population. Relying primarily on survey data, the study examines the demographic characteristics, household structure, economic well-being, and other outcomes of families and children who receive child-only TANF grants. It also explores the underlying factors that lead to the formation of these cases.

WHAT IS A CHILD-ONLY TANF CASE?

A child-only TANF case is one in which no adult is included in the cash grant. Because no adult is in the grant, these cases are not subject to TANF work requirements and time limits, which may explain why their numbers are declining more slowly than those of the general TANF caseload. Three distinct groups make up the child-only TANF caseload in New Jersey:

1. Nonparent Caretakers. The largest group, representing 63 percent of child-only cases as of April 2001, are cases headed by nonparent caretakers, who are raising their grandchildren, nieces, nephews, or other young relatives and are receiving cash assistance on their behalf (Figure 1). Nonparent caretakers have no legal obligation to support these children. Consequently, they are given the option of receiving a child-only TANF grant and having their income and assets ignored when TANF eligibility and benefit amounts are determined. If they choose this option, they are not subject to TANF time limits and work requirements.

¹Before 1997, the state’s cash assistance program for poor families with children was known as Aid to Families with Dependent Children (AFDC). For simplicity, we refer to both programs as “TANF.”

²The national child-only caseload followed a similar pattern over this period. As in New Jersey, the proportion of the national TANF caseload that is child only has increased, while the number of child-only cases has held steady or fallen slightly. As of 1999, 29 percent of the national TANF caseload was child only.
2. **SSI Parents.** One in four child-only cases is headed by a disabled parent who receives Supplemental Security Income (SSI). An individual cannot receive both SSI and TANF. Adult SSI recipients can receive TANF for their children, however.

3. **Immigrant Parents.** One in 10 child-only cases is headed by an immigrant parent who is 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.

Because these three groups are so diverse, and because their needs and outcomes are likely to be quite different from each other, findings are presented separately for each of the three main child-only groups.

**KEY FINDINGS**

- *Substance abuse is a key factor in the formation of nonparent child-only cases.*

Understanding the origins of nonparent child-only cases is a key concern. SSI-parent and immigrant-parent child-only cases are created by circumstances that leave families intact. These parents are not eligible for TANF; however, their children are, and this situation creates a child-only case. In contrast, the origins of nonparent child-only cases...
are more complex and potentially more distressing. The children on these TANF cases are not living with their parents. They have been kept out of the foster care system by relatives who have taken on the responsibility of raising them.

Children on 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. Six in 10 caretakers report that the child’s mother has a substance abuse problem that makes it impossible for her to raise the child (Figure 2). It also appears that many children on nonparent child-only cases have been involved with the child welfare system. Four in 10 caretakers said the Division of Youth and Family Services (DYFS), the state child welfare agency, has specifically required that the child in question not live with the mother. Other common reasons caretakers reported for why the children were not living with their mothers included the mothers’ criminal activity, their abuse or neglect of the children, their lack of money, or their mental health problems. Caretakers could give multiple responses; many reported more than one of these reasons.

We find no evidence that TANF reforms are creating a surge in the number of nonparent child-only families. Although 16 percent of caretakers report that the mother could not raise the child because she was “cut off welfare,” in most of these cases the absent mother had another serious personal problem (substance abuse, involvement with criminal activity, or a history of abuse or neglect of the child) that would have made it impossible or inappropriate for her to raise the child. In addition, in many of these cases, the child left the mother’s care prior to TANF implementation in 1997. Finally, the

![FIGURE 2](image-url)

**FIGURE 2**

REASONS CHILDREN ON NONPARENT CHILD-ONLY TANF CASES ARE NOT LIVING WITH THEIR BIOLOGICAL MOTHERS

Source: WFNJ child-only survey conducted by Mathematica Policy Research, Inc.

Note: Figures represent perceptions of current caretaker of the child. Caretakers could give multiple reasons.

DYFS = Division of Youth and Family Services.
absolute number of nonparent child-only cases has been declining in New Jersey since TANF was implemented, suggesting that recent changes in welfare rules are not leading to increases in the number of children living in this type of arrangement.

- Nonparent child-only TANF families, typically headed by a grandparent, are less disadvantaged, have more income, and face fewer hardships than other TANF families.

More than 70 percent of adults who head nonparent child-only TANF families are the grandparents or great-grandparents of the children on their TANF case. For this reason, they are much older than the typical adult receiving TANF. Their average age is 52, compared with 32 among those who head regular TANF cases.

Nonparent child-only families are typically less disadvantaged than other TANF families. Nonparent caretakers who head child-only cases have higher education levels and are more likely to be employed than are adults who head “regular” TANF cases, which include an adult. Moreover, these families have substantially higher incomes than other TANF families, and more of their income comes from earnings and less from public assistance. The average monthly income of nonparent child-only families is $2,344, compared with $968 for regular TANF families (Figure 3). The incomes of nonparent child-only families can be higher because, unlike in other types of TANF cases, the income of the case head is ignored when program eligibility and grant amounts are determined. Even so, many of these families have low incomes; 7 in 10 have incomes below 200 percent of the poverty threshold. However, nonparent child-only families face
fewer serious hardships than other TANF families. They experience fewer housing disruptions (such as evictions or frequent moves) and are less likely to experience hunger and other food security problems.

Because of their age, low incomes, and other factors, many nonparent caretakers heading child-only cases are in poor physical health. More than a third report that health issues limit their ability to work. Moreover, their physical health is poorer than that of other U.S. residents their age. Based on their responses to a standardized set of health questions, their average level of physical health is similar to that of a typical 70-year-old, although their average age is only 52. Therefore, poor and deteriorating health may make it difficult for some nonparent caretakers to continue caring for the children they are raising.

- **The current living arrangements of children in nonparent child-only TANF families are typically long term and stable. In spite of this stability, school and behavior problems are common among these children.**

The lives of all children in nonparent child-only families have been disrupted by not living with their parents. Nonetheless, their current living arrangements are typically long term and stable. Many of these children arrived in their current households as infants or very young children. Just over half moved in with their current caretakers before age 3, while a third moved in before they were six months old. Therefore, these children have typically spent most of their lives in these households. On average, they have spent 70 percent of their lives with their current caretaker.

Most caretakers think these children will continue to live with them until they reach adulthood. More than 70 percent of these caretakers report that it is “very likely” that these children will live with them until adulthood. Similarly, most nonparent caretakers think it is unlikely that the children they are raising will live with either of their parents in the future.

Although most children in nonparent child-only families have stable living arrangements, many have behavior problems and are struggling in school. Among those of school age, 3 in 10 have been enrolled in special education classes, while more than 1 in 4 have repeated a grade. Among teenagers, 43 percent have been suspended or expelled from school, and 12 percent have been in trouble with the police. These rates are substantially higher than those found among teenagers in other current and former TANF families.

- **Although SSI-parent child-only families have slightly higher incomes than regular TANF families, they have high rates of food insecurity.**

Because of their disabilities and poor health, most SSI parents who head child-only cases have little recent work history. Fewer than one in five have worked in the past two years, compared with half of the heads of regular TANF cases. In addition, their families spend more time on welfare than do regular TANF families. Many of them began receiving cash assistance on a regular TANF case. Four in 10 had been on a regular TANF case during the past five years that converted to a child-only case when the parent began receiving SSI.

SSI-parent families have slightly higher incomes than regular TANF families, averaging $1,126 per month—16 percent higher than that of regular TANF families.
(Figure 3). More than half of this income comes from their SSI benefits; most of the rest comes from TANF and food stamp benefits. Although most SSI-parent child-only families live below the poverty threshold, their SSI benefits (averaging about $600 per month) make them much less likely than regular TANF families to be in extreme poverty—below 50 percent of the poverty threshold. Only 2 percent of SSI-parent child-only families are in extreme poverty, compared with 22 percent of regular TANF families.

Many SSI-parent child-only families have trouble getting enough to eat. In the past year, just over half experienced “food insecurity,” or difficulty having consistent access to nutritionally adequate and safe foods. Three in 10 reported experiencing hunger during this period. These rates of food insecurity are much higher than those of regular TANF families (who have somewhat lower income levels). Moreover, SSI-parent child-only families have higher food insecurity levels than those of other U.S. households with similar income levels.

SSI parents’ physical and mental disabilities may contribute to their high rates of food insecurity, as it may be difficult for them to cook and shop for their families. These difficulties may cause some SSI parents to rely more heavily on more-expensive prepared foods, which may then make it difficult for them to afford an adequate diet. In addition, their health problems may create other financial demands on their limited incomes, leaving less money to spend on food.

- **Immigrant-parent child-only families have very low incomes and often manage by doubling up with friends and relatives.**

Immigrant parents who head child-only TANF families have low education levels; 6 in 10 have less than a high school education. Many have limited English skills, and most have little recent work history. Only one in three has worked in the past two years. Many cannot work legally in the United States. Three-quarters of immigrant parents are Hispanic; most of these are from Mexico or the Dominican Republic. On average, they have lived in the United States for nine years.

Immigrant-parent child-only families have very low incomes and high rates of poverty. The average monthly income of these families is less than $800, and half have incomes below 50 percent of the poverty threshold. Many of these families manage by doubling up with friends and relatives. They usually live in larger households than other TANF families, and their households typically include extended-family members or adults not related to them (many of whom work). One in four immigrant-parent families lives in severely overcrowded housing conditions.

Immigrant parents who head child-only cases have adequate physical health; however, their mental health is poor. The precarious financial situation of many immigrant parents and their families may contribute to their poor mental health, as may the challenges they face adjusting to life in a new, unfamiliar country. In addition, 84 percent of immigrant parents have no health insurance, which may contribute to their stress and anxiety.
RESEARCH METHODS

The primary data source for this study is a survey of heads of child-only TANF cases from the April 2001 caseload. The survey was conducted during June and July 2001. MPR selected a representative, statewide sample of 667 heads of child-only cases; 524 completed the survey, for a response rate of 79 percent. The survey gathered information about the families’ household structure, income sources, health status, and recent hardships. For each case, a focus child was selected, and the survey collected information on that child’s school performance, behavioral problems, and other outcomes. In cases in which the children were living with nonparent caretakers, the survey addressed the status of the focus child’s absent parents. This information was supplemented by in-depth, follow-up interviews with a small subset of survey respondents that focused on a similar set of issues but allowed for more-detailed and open-ended responses. The study also relies on data from the state administrative records system that tracks TANF and food stamp receipt.

To put the descriptive information on child-only TANF families in context, the study compares the characteristics and outcomes of child-only families with those of families on regular TANF cases. Most of the comparisons with the regular TANF caseload rely on survey data collected as part of the Work First New Jersey (WFNJ) client study that MPR is conducting for NJDHS. As part of that study, MPR is tracking the progress of a representative, statewide sample of regular TANF cases through a series of annual surveys. These surveys have provided information on many of the same characteristics and outcomes as the child-only survey. In some instances, comparisons between child-only and regular TANF cases are also made using state administrative welfare records.
INTRODUCTION

The number of New Jersey families receiving Temporary Assistance for Needy Families (TANF) has dropped substantially in recent years. The number of families on “child-only” TANF cases—cases with no adult included in the grant—has declined much more slowly, however. From July 1995 to July 2001, the total number of TANF cases in New Jersey dropped more than 60 percent, from approximately 113,000 to fewer than 43,000 (Figure I.1).\(^1\) Over this same period, the number of child-only TANF cases declined by only 25 percent, from approximately 19,000 to about 14,000. Because of this slower rate of decline, child-only cases are becoming an increasing proportion of the state’s TANF caseload, up from 17 percent of all TANF cases in July 1995 to 33 percent in July 2001.\(^2\)

\(^1\)Before 1997, the state’s cash assistance program for poor families with children was known as Aid to Families with Dependent Children (AFDC). For simplicity, in this report, we refer to both programs as “TANF.”

\(^2\)The national child-only caseload followed a similar pattern over this period. As in New Jersey, the proportion of the national TANF caseload that is child only has increased, while the number of child-only cases has held steady or fallen slightly. As of 1999, 29 percent of the national TANF caseload was child only.
As the proportion of child-only TANF cases increases, understanding the issues and needs of this population becomes more important. To gain a better understanding of the characteristics and origins of these cases, the New Jersey Department of Human Services (NJDHS) has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a study of the state’s child-only TANF population. This report presents the results of the study. It examines the demographic characteristics, household structures, economic well-
being, and other outcomes of families and children who receive child-only TANF grants. It also explores that factors underly the formation of these cases.

The child-only study is a component of a larger study MPR is conducting for NJDHS of Work First New Jersey (WFNJ), the state’s welfare initiative, which was implemented in 1997. This comprehensive, five-year evaluation began in 1998 and has four major components: (1) a longitudinal client study to track the progress of WFNJ families over a five-year period, (2) a program study to examine implementation issues, (3) a community study to learn how WFNJ is unfolding at the community level, and (4) a child-only study to examine the characteristics and origins of child-only TANF cases. The text box on page 2 provides more detail on these four components of the evaluation.

### A. WHAT IS A CHILD-ONLY TANF CASE?

A child-only TANF case is one in which no adult is included in the cash grant. Because no adult is in the grant, these cases are not subject to TANF work requirements and time limits, which may explain why their numbers are declining more slowly than those of the general TANF caseload. Three distinct groups make up the child-only TANF caseload in New Jersey:

1. **Nonparent Caretakers.** The largest group, representing 63 percent of child-only cases as of April 2001, are cases headed by nonparent caretakers, who are raising their grandchildren, nieces, nephews, or other young relatives and are receiving cash assistance on the children’s behalf (Figure I.2). Nonparent caretakers have no legal obligation to support the children they are raising. Consequently, they are given the option of receiving a child-only TANF grant and having their income and assets ignored when TANF eligibility and benefit amounts are determined. If they choose this option, they are not subject to TANF time limits and work requirements.

2. **SSI Parents.** The next-largest group, representing 25 percent of cases, consists of cases headed by a disabled parent who receives Supplemental Security Income (SSI). An individual cannot receive both SSI and TANF.

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3 A few child-only cases (about two percent) do not fall into any of these three main groups. These other child-only cases are created under special circumstances in which the parent is deemed ineligible for TANF benefits but the children are not, such as when the parent is convicted of fraudulently receiving welfare benefits in two jurisdictions or has a felony drug conviction.

4 However, any income of the children included in the grant (such as Social Security survivors benefits) is still considered when determining TANF eligibility.

5 Low-income nonparent caretakers have the option of being included in the TANF grant if they meet the income and asset requirements for TANF eligibility. Nonparent caretakers included in the TANF grant are subject to TANF work requirements and time limits. As of April 2001, 18 percent of TANF cases in New Jersey headed by nonparent caretakers included the caretaker in the grant. These cases are not considered child-only cases. We find that eight percent of heads of nonparent child-only cases appear eligible to receive TANF for themselves, based on their income and asset levels. This percentage suggests that about one-fourth of nonparent caretakers who are eligible to receive TANF for themselves choose not to be included in the TANF grant.

6 The SSI program is administered by the Social Security Administration and provides monthly cash assistance payments for low-income elderly and low-income disabled individuals.
Adult SSI recipients can receive TANF for their children, however, and this situation creates a child-only TANF case.

3. **Immigrant Parents.** The third main group, representing 10 percent of child-only cases, are cases headed by immigrant parents not eligible for TANF. These cases include illegal immigrants, as well as certain recent legal immigrants who are ineligible for TANF. Noneligible immigrants can receive TANF for their children who are U.S. citizens.

Because the adults who receive the check for child-only TANF benefits (the case heads) are not included in the TANF grant, they are not counted in the calculation of the grant amount. For this reason, these grants are smaller than those for families with the same number of children in “regular” TANF cases, which include an adult. For example, a family consisting of a single parent or caretaker and two children on a regular TANF case would receive a monthly TANF grant for a family size of three, $424 each month, whereas a similar family on a child-only case would receive a grant for a family size of two, only $322.

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7 Under the 1996 federal welfare reform legislation, legal immigrants who entered the country after August 1996 must be in the United States for five years to be eligible for TANF.
B. FOCUS OF THE REPORT

As caseloads decline, families who receive child-only grants have become a larger proportion of those who remain on TANF. This set of families is diverse and includes nonparent caretakers, as well as disabled and immigrant parents. Each of these groups is likely to require a distinct set of services and programs. Moreover, their needs are likely to differ from those of regular TANF families in which, unlike child-only families, the case head is typically expected and required to work. A great deal of research has been done on the characteristics and needs of the regular TANF caseload. To date, however, little research has been done on the child-only caseload. Therefore, a careful examination of the characteristics and situations of these families should be a useful contribution to the literature, and this information will help policymakers and welfare agency staff design more suitable policies and programs for them.

To help support this goal, Chapters II and III of this report examine the following broad research questions:

• Why do child-only cases typically form?
• What are the basic demographic, household, and other characteristics of families who receive child-only TANF grants?
• How are these families faring in terms of income, health, hunger, housing, and other life quality measures?

Because the child-only TANF caseload consists of three different and distinct groups of cases, all analyses in these two chapters are done separately for the three main child-only groups: (1) nonparent caretakers, (2) SSI parents, and (3) immigrant parents. In addition, when possible and appropriate, we compare child-only TANF families with regular TANF families on these descriptive and life quality measures.8

Other important research questions for this study are specific to children on nonparent child-only cases. These questions include the following:

• How stable are the living arrangements of children on nonparent child-only cases?
• What type of support, if any, do they receive from their absent parents?
• Do these children have particularly difficult or prevalent behavioral and school problems because of the disruptions and challenges they face while growing up?

Chapter IV of this report examines these questions and focuses specifically on children in nonparent child-only families.

8Section D of this chapter discusses how we make these comparisons with the regular TANF caseload.
C. CHILD-ONLY SAMPLES AND DATA USED IN THIS REPORT

To examine the key research questions identified earlier, this report focuses primarily on the April 2001 child-only TANF caseload in New Jersey. We use three data sources to examine the circumstances of child-only TANF families:

1. **Survey Data.** The primary data source for this report is a survey of heads of child-only TANF cases conducted during June and July 2001. MPR selected a representative, statewide sample of 667 heads of child-only cases from the April 2001 caseload; 524 completed the survey, for a response rate of 79 percent. The survey gathered information about the families’ household structure, income sources, health status, and recent hardships. For each case in the survey sample, a focus child was selected, and the survey collected information specific to that child on school performance, behavioral problems, and other outcomes. In addition, in cases in which the children were not living with their parents, the survey covered the status of the focus child’s absent parents.

2. **In-depth Interviews.** To supplement the main survey, MPR staff conducted in-depth, follow-up interviews with a random subset of 20 survey respondents. These interviews were conducted by telephone and lasted about 45 minutes. The interviews focused on a set of issues similar to those in the main survey but allowed for more-detailed and open-ended responses. When appropriate, we use the more qualitative information gathered during these in-depth interviews to supplement the quantitative data gathered in the main survey. For example, we have used data from the in-depth interviews to develop several profiles of families on child-only TANF cases. We present these profiles in text boxes throughout the report.

3. **State Administrative Records.** The report also relies on data from the state administrative records system that tracks TANF and food stamp receipt. We examine administrative records information for two cohorts of child-only cases: (1) one from April 2001 (the same month used for the survey sample), and (2) an earlier cohort from April 1996. We track the April 2001 cohort

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9 Several groups had somewhat lower response rates. These groups included Hispanics, heads of cases that have been open for a relatively short time, and those from the urban, northern part of the state. All figures based on survey data presented in this report are weighted to take into account the lower response rates of these groups.

10 When selecting the survey sample, we began by randomly choosing cases from the April 2001 child-only caseload. When making these selections, we weighted cases by the number of children on the case to avoid underrepresenting children on larger TANF cases. Thus, a TANF case that included three children was three times more likely to be chosen for the survey sample than a TANF case that included only one child. We then randomly chose a focus child from each of these cases. This method gives each child on a child-only case in New Jersey an equal probability of being chosen for the survey sample. Therefore, the unweighted survey sample is representative of all children on child-only TANF cases in New Jersey. In addition, if we weight the data by the inverse of the number of children on the TANF case, the survey sample is representative of all families on child-only cases. When reporting the characteristics and outcomes of households or families (rather than of children), we weight the survey data in this way.

11 All names of family members have been changed in these profiles.
back over the previous five years and examine how many of these child-only cases were regular TANF cases in the recent past. We also examine whether the case head changed over time. This cohort also provides additional descriptive information that supplements the survey data. Examining the April 1996 cohort allows us to track a cohort of child-only cases forward in time. We use this cohort to consider such issues as how quickly children on child-only cases leave welfare and how often they move onto their own TANF case. In addition, we examine how frequently those on nonparent cases move onto their parent’s or other nonparent’s case (for example, switching from the grandmother’s to the aunt’s case). The administrative records data we examine for this report are not a sample but, instead, represent the entire statewide caseload from these two months. The April 2001 cohort contains 23,551 children on 13,976 cases. The April 1996 cohort contains 31,615 children on 17,532 cases.

D. Regular TANF Comparison Data Used in This Report

To put the descriptive information on child-only TANF families presented in this report in context, it is useful to compare these families’ characteristics and outcomes with those of families on regular TANF cases. We rely on two data sources for the comparisons: (1) survey data from the client study component of MPR’s WFNJ evaluation, which covers New Jersey’s regular TANF caseload; and (2) administrative records data on regular TANF cases.

Survey Data. Many of the comparisons with the regular TANF caseload presented in this report rely on survey data collected as part of the WFNJ client study MPR is conducting for NJDHS. As part of that study, MPR is tracking the progress of a representative, statewide sample of regular TANF cases through a series of annual surveys. The sample for the WFNJ client study represents all adults who headed a regular TANF case from July 1997 through December 1998 (the first 18 months of full TANF implementation in the state). Ideally, we would use survey data on the full regular TANF caseload from April 2001 for our comparisons, since this would be directly comparable with the data we have on child-only cases. Unfortunately, the WFNJ client study does not provide this information, since those entering TANF for the first time after 1998 are not included in the study. Therefore, we use data from the client study to approximate the April 2001 caseload of regular TANF cases. The regular TANF comparison sample we most often use in this report are those members of the WFNJ

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12In fact, when using administrative records data, we do use this regular TANF comparison group. However, most of the comparisons we make in this report involve outcomes that are only available through WFNJ client survey data.
client study sample who remained on TANF at the time of the first follow-up survey, conducted in spring 1999.\textsuperscript{13,14}

This comparison sample has two limitations. First, it refers to a period two years before the child-only survey data were collected. The characteristics of the regular TANF caseload could have changed somewhat during that period. To examine this issue, we used information from state administrative records data to compare the characteristics of the regular TANF caseload from the two periods. These data cover the case head’s age, education, ethnicity, marital status, amount of time on cash assistance, and employment status, as well as the number and ages of children included in the grant. Based on this descriptive information, it appears that the TANF caseload has changed little over this short period.

A second limitation is that, because those who entered TANF for the first time in the early months of 1999 were not included in the WFNJ client study sample, the information on regular cases does not represent the full regular TANF caseload as of spring 1999. We estimate that the portion of the spring 1999 regular TANF caseload that is not covered by these data is only about 10 percent, which suggests that it provides a good approximation of the status of the full regular TANF caseload as of spring 1999. Therefore, in spite of these limitations, this information on a comparison sample of regular TANF families should be a useful addition to our study of the child-only TANF caseload.

\textbf{State Administrative Records.} To make comparisons between the child-only and regular TANF caseloads, we also rely on state administrative TANF and food stamp records for regular TANF cases. As with the child-only caseload, we examine these data for two cohorts of regular TANF cases: (1) those receiving TANF in April 2001, and (2) those receiving cash assistance in April 1996. We use these two cohorts of regular TANF cases to examine the same set of issues outlined previously for the child-only administrative records cohorts. As with the administrative data on child-only cases, the administrative records data we examine for regular TANF cases represent the entire statewide caseload from these two months: (1) 51,647 children on 29,899 cases for April 2001, and (2) 160,891 children on 89,463 cases for April 1996.

\section*{E. New Jersey’s Child-Only Caseload in the National Context}

The proportion of New Jersey’s TANF caseload that is child only is similar to that of the national caseload. As of 1999, 29 percent of the national caseload was child only. However, this proportion varies widely by state. For example, in 1999, child-only cases made up more than half the TANF caseload in four states (Alabama, Idaho, Wisconsin, and Wyoming) and 45 to 50 percent in three others (Mississippi, South Carolina, and South Dakota). That year, child-only cases made up less than 15 percent of the TANF

\textsuperscript{13}Whenever possible, we use this comparison group of regular TANF cases. However, occasionally, information on a particular outcome for comparison was not gathered on the first survey round in the study of regular TANF cases. In these situations, we have to define a somewhat different regular TANF comparison sample. In subsequent report chapters, these exceptions are described as they arise.

\textsuperscript{14}This regular TANF comparison group is not identical to any of the groups used in reports from the WFNJ client study (Rangarajan and Wood 1999; Rangarajan and Wood 2000; and Rangarajan and Johnson 2002). Therefore, figures on regular TANF cases in this report will not match results included in reports from the client study.
caseloads in five states (Alaska, Indiana, New Mexico, Rhode Island, and Vermont) (ACF Web site 2001). In general, states that have experienced particularly large declines in their TANF caseloads have a larger proportion of child-only cases in their remaining caseload.

In terms of the composition of its child-only TANF caseload, New Jersey may be somewhat less typical. For example, the New Jersey child-only caseload is more heavily weighted toward nonparent caretakers. As of 1997, only 38 percent of child-only cases nationally were headed by nonparent caretakers (Figure I.3). In contrast, nonparent cases currently make up 63 percent of New Jersey child-only cases.

In addition, some states, such as California (which has one-fourth of the national child-only caseload), have “sanctioned-parent” child-only cases. These states remove only the adults from the TANF grant when imposing a sanction, reducing the cash grant amount and creating a child-only TANF case. As of 1997, eight percent of child-only cases nationally were headed by parents who had been sanctioned for not complying with TANF requirements (Figure I.3). New Jersey also begins the sanctioning process by removing the adult from the grant. However, after a brief transition period, New Jersey, like most states, proceeds to what are known as “full-family” sanctions when adults fail to comply with TANF requirements. Under these sanctions, the state removes the entire family from the grant and closes the case. Therefore, cases generally exit sanction status within a few months, when either: (1) the case head complies with TANF requirements and the sanction is removed or (2) the case head does not comply and the case is closed. Since these cases are in a transitional status (and since, unlike other child-only cases,
these cases continue to be subject to TANF time limits and work requirements), the state
does not typically consider them to be child-only cases. Therefore, these sanctioned
cases are not included in the population of child-only cases described in this report.\textsuperscript{15}

As with the proportion of the caseload that is child only, the composition of the
child-only caseload varies by state. Factors that affect the composition of a state’s child-
only caseload include its TANF sanctioning policies, its demographics, and the number
of recent immigrants in the state.\textsuperscript{16} As in New Jersey, most states’ child-only caseloads
contain (in varying proportions) (1) nonparent caretakers, (2) SSI parents, and (3)
immigrant parents. Some other state caseloads also contain sanctioned parents.\textsuperscript{17} This
report provides detailed information on the characteristics and well-being of the first
three groups, which should help policymakers gain a better understanding of the child-
only TANF caseload in New Jersey, as well as in other states.

\textsuperscript{15}As of April 2001, about 2,600 regular TANF cases in New Jersey were in temporary sanction status,
with the case head removed from the grant and the case remaining open. In accordance with federal
guidelines, for certain federal reporting purposes, the state counts these cases as child-only cases. If these
cases are counted as part of the state’s child-only TANF caseload, the number of child-only cases in the
state increases to about 17,000 as of April 2001, 16 percent of which are sanctioned cases.

\textsuperscript{16}A report by the Public Policy Institute of California documents the role of immigration and
immigration policy in increasing the number and proportion of child-only TANF cases in that state
(MaCurdy et al. 2000).

\textsuperscript{17}In addition, AFDC quality control data gathered by the U.S. Department of Health and Human
Services indicate that 15 percent of child-only cases fall into the “other parent” category (Figure I.3). As in
New Jersey, these cases may include parents who have a felony drug conviction, barring them, but not their
children, from TANF receipt. Based on our experience examining New Jersey data, however, it appears
that some of these “other” cases may represent errors in state administrative records data. For example, we
found that a small proportion of nonparent caretakers were coded as parents in state administrative records.
Similarly, SSI receipt on the part of the parent occasionally was not recorded in the state’s TANF database.
Therefore, some cases that would have been classified as “other parent” cases based on administrative
records data could be classified as nonparent caretakers, SSI parents, or immigrant parents based on the
survey responses of the case heads. Throughout this report, whenever possible, we classify child-only
cases into the three main types based on survey responses and not on administrative data.
II

ORIGINS AND CHARACTERISTICS
OF CHILD-ONLY TANF CASES

ew Jersey families who receive child-only TANF grants are diverse. The state’s child-only caseload includes three distinct groups of TANF cases, each with very different reasons for having been formed and including families with very different demographic characteristics and household structures. As described in Chapter I, families headed by nonparent caretakers make up the largest group. The other two main groups are families headed by disabled parents who receive Supplemental Security Income (SSI) and immigrant parents who are not eligible for TANF. In this chapter, we begin by examining the reasons child-only cases form, with a particular focus on nonparent cases. We then examine the demographic characteristics, household structure, and welfare patterns of the different kinds of families who receive child-only TANF grants. When possible and appropriate, we compare these characteristics with those of families receiving regular TANF grants.

KEY FINDINGS FROM THIS CHAPTER

- **Substance abuse is a key factor in the formation of nonparent child-only cases.** Six in 10 nonparent caretakers report that the child’s mother has a substance abuse problem that makes it impossible for her to raise the child. Other commonly reported reasons for why absent parents are not raising their own children include criminal activity, histories of abuse or neglect, mental health problems, and lack of money.

- **Nonparent child-only TANF cases are typically headed by a grandparent. These families are less disadvantaged than other TANF families.** More than 70 percent of adults who head nonparent child-only cases are the grandparents or great-grandparents of the children on their TANF case; therefore, they typically are older than the heads of regular TANF cases (with an average age of 52). These families, which are headed by adults with higher employment rates and education levels, tend to be less disadvantaged than other TANF families.

- **Because of their disabilities, SSI parents heading child-only TANF cases have little recent work experience. Many have previously headed regular TANF cases.** Fewer than one in five SSI parents have worked in the past two years, compared with half of the heads of regular TANF cases. In addition, these families spend more time on welfare than do other TANF families. Many of them began receiving cash assistance on a regular TANF case that later converted to an SSI-parent child-only case.

- **Immigrant parents who head child-only TANF cases have limited work skills and live in large households.** Immigrant parents who head child-only TANF families have low education levels; 6 in 10 have less than a high school education. Most have little recent work history and limited English skills. They live in larger households than other TANF families, and their households typically include extended family members or adults who are not related to them.
A. Why Do Child-Only TANF Cases Form?

An initial issue to consider when examining the child-only TANF caseload is why child-only cases form in the first place. Understanding the origins of nonparent child-only cases is the key concern. SSI-parent and immigrant-parent cases are created by circumstances that leave families intact. As described in Chapter I, these parents are not eligible for TANF because of their SSI or immigrant status. However, these families have children who are eligible to receive cash assistance, which creates a child-only TANF case.

In contrast, the origins of nonparent child-only cases are more complex and potentially more distressing. The children on these TANF cases are not living with their parents. They have been kept out of the foster care system by relatives who have taken on the responsibility of raising them. Because these nonparent caretakers have no legal obligation to support the children they are raising, nonparent caretakers have the option of receiving a child-only TANF grant and having their income and assets ignored when determining TANF eligibility and benefit amounts.

To understand why these cases form, therefore, we must examine why these children are not living with their parents. To explore this issue, as part of our survey, we read respondents a detailed list of possible reasons why these children were not living with their biological mothers and asked whether these reasons applied to the children they were raising. We explored this issue further through in-depth, follow-up interviews with a small subsample of respondents. Their responses suggest that most absent mothers have serious personal problems—such as drug addiction, serious mental health problems, or involvement with criminal activity—that make it impossible or inappropriate for them to raise these children. Many have more than one of these problems. In addition, information gathered on the fathers of these children during in-depth interviews suggests that the fathers have a similar set of serious personal problems.

- **Substance abuse is a key factor in why nonparent child-only cases form. In many cases, child welfare authorities required that the children not live with their mothers.**

The major finding that emerged from caretakers’ responses to these questions is that substance abuse is a key factor in why these cases form. Six in 10 caretakers reported that the child’s mother had a substance abuse problem that made it impossible for her to raise the child (Figure II.1). In almost all cases, according to caretakers, these substance abuse problems involved drugs. About a third involved both drugs and alcohol (not shown).

It also appears that many children on nonparent child-only cases were involved with the child welfare system. Four in 10 caretakers said the Division of Youth and Family

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1 Because of time constraints, we did not ask a similar set of questions on the survey concerning why the children were not living with their fathers.

2 On surveys, respondents could provide more than one reason why the children were not living with their mothers.

3 A study of nonparent child-only families in South Carolina also found that substance abuse on the part of absent parents was a key factor in why these cases form (Edelhoch et al. 2001).
Services (DYFS), the state’s child welfare agency, had specifically required that the child not live with the mother (Figure II.1). An even higher proportion of caretakers (58 percent) reported that child welfare had at least been “involved” with the parents or the child before the child came to live with them (not shown).

Other common reasons caretakers reported for the children not living with their mothers were the mothers’ criminal activity, their abuse or neglect of the children, their lack of money, or their mental health problems. A third of caretakers reported that the fact that the absent mother had been “in trouble with the law” made it impossible for the child to live with her (Figure II.1).4 A third of caretakers also reported that the child could not live with the mother because the child was abused, neglected, or abandoned while in the mother’s care. This latter situation would include cases of abuse by a husband or live-in boyfriend while the child was living with the mother. One in four caretakers indicated that the mother did not have enough money to raise the child, while a similar proportion said the mother had a severe mental or emotional problem that prevented her from being able to raise the child.

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4At the time of the survey, 6 percent of absent mothers and 14 percent of absent fathers were in prison.
It is important to note that, in many of these families, there are likely to be multiple reasons why the child is living with a nonparent caretaker. Consistent with this possibility, many caretakers reported more than one reason why the child was not living with the mother. Not surprisingly, some reasons frequently occurred simultaneously. For example, a third of caretakers reported both that the mother could not raise the child because she had a substance abuse problem and because DYFS required that the child not live with her (not shown). Similarly, 3 in 10 caretakers reported both the mother’s substance abuse problem and her criminal activity as reasons for the child not living with her. During an in-depth interview, one nonparent caretaker, a grandmother raising three of her grandchildren, described a situation that suggests one reason why drug use among absent mothers and DYFS involvement may often go together. The caretaker reported that her daughter, the mother of the grandchildren she is raising, tested positive for cocaine during a blood test while in the hospital delivering one of the children. According to the caretaker, this blood test result, combined with the fact that her daughter had received no prenatal care during the pregnancy, prompted the hospital to contact DYFS, which conducted an investigation.

The mothers of 1 in 10 children on nonparent child-only cases are deceased (Figure II.1).\(^5\) These children did not always come to live with their current caretakers

\(^5\)Five percent of these children have a deceased father; for two percent, both parents are deceased.
because of their mother’s death, however. In about half of these cases, the children came to live with their current caretakers before their mothers died. Older children on nonparent cases are substantially more likely than younger children to have mothers who are deceased. Among teenagers, 14 percent have a deceased mother, compared with 6 percent among children under age 6 (not shown). This pattern suggests that perhaps the mothers of these children have high mortality rates because of their frequent involvement with drugs, crime, and other high-risk behaviors.

- **There is little evidence that welfare reform has increased the number of nonparent child-only families.**

One issue to consider concerning nonparent child-only cases is whether something about welfare reform may be creating these cases. In other words, does it appear that TANF requirements may be creating a surge in the number of these families by causing large numbers of parents who receive TANF to give up their children to relatives because they cannot afford to raise them themselves?

We find no evidence of this pattern. According to caretakers, for 16 percent of the children in nonparent child-only families, the mother could not raise the child because she was “cut off welfare” (Figure II.1). However, in more than half (58 percent) of these cases, the child stopped living with the mother prior to TANF implementation in New Jersey in 1997. Combining these two facts, we find that only seven percent of children had mothers who, according to caretakers, were “cut off welfare” after TANF was implemented (not shown).

In addition, based on caretakers’ other responses to this question, it appears that many of these absent mothers had other personal problems that would have made it impossible or inappropriate for them to raise these children. For example, 70 percent of caretakers who reported that the mother was cut off welfare also reported that the mother had a substance abuse problem that prevented her from raising the child (not shown). Almost 8 in 10 of these caretakers reported either a substance abuse problem on the part of the absent mother; that DYFS required that the child not live with the mother; abuse, neglect, or abandonment of the child while in the mother’s care; or criminal activity on the part of the mother. In only two percent of cases did the caretaker report that the mother was “cut off welfare” since TANF was implemented and did not also report that the mother had one of these serious personal problems. This finding suggests that, although some nonparent child-only families may have been created when mothers receiving TANF could not comply with TANF requirements, the number of these cases is likely to be very small.

The strongest evidence that TANF implementation has not led to the creation of large numbers of nonparent child-only families, however, is the simple fact that the number of these cases has not increased in the period since these reforms were implemented. In fact, the number of nonparent child-only families in New Jersey has been decreasing slightly in recent years. Based on state administrative data, there were 9,447 nonparent child-only cases in New Jersey in July 1997. As of December 2001, there were 8,240, a decline of 13 percent. Similarly, other research suggests a slight decline in the number of children in kinship care families nationally (including those who do not receive TANF) during the late 1990s (Geen et al. 2001). Therefore, there appears to be no evidence that TANF requirements are leading to large increases in the number of these families.
B. What Are the Characteristics of Nonparent Families?

- Most nonparent caretakers are the grandparents or great-grandparents of the children on their cases. They are older and less disadvantaged than the typical adult receiving TANF.

Nonparent caretakers must be related to the children for whom they receive TANF. Two-thirds of these caretakers are grandparents, and six percent are great-grandparents (Figure II.2). Most others (24 percent of the total) are aunts, uncles, great-aunts, or great-uncles; a few are siblings or cousins. Because most of these caretakers are the grandparents or great-grandparents of the children in the grant, they are much older than the typical adult receiving TANF. Their average age is 52, compared with 32 among those who head regular TANF cases (Table II.1). However, because some nonparent caretakers are the older siblings of the children in the grant while others are great-grandparents, the ages of these caretakers vary considerably. For example, three percent are younger than 30 years old, while seven percent are 70 or older.

Heads of nonparent child-only cases also tend to be less disadvantaged than those who head regular TANF cases. For example, they are more likely to have more than a high school education (31 versus 12 percent, respectively) and to be currently working (52 versus 23 percent). They also are more likely than other TANF case heads to have been born in the United States and to speak English at home.
TABLE II.1
DEMOGRAPHIC CHARACTERISTICS OF HEADS OF CHILD-ONLY AND REGULAR TANF CASES
(Percentages)

<table>
<thead>
<tr>
<th></th>
<th>Child-Only TANF Cases</th>
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<th></th>
<th>Regular TANF Cases</th>
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<td>Nonparent Caretakers</td>
<td>SSI Parents</td>
<td>Immigrant Parents</td>
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<td>96</td>
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<td>Age (in Years)</td>
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<td>2</td>
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<td>1</td>
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<tr>
<td>(Average) (45.7)</td>
<td>(51.6)</td>
<td>(37.0)</td>
<td>(32.1)</td>
<td>(31.9)</td>
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<td>37</td>
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<td>More than high school</td>
<td>24</td>
<td>31</td>
<td>12</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>(Average years of education)</td>
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<td>(11.7)</td>
<td>(11.0)</td>
<td>(9.3)</td>
<td>(11.2)</td>
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</tr>
<tr>
<td>Widowed</td>
<td>10</td>
<td>16</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>56</td>
<td>70</td>
<td>39</td>
<td>14</td>
<td>59</td>
</tr>
<tr>
<td>Hispanic</td>
<td>24</td>
<td>11</td>
<td>37</td>
<td>75</td>
<td>26</td>
</tr>
<tr>
<td>White</td>
<td>17</td>
<td>18</td>
<td>22</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>1. Born in the United States(^a)</td>
<td>84</td>
<td>96</td>
<td>87</td>
<td>0</td>
<td>85(^b)</td>
</tr>
<tr>
<td>2. Speaks English at Home</td>
<td>80</td>
<td>94</td>
<td>76</td>
<td>7</td>
<td>86</td>
</tr>
<tr>
<td>3. Currently Employed</td>
<td>35</td>
<td>52</td>
<td>3</td>
<td>20</td>
<td>23(^b)</td>
</tr>
<tr>
<td>4. Employed in Past Two Years</td>
<td>47</td>
<td>61</td>
<td>18</td>
<td>33</td>
<td>49(^b)</td>
</tr>
</tbody>
</table>

Sample Size

|                | 524 | 334 | 127 | 52  | 29,899 |

SOURCE: Data on child-only cases from WFNJ child-only survey conducted by Mathematica Policy Research, Inc. Data on regular cases from state administrative records, unless otherwise indicated.

NOTE: Figures describe the April 2001 TANF caseload, unless otherwise indicated.

\(^a\) Those born in Puerto Rico are considered to be born in the United States.

\(^b\) Figures refer to heads of regular TANF cases in spring 1999. These data come from the first WFNJ client survey. The sample size for these variables is 631.
Nonparent caretakers on child-only cases also are much more likely than regular TANF case heads to be currently or formerly married. Three in 10 are currently married, whereas about half are divorced, separated, or widowed. In contrast, among heads of regular TANF cases, only 6 percent are married, and 18 percent are divorced, separated, or widowed.

Nonparent child-only households contain more adults—particularly, more employed adults—than do regular TANF households. For example, 56 percent of nonparent child-only households contain two or more adults, compared with 45 percent of regular TANF households (Table II.2). In addition, two-thirds of nonparent child-only households have at least one adult who is working, compared with fewer than 4 in 10 regular TANF households.

- **Children on nonparent child-only cases are older than those on regular TANF cases. Many have brothers or sisters (usually, half siblings) who do not live with them.**

Children on nonparent child-only cases are older than children on regular TANF cases. Their average age is 10.2 years, compared with 8.7 years among children on regular TANF cases (Table II.3). In addition, perhaps because of past disruptions in their living situations, children on nonparent child-only cases are less likely than other TANF children to live with a sibling. For example, just over half (56 percent) of the children on nonparent child-only cases have a sibling in the household, compared with 8 in 10 children on regular TANF cases (Table II.3). However, many children on nonparent cases have brothers or sisters who do not live with them. For example, 61 percent have a sibling who is age 18 or younger and does not live with them. Most of the absent siblings

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**Sarah: Raising Her Young Granddaughter on Her Own**

“Sarah” has been raising her 3-year-old granddaughter “Danielle” since shortly after Danielle’s birth. Danielle’s mother, who suffers from depression and other mental problems, lives in a neighboring state with five of her other children (who are not related to Sarah), where she receives welfare and does not work. According to Sarah, Danielle’s mother barely functions; she cannot even manage to get her children to school regularly. Danielle’s father (Sarah’s son), who was a good student and an athlete in high school, has been a drug addict for the past 10 years. He does not work and moves frequently. Sarah no longer allows her son to visit, because he steals from her. Sarah and Danielle live alone in Sarah’s one-bedroom apartment and get by on their TANF grant and on what Sarah makes as a family day-care provider—about $16,000 a year in total. Sarah, who is 56, expects to raise Danielle until adulthood. She had a heart attack 10 years ago and has been struggling with high blood pressure and heart disease since then. Sarah has no health insurance and often goes without her medication because she cannot afford it. Her biggest worry is that her health will make it impossible to continue to look after her granddaughter. Even so, Sarah says her health does not currently interfere with her ability to take care of Danielle. According to Sarah, “Danielle keeps me sane. Danielle keeps me going. That’s probably the best thing that ever happened to me—having Danielle.”

---

6The additional adults in nonparent child-only families are most often the spouses, partners, or adult children of the head of the TANF case.
TABLE II.2

HOUSEHOLD CHARACTERISTICS OF CHILD-ONLY AND REGULAR TANF CASES
(Percentages)

<table>
<thead>
<tr>
<th>Child-Only TANF Cases</th>
<th>All</th>
<th>Nonparent Caretakers</th>
<th>SSI Parents</th>
<th>Immigrant Parents</th>
<th>Regular TANF Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of People in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>13</td>
<td>26</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
<td>26</td>
<td>30</td>
<td>15</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
<td>15</td>
<td>15</td>
<td>8</td>
<td>29</td>
<td>14</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>26</td>
<td>9</td>
</tr>
<tr>
<td>7 or more</td>
<td>11</td>
<td>11</td>
<td>9</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>(Average)</td>
<td>(4.2)</td>
<td>(4.2)</td>
<td>(3.7)</td>
<td>(5.2)</td>
<td>(4.1)</td>
</tr>
<tr>
<td>Number of Children Age 18 or Younger in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>31</td>
<td>30</td>
<td>39</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>2</td>
<td>31</td>
<td>30</td>
<td>29</td>
<td>33</td>
<td>30</td>
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<tr>
<td>3</td>
<td>20</td>
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<td>17</td>
<td>24</td>
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<tr>
<td>4</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>5 or more</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(Average)</td>
<td>(2.4)</td>
<td>(2.5)</td>
<td>(2.2)</td>
<td>(2.5)</td>
<td>(2.6)</td>
</tr>
<tr>
<td>Age of Youngest Child in Household (in Years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger than 3</td>
<td>22</td>
<td>17</td>
<td>24</td>
<td>53</td>
<td>35</td>
</tr>
<tr>
<td>3 to 5</td>
<td>21</td>
<td>23</td>
<td>16</td>
<td>14</td>
<td>24</td>
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<tr>
<td>6 or older</td>
<td>57</td>
<td>70</td>
<td>60</td>
<td>33</td>
<td>41</td>
</tr>
<tr>
<td>(Average)</td>
<td>(7.5)</td>
<td>(7.8)</td>
<td>(7.9)</td>
<td>(4.3)</td>
<td>(5.8)</td>
</tr>
<tr>
<td>Number of Adults in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>47</td>
<td>44</td>
<td>62</td>
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<td>2</td>
<td>34</td>
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<td>20</td>
<td>31</td>
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<td>3</td>
<td>13</td>
<td>13</td>
<td>9</td>
<td>28</td>
<td>10</td>
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<tr>
<td>4 or more</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>(Average)</td>
<td>(1.8)</td>
<td>(1.8)</td>
<td>(1.5)</td>
<td>(2.6)</td>
<td>(1.7)</td>
</tr>
<tr>
<td>Number of Employed Adults in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>46</td>
<td>33</td>
<td>85</td>
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<td>1</td>
<td>35</td>
<td>47</td>
<td>12</td>
<td>25</td>
<td>28</td>
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<tr>
<td>2 or more</td>
<td>18</td>
<td>20</td>
<td>3</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>(Average)</td>
<td>(0.8)</td>
<td>(0.9)</td>
<td>(0.2)</td>
<td>(1.5)</td>
<td>(0.5)</td>
</tr>
<tr>
<td>Household Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single parent or caretaker</td>
<td>75</td>
<td>65</td>
<td>94</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td>Married couple</td>
<td>21</td>
<td>31</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Unmarried couple</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Additional Household Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any extended family members</td>
<td>36</td>
<td>35</td>
<td>32</td>
<td>53</td>
<td>34</td>
</tr>
<tr>
<td>Any nonrelatives</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Any extended family or nonrelatives</td>
<td>38</td>
<td>35</td>
<td>32</td>
<td>73</td>
<td>40</td>
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<td>Sample Size</td>
<td>524</td>
<td>334</td>
<td>127</td>
<td>52</td>
<td>631</td>
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</tbody>
</table>

SOURCE: WFNJ child-only and first WFNJ client surveys conducted by Mathematica Policy Research, Inc.

NOTE: Figures for child-only TANF cases refer to the April 2001 caseload. Figures for regular cases refer to those receiving TANF in spring 1999.
TABLE II.3
DEMOGRAPHIC CHARACTERISTICS OF CHILDREN ON CHILD-ONLY
AND REGULAR TANF CASES
(Percentages)

<table>
<thead>
<tr>
<th>Child-Only TANF Cases</th>
<th>All</th>
<th>Nonparent Caretakers</th>
<th>SSI Parents</th>
<th>Immigrant Parents</th>
<th>Regular TANF Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>51</td>
<td>50</td>
</tr>
<tr>
<td>Age (in Years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger than 3</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>22</td>
<td>14</td>
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<tr>
<td>3 to 5</td>
<td>13</td>
<td>13</td>
<td>8</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>6 to 12</td>
<td>45</td>
<td>47</td>
<td>42</td>
<td>44</td>
<td>44</td>
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<tr>
<td>13 or older</td>
<td>35</td>
<td>35</td>
<td>45</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>(Average)</td>
<td>(10.0)</td>
<td>(10.2)</td>
<td>(11.3)</td>
<td>(6.8)</td>
<td>(8.7)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>60</td>
<td>73</td>
<td>47</td>
<td>4</td>
<td>59</td>
</tr>
<tr>
<td>Hispanic</td>
<td>26</td>
<td>13</td>
<td>35</td>
<td>89</td>
<td>28</td>
</tr>
<tr>
<td>White</td>
<td>13</td>
<td>14</td>
<td>17</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Number of Siblings in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>39</td>
<td>44</td>
<td>33</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>1</td>
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<td>29</td>
</tr>
<tr>
<td>2</td>
<td>18</td>
<td>16</td>
<td>21</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>3 or more</td>
<td>12</td>
<td>9</td>
<td>18</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>(Average)</td>
<td>(1.2)</td>
<td>(1.0)</td>
<td>(1.4)</td>
<td>(1.3)</td>
<td>(1.8)*</td>
</tr>
<tr>
<td>Number of Full or Half Siblings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18 or Younger Not in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>50</td>
<td>39</td>
<td>65</td>
<td>74</td>
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<td>20</td>
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<td>15</td>
<td>16</td>
<td>NA</td>
</tr>
<tr>
<td>2 or more</td>
<td>30</td>
<td>39</td>
<td>20</td>
<td>10</td>
<td>NA</td>
</tr>
<tr>
<td>(Average)</td>
<td>(1.2)</td>
<td>(1.4)</td>
<td>(0.9)</td>
<td>(0.4)</td>
<td>(NA)</td>
</tr>
<tr>
<td>Number of Full Siblings Age 18 or Younger Not in Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>88</td>
<td>85</td>
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<td>95</td>
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<td>1</td>
<td>8</td>
<td>10</td>
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<td>6</td>
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<tr>
<td>2 or more</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>NA</td>
</tr>
<tr>
<td>(Average)</td>
<td>(0.2)</td>
<td>(0.2)</td>
<td>(0.1)</td>
<td>(0.1)</td>
<td>(NA)</td>
</tr>
</tbody>
</table>

Sample Size  524  334  127  52  49,719*

SOURCE: Data on child-only cases from WFNJ child-only survey conducted by Mathematica Policy Research, Inc. (MPR). Data on “number of siblings in household” for regular TANF cases from first WFNJ client survey, also conducted by MPR. All other data on regular TANF cases from WFNJ administrative records data.

NOTE: Figures describe the April 2001 TANF caseload, unless otherwise indicated.

NA = not available

*Sample size for “number of siblings in household” is 1,355. These figures refer to those receiving TANF in spring 1999.
of children on nonparent child-only cases are half brothers or half sisters. Only 15 percent of children on nonparent child-only cases have a full sibling who is age 18 or younger and does not live in the same household (Table II.3).

Most of the absent siblings of children on nonparent child-only cases live with relatives, often their own parents. According to caretakers, 44 percent of absent siblings live with their parents, while 24 percent live with nonparent relatives.7 About 10 percent of absent siblings are living in foster care, with adoptive parents, or with nonrelatives. Most others are in living situations that are not known to the head of the nonparent child-only case.

- Few nonparent caretaker families transition between child-only and regular TANF status.

If their income and asset levels make them eligible, nonparent caretakers who receive TANF for their grandchildren, nieces, nephews, or other young relatives can choose to be included in the TANF grant.8 Therefore, nonparent child-only cases could transition between regular and child-only status, depending on the economic situation of the caretakers. However, only a small proportion of the heads of nonparent child-only TANF cases have been the heads of regular cases in the recent past. Among all heads of nonparent child-only TANF cases in April 2001, only 16 percent had been the heads of regular cases at some point during the previous five years (Figure II.3). We also find that some nonparent child-only cases convert to regular TANF cases over time, but this transition appears to be even less common. Among all heads of nonparent child-only cases in April 1996, only eight percent became the head of a regular case during the next five years (not shown). It therefore appears that transitions from child-only to regular status among nonparent TANF cases are relatively uncommon.

C. WHAT ARE THE CHARACTERISTICS OF SSI-PARENT FAMILIES?

- SSI parents are older and have older children than adults on regular TANF cases. They have limited work histories and live in smaller households with few other adults.

SSI parents who head child-only TANF cases typically are older than the heads of regular TANF cases. Their average age is 37, compared with 32 for regular TANF case heads (Table II.1). Most SSI recipients are disabled.9 Therefore, it is not surprising that SSI parents typically have little recent work history. Only 18 percent have worked during the past two years, compared with 49 percent of regular TANF case heads. SSI parents also are somewhat more likely than adults on regular TANF cases to be Hispanic and to not speak English at home. One in four SSI-parent families speaks a language other than English at home (Table II.1).

---

7 Among absent siblings who live with their parents, just over half live with an adult who is also the parent of a child on the child-only TANF case. The rest are half brothers or sisters who are living with the parents they do not have in common with the children on the TANF case.

8 If they choose to be included, they are subject to TANF work requirements and time limits (unlike when they receive a child-only grant).

9 Low-income adults who are 65 or older can also receive SSI.
SSI parents live in smaller households than do other TANF families. Just under two-thirds live with no other adults in the household, and almost all (94 percent) are single parents (Table II.2). Similarly, most SSI-parent households (85 percent) contain no employed adults. In addition, SSI parents have children who are substantially older than those in other TANF families. The average age of the children in SSI-parent households is 11.3 years, compared with 8.7 years for children in regular TANF households (Table II.3). Almost half the children in the SSI-parent households are teenagers.

- Many SSI parents began their time on TANF as the head of a regular case.

Many SSI parents who receive child-only TANF grants began their time on cash assistance as the head of a regular TANF case. For example, among the April 2001 TANF caseload, 4 in 10 SSI parents who headed child-only cases had been the head of a regular TANF case at some point during the previous five years (Figure II.3).10 Because the SSI application process can take many months, even years, disabled adults with children often spend time on regular TANF cases until their application is approved. In response to TANF time limits, and due to the poor health of many long-term TANF recipients, New Jersey (like many states) has actively advocated for the transition of

10 In contrast, it is rare for SSI parents who receive child-only TANF grants to lose their SSI benefits and have their cash assistance grants converted to regular TANF cases. For example, only four percent of SSI parents who headed child-only cases in April 1996 became the head of a regular TANF case at some point during the next five years (not shown).
eligible TANF recipients to SSI in recent years. This activity may help explain why many heads of SSI-parent child-only cases had recently been heads of regular TANF cases. After the disabled parent begins receiving SSI, the case converts from a regular TANF case to an SSI-parent child-only case.

D. WHAT ARE THE CHARACTERISTICS OF IMMIGRANT-PARENT FAMILIES?

- **Immigrant parents have limited work skills and are more disadvantaged than other adults on TANF. They have young children and often live in large households with an extended family.**

Immigrant parents who head child-only TANF cases have low education levels. For example, 61 percent have less than a high school education, compared with 49 percent of heads of regular TANF cases (Table II.1). On average, they have two fewer years of education than do heads of regular TANF cases (9.3 versus 11.2 years). Most have little recent work history; only one in three have worked in the past two years. Many have limited English skills. Only seven percent speak English at home (Table II.1). In addition, when completing the survey, 80 percent of immigrant parents required an interpreter or Spanish-speaking interviewer (not shown).

Most immigrant parents (75 percent) are Hispanic (Table II.1). About half the Hispanic immigrant parents come from Mexico; many others come from the Dominican Republic or Central America (not shown). An additional 14 percent of immigrant parents are African American (Table II.1). Most of these immigrants come from Caribbean nations, such as Haiti or Jamaica. A smaller proportion of immigrant parents come from other parts of the world, such as Egypt or the Philippines. On average, these immigrant parents have lived in the United States for nine years (not shown). One-third have lived
Immigrant-parent families tend to live in large households. The average household size is just over five people—about 25 percent larger than the typical TANF household (Table II.2). Most immigrant-parent families live with people outside the nuclear family. More than half live with extended-family members, such as the aunts, uncles, or grandparents of the children in the TANF grant (Table II.2). One in four of these families lives with an unrelated adult. Most of these households include at least one employed adult; half contain two or more employed adults.

The children in immigrant-parent TANF families are substantially younger than those in other TANF families. Their average age is 6.8 years, and 44 percent are younger than age 6 (Table II.3). In contrast, the average age of children in regular TANF households is 8.7 years, and only 30 percent are younger than age 6.

E. WHAT ARE THE WELFARE PATTERNS OF CHILD-ONLY TANF FAMILIES?

As described in Chapter I, unlike other adults who receive TANF, the heads of child-only TANF cases are not subject to TANF time limits and work requirements. Therefore, the welfare receipt patterns of families on child-only cases may be substantially different from those of families on regular TANF cases. In this section, we examine the patterns of TANF and food stamp receipt among children who receive cash assistance through child-only and regular TANF grants. For this analysis, we use the cohort of almost 200,000 New Jersey children who were receiving cash assistance in April 1996. We measure the amount of time these children spent receiving TANF and food stamps during the five-year period April 1996 through March 2001, and examine how their time spent on welfare varied, by type of TANF case.

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11Legal immigrants are ineligible for TANF due to their immigration status only if they entered the United States after August 1996 and have been in the country less than five years. Therefore, the fact that most immigrant parents who headed child-only TANF cases in April 2001 entered the country prior to August 1996 suggests that most of these immigrant parents were undocumented.
• **Children on nonparent child-only cases spend more time receiving cash assistance than other TANF children. However, they spend much less time receiving food stamps, due to the higher incomes of their families.**

Children on nonparent child-only TANF cases leave cash assistance more slowly than do children on regular TANF cases. For example, among children on TANF in April 1996, 38 percent of those on nonparent child-only cases remained on TANF five years later (Figure II.4). In contrast, only 18 percent of children on regular TANF cases remained on TANF after five years. During this five-year period, children who were on nonparent child-only cases in April 1996 accumulated 37 months of TANF receipt, on average, compared with 27 months for those on regular TANF cases (Figure II.5). Children on nonparent child-only cases most likely spend more time receiving TANF than do children on regular cases because nonparent caretakers who head child-only cases are not subject to TANF work requirements and time limits, and their income and assets are ignored in eligibility determination.

Although children on nonparent child-only cases spend more time receiving cash assistance, they spend much less time receiving food stamps. For example, among those receiving cash assistance in April 1996, children on nonparent child-only cases accumulated 17 months of food stamp receipt during the next five years, on average, while those on regular TANF cases accumulated 33 months (Figure II.6). In addition,
more than 4 in 10 children on nonparent child-only cases in April 1996 received no food stamps during this period, compared with only one percent of children on regular TANF cases (Table II.4).

The lower rate of food stamp receipt among children on nonparent TANF cases is due, at least in part, to the higher incomes of these families. The income of nonparent caretakers receiving child-only grants is ignored when determining their TANF eligibility, unlike that of other TANF case heads. For this reason, as we describe in Chapter III, their families can and do have substantially higher incomes than those of other TANF families. However, the income of nonparent caretakers is not ignored when their eligibility for the Food Stamp Program is determined. Therefore, many of these families have incomes that disqualify them from food stamp receipt.12

- **Children on SSI-parent child-only cases spend more time receiving both TANF and food stamps than do children on regular TANF cases.**

Like children on nonparent child-only cases, children on SSI-parent cases spend more time receiving TANF than do those on regular cases. For example, among those on cash assistance in April 1996, children who were on SSI-parent child-only cases at that time accumulated 35 months of TANF receipt during the next five years, on average, compared with only 27 months among children on regular TANF cases (Figure II.5).

12Only 30 percent of nonparent child-only families were receiving food stamps at the time of the survey.
Two factors contribute to the longer periods on TANF among the children of SSI parents. First, as is true for the heads of all types of child-only cases, SSI parents are not subject to TANF time limits or work requirements. Second, most SSI parents have long-term or permanent disabilities that severely limit their ability to work and make it unlikely that they will leave TANF.

Children on SSI-parent child-only cases also spend more time receiving food stamps than do those on regular TANF cases. For example, children on SSI-parent cases in April 1996 averaged 38 months of food stamp receipt during the next five years (Figure II.6). In contrast, during that period, those on regular cases averaged 33 months of food stamp receipt. As we describe in Chapter III, most SSI-parent families have incomes below the federal poverty threshold. Therefore, unlike nonparent child-only families, most are eligible for and receive food stamps.
• **Children on immigrant-parent child-only cases have patterns of welfare receipt similar to those of children on regular TANF cases.**

Children on immigrant-parent child-only cases have patterns of welfare receipt similar to those of children on regular TANF cases, even though their parents are not subject to work requirements and time limits. For example, among children on cash assistance in April 1996, 20 percent of those who were on an immigrant-parent child-only case then remained on TANF five years later, compared with 18 percent of those on regular cases (Figure II.4). Children on immigrant-parent child-only cases in April 1996 averaged 27 months of TANF receipt and 29 months of food stamp receipt during this five-year period (Figures II.5 and II.6). Similarly, children on regular cases at that time averaged 27 months of TANF receipt and 33 months of food stamp receipt during the same period. The income of immigrant parents is counted when TANF eligibility and benefit amounts are determined, as it is for those who head regular TANF cases. Therefore, as is true for those on regular cases, many children on immigrant-parent child-only cases leave TANF when their parents become employed.

• **Teenagers on nonparent and SSI-parent child-only cases are slightly more likely than those on regular cases to receive TANF as adults. However, teenagers on immigrant-parent cases are substantially less likely to do so.**

We also examined how frequently teenagers in child-only TANF grants go on to head their own TANF cases. This analysis provides a sense of how commonly welfare dependency passes from one generation to the next and whether this happens more
frequently among families on certain types of TANF cases. We find that teenagers on nonparent and SSI-parent child-only cases become TANF case heads at slightly higher rates than those on regular TANF cases do; however, these differences are small.  

Among teenage girls on regular TANF cases in April 1996, 30 percent became the heads of their own TANF case during the next five years (Figure II.7). Among teenage girls on both nonparent and SSI-parent cases, 33 percent became TANF case heads during this period. Teenage boys on nonparent and SSI-parent cases were also somewhat more likely than those on regular cases to become TANF case heads within five years (seven percent and nine percent among those on nonparent and SSI-parent child-only cases respectively, compared with four percent among those on regular cases).

Teenagers on immigrant-parent child-only cases were the least likely to receive welfare as adults. Only 20 percent of teenage girls and only 3 percent of teenage boys on these cases in April 1996 became a TANF case head during the next five years (Figure II.7). These results suggest that welfare dependency passes from one generation to the next at about the same rate among nonparent child-only families, SSI-parent child-only families, and regular TANF families. However, welfare dependency is substantially less likely to pass to the next generation among immigrant-parent child-only families.

FIGURE II.7

PROPORTION OF TEENAGERS ON TANF IN APRIL 1996 WHO BECAME TANF CASE HEADS WITHIN FIVE YEARS

![Bar chart showing proportions of teenagers on TANF in April 1996 who became TANF case heads within five years for different case types: Nonparent Caretakers, SSI Parents, Immigrant Parents, and Teenagers or Regular TANF Cases.]

Source: Calculations by Mathematica Policy Research, Inc. from state administrative records data.

Note: Case type refers to type as of April 1996. Sample sizes for these figures are 4,171 for teenagers on nonparent child-only cases, 2,340 for those on SSI-parent child-only cases, 528 for those on immigrant-parent child-only cases, and 29,876 for those on regular TANF cases.

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13 Because of large sample sizes, however, these small differences are statistically significant.

14 Given that 95 percent of TANF case heads are women, it is not surprising that teenage girls who receive TANF are much more like than teenage boys to receive TANF as adults.
III

THE LIFE QUALITY OF CHILD-ONLY TANF FAMILIES

The demographic characteristics and household structures described in Chapter II provide only a partial picture of the families and children who receive child-only TANF grants. To understand these families better, it is important to consider a broader set of issues. For example, how much income do these families have, and how do their income levels compare with the federal poverty level? What kinds of housing arrangements and problems do they have? How healthy are they? Do these families have enough to eat?

In this chapter, we examine these and other life quality measures of child-only TANF families. We discuss the measures separately for the three main groups of these families: (1) those headed by nonparent caretakers, (2) those headed by SSI parents, and (3) those headed by immigrant parents. When possible, we compare their outcomes with the outcome of families on regular TANF cases to determine how child-only TANF families compare with other TANF families. A better understanding of the similarities and differences can help policymakers tailor programs and services to meet the diverse needs of child-only TANF families.

KEY FINDINGS FROM THIS CHAPTER

- **Nonparent child-only families have more income and face fewer hardships than other TANF families.** The average incomes of these families are more than twice those of other TANF families. Even so, 7 in 10 have incomes below 200 percent of the poverty threshold. These families face fewer hardships (such as housing disruptions or food insecurity) than other TANF families. However, many nonparent caretakers have poor, deteriorating physical health, which may make it difficult for them to continue caring for the children they are raising.

- **SSI-parent child-only families have slightly higher incomes than regular TANF families, but they have high rates of food insecurity.** The income of SSI-parent families averages more than $1,100 per month—16 percent higher than that of regular TANF families—primarily because of their SSI benefits. Nevertheless, half of these families experienced food insecurity in the past year, and 3 in 10 experienced hunger.

- **Immigrant-parent child-only families have very low incomes and high rates of poverty.** Their average monthly income is less than $800, and half have incomes below 50 percent of the poverty threshold. Many of these families manage by moving in with friends and relatives; one in four immigrant-parent families lives in severely overcrowded conditions.
A. WHAT ARE THE INCOME LEVELS OF CHILD-ONLY TANF FAMILIES?

A key determinant of a family’s life quality is its income. Without enough income, families may struggle to purchase adequate food, shelter, and other necessities. Here, we examine the levels of income and rates of poverty of child-only TANF families and compare them with those of families on regular TANF cases.

- Nonparent child-only TANF families have incomes that are, on average, more than twice those of other TANF families. Even so, many have low incomes.

Child-only TANF families headed by nonparent caretakers have substantially higher incomes than do regular TANF families. Their average monthly income is $2,344, compared with $968 for regular TANF families (Table III.1). The incomes of nonparent child-only families can be higher because, unlike in other types of TANF cases, the income of the case head is ignored when determining program eligibility and grant amounts. Their higher incomes may also be related to the fact that, typically, only families with adequate incomes are able to take in additional children.1

Most of the income of nonparent child-only families comes from earnings, unlike in other TANF families (Figure III.1). More than two-thirds of the income of nonparent child-only families comes from earnings, compared with less than one-fourth among regular TANF families. Furthermore, in most instances, TANF benefits represent a small proportion of the total income of nonparent child-only families. Only 10 percent of the income of nonparent families comes from TANF. In addition, as discussed in Chapter II, relatively few nonparent child-only families receive food stamps, due at least in part to their higher incomes. Only 3 in 10 of these families received food stamps in the month prior to the survey, compared with 88 percent of regular TANF families (Table III.2).

Nonparent caretaker families are more likely than regular TANF families to have other types of unearned income, however. For example, 25 percent of these families receive income from SSI, compared with 16 percent of regular TANF families (Table III.2). As we discuss later in this chapter, many nonparent caretakers have poor health, which explains their higher rates of SSI receipt.2 In addition, because many nonparent caretakers are older, a substantial proportion receive social security benefits and pension income.

Although, on average, their incomes are substantially higher than those of other TANF families, many families that receive nonparent child-only TANF grants still have low incomes. For example, a third have incomes below the federal poverty threshold, while 7 in 10 have incomes below 200 percent of the poverty threshold (Figure III.2).3 However, the income levels of nonparent child-only families vary widely, and some of

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1The average income of nonparent child-only TANF families is similar to that of the families of employed former TANF recipients. Results from another MPR study indicate that, among employed former recipients who received a regular TANF grant at some time during 1997 or 1998, the average monthly income in 2001 was $2,051.

2In most instances, the nonparent caretaker is the SSI recipient in the family. Overall, 20 percent of nonparent caretakers receive SSI for themselves.

3In 2001, the federal poverty threshold was $14,630 for a family of three and $17,650 for a family of four.
### TABLE III.1

AVERAGE MONTHLY INCOME, BY SOURCE, AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

(In Dollars)

<table>
<thead>
<tr>
<th>Child-Only TANF Cases</th>
<th>Nonparent Caretakers</th>
<th>SSI Parents</th>
<th>Immigrant Parents</th>
<th>Regular TANF Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earned Income</strong></td>
<td>1,601</td>
<td>90</td>
<td>307</td>
<td>226</td>
</tr>
<tr>
<td>Case head’s earnings</td>
<td>1,128</td>
<td>40</td>
<td>169</td>
<td>192</td>
</tr>
<tr>
<td>Spouse’s/partner’s earnings</td>
<td>473</td>
<td>50</td>
<td>138</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total Public Assistance</strong></td>
<td>457</td>
<td>983</td>
<td>393</td>
<td>699</td>
</tr>
<tr>
<td>TANF</td>
<td>236</td>
<td>236</td>
<td>217</td>
<td>350</td>
</tr>
<tr>
<td>Food stamps</td>
<td>54</td>
<td>150</td>
<td>176</td>
<td>253</td>
</tr>
<tr>
<td>SSI</td>
<td>158</td>
<td>598</td>
<td>0</td>
<td>85</td>
</tr>
<tr>
<td>Other public assistance</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>Other Unearned Income</strong></td>
<td>286</td>
<td>53</td>
<td>86</td>
<td>42</td>
</tr>
<tr>
<td>Child support</td>
<td>18</td>
<td>21</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Social security</td>
<td>143</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Friends/relatives</td>
<td>15</td>
<td>8</td>
<td>70</td>
<td>17</td>
</tr>
<tr>
<td>Pension</td>
<td>73</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other sources</td>
<td>11</td>
<td>3</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>All Sources</strong></td>
<td>2,344</td>
<td>1,126</td>
<td>785</td>
<td>968</td>
</tr>
<tr>
<td>Sample Size</td>
<td>334</td>
<td>127</td>
<td>52</td>
<td>631</td>
</tr>
</tbody>
</table>

**SOURCE:** WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

**NOTE:** Figures do not include child care subsidies or the Earned Income Tax Credit (EITC).

• These figures describe New Jersey families on regular TANF cases in spring 1999. Income is in 2001 dollars.

these families have relatively high incomes. For example, 13 percent have incomes above 300 percent of the poverty threshold (not shown).4

- **SSI-parent child-only families have slightly higher incomes than do regular TANF families. However, they are more dependent on public assistance.**

SSI-parent child-only families have income levels slightly higher than those of regular TANF families. Their average monthly income is $1,126, compared with $968

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4In 2001, for a family of three, 300 percent of the federal poverty threshold was $43,890. For a family of four, it was $52,950.
for regular TANF families (Table III.1 and Figure III.1). Even so, their status with regard to poverty level is similar to that of regular TANF families, with 81 percent of SSI-parent families and 82 percent of regular TANF families living below the poverty threshold (Figure III.2). However, a much smaller percentage of SSI families are in extreme poverty (below 50 percent of the poverty threshold). Only 2 percent of SSI families are in extreme poverty, compared with 22 percent of regular TANF families. The SSI benefits these families receive, which average about $600 per month, keep most of them out of extreme poverty (Table III.1).

Few SSI-parent families have any earned income. Only seven percent of SSI parents have earnings of their own, and only three percent have a spouse or partner who has earnings (Table III.2). Most of the income of SSI-parent families comes from three public assistance programs: SSI, TANF, and food stamps (Table III.1 and Figure III.1). Overall, 88 percent of their income comes from public assistance, compared with 72 percent among regular TANF families. More than half of the income of SSI-parent families comes from SSI benefits. TANF and food stamp benefits also make up a substantial portion of their total income.

- **Immigrant-parent child-only TANF families have extremely low incomes and high rates of poverty.**

Immigrant-parent child-only families have very low income levels. Their monthly incomes average only $785 (Table III.1 and Figure III.1). Moreover, half these families are in extreme poverty—below 50 percent of the poverty threshold (Figure III.2). Their
TABLE III.2
PROPORTION RECEIVING INCOME FROM VARIOUS SOURCES AND AVERAGE AMOUNTS RECEIVED AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

<table>
<thead>
<tr>
<th></th>
<th>Child-Only TANF Cases</th>
<th>Regular TANF Cases*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nonparent Caretakers</td>
<td>SSI Parents</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>Average Amount</td>
</tr>
<tr>
<td></td>
<td>Receiving</td>
<td>Among Those Receiving</td>
</tr>
<tr>
<td>Earned Income</td>
<td>62</td>
<td>2,599</td>
</tr>
<tr>
<td>Case head</td>
<td>55</td>
<td>2,068</td>
</tr>
<tr>
<td>Spouse/partner</td>
<td>19</td>
<td>2,529</td>
</tr>
<tr>
<td>Total Public Assistance</td>
<td>97</td>
<td>471</td>
</tr>
<tr>
<td>TANF</td>
<td>96</td>
<td>246</td>
</tr>
<tr>
<td>Food stamps</td>
<td>30</td>
<td>179</td>
</tr>
<tr>
<td>SSI</td>
<td>25</td>
<td>638</td>
</tr>
<tr>
<td>Other public assistance</td>
<td>2</td>
<td>576</td>
</tr>
<tr>
<td>Other Unearned Income</td>
<td>40</td>
<td>718</td>
</tr>
<tr>
<td>Child support</td>
<td>12</td>
<td>154</td>
</tr>
<tr>
<td>Social security</td>
<td>21</td>
<td>674</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td>3</td>
<td>861</td>
</tr>
<tr>
<td>Friends/relatives</td>
<td>5</td>
<td>314</td>
</tr>
<tr>
<td>Pension</td>
<td>8</td>
<td>919</td>
</tr>
<tr>
<td>Other sources</td>
<td>2</td>
<td>521</td>
</tr>
</tbody>
</table>

| Sample Size             | 334                   | 127                 | 52                    | 631                 |

SOURCE: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

* These figures describe New Jersey families on regular TANF cases in spring 1999.

A small percentage of the child-only TANF families had already left cash assistance by the time they were surveyed.

Income comes from a mix of earnings and public assistance, with earned income comprising about 40 percent of the income. More than half the families have income from earnings (Table III.2). However, because many of the adults in these families cannot work legally in the United States, much of their earned income comes from intermittent work cleaning houses, baby-sitting, and at other irregular, informal jobs. Immigrant parents who work usually work few hours and earn little. For example, the average earnings of employed immigrant parents are only about $400 per month, compared with almost $800 for regular TANF case heads who mix welfare and work (Table III.2).

Half the income of immigrant-parent families comes from TANF and food stamps (20 percent from food stamps and 30 percent from TANF). Most immigrant-parent families (83 percent) receive food stamps (Table III.2). In addition, a substantial proportion of these families (21 percent) rely on financial help from friends and family to supplement their small incomes.
FIGURE III.2

INCOME RELATIVE TO THE FEDERAL POVERTY LEVEL AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

<table>
<thead>
<tr>
<th></th>
<th>Less than 50%</th>
<th>Less than 100%</th>
<th>Less than 200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonparent Child-Only Cases</td>
<td>8</td>
<td>32</td>
<td>69</td>
</tr>
<tr>
<td>SSI-Parent Child-Only Cases</td>
<td>2</td>
<td>81</td>
<td>97</td>
</tr>
<tr>
<td>Immigrant-Parent Child-Only Cases</td>
<td>52</td>
<td>84</td>
<td>94</td>
</tr>
<tr>
<td>Regular TANF Cases</td>
<td>22</td>
<td>82</td>
<td>98</td>
</tr>
</tbody>
</table>

Source: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.
Note: Poverty figures were calculated with food stamp benefits included as income. However, figures do not include child care subsidies or the EITC. Sample sizes are reported in Table III.1.

*These figures describe New Jersey families on regular TANF cases in spring 1999.
B. WHAT HOUSING PROBLEMS DO CHILD-ONLY TANF FAMILIES FACE?

Having adequate, affordable housing and being able to maintain a stable living arrangement are important indicators of family well-being. For low-income families, housing often demands a large portion of a small budget. Therefore, financial crises can quickly lead to housing crises, such as having water or electricity cut off, or eviction. In addition, limited resources can force families with children to live with friends or extended-family members in overcrowded conditions. Even people who have adequate housing for themselves may not be able to make suitable adjustments when they take in additional children. These problems may impose hardships on children, along with substantial worry and stress on their parents or caretakers. In this section, we examine the nature and frequency of serious housing problems faced by child-only TANF families in order to better gauge the stability and quality of the families’ housing situations. We also examine their rates of home ownership and housing subsidy receipt.

- **Nonparent child-only TANF families experience relatively few serious housing problems compared with regular TANF families.**

  Consistent with their higher levels of income, nonparent child-only families have better housing situations than families on regular TANF cases. For example, more than a third of nonparent child-only families own their own homes, compared with only two percent of regular TANF families (Figure III.3). Similarly, only 12 percent of nonparent child-only families have experienced a serious housing problem in the past year, such as having their water or electricity cut off (6 percent) or having to move in with friends or relatives to save rent (2 percent) (Figure III.4). In contrast, 39 percent of regular TANF families experienced a serious housing problem, including 12 percent who had their water or electricity cut off and 18 percent who moved in with friends or family to save on rent. Therefore, it appears that children in nonparent child-only TANF families face substantially fewer housing disruptions than children in regular TANF families do.

- **SSI-parent child-only TANF families experience fewer housing disruptions than do regular TANF families. Almost half live in subsidized housing.**

  SSI-parent child-only TANF families have relatively stable housing situations that compare favorably with those of regular TANF families. For example, SSI-parent families are substantially less likely to have been evicted during the past year (2 versus 10 percent) or to have moved in with friends or relatives to save on rent (7 versus 18 percent) (Figure III.4). They are also less likely than regular TANF families to have lived in emergency shelters or to have been homeless.

  Many SSI-parent child-only families receive housing subsidies, which may be one reason why their housing situations are more stable than those of regular TANF families. Almost half (44 percent) receive housing assistance, with 16 percent living in public housing and 28 percent receiving a rent subsidy to live in privately owned housing (Figure III.3). In contrast, only 37 percent of regular TANF families receive housing assistance.

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5 In general, asset limits on other TANF families would make it impossible for them to qualify for cash assistance if they owned their own home. However, as described earlier, nonparent caretakers heading child-only cases are not subject to these asset limits.
FIGURE III.3

HOME OWNERSHIP AND HOUSING SUBSIDY RECEIPT AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

Source: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

a These figures describe New Jersey families on regular TANF cases in spring 1999.

Note: Sample sizes for these figures are the same as those reported in Table III.1.
FIGURE III.4

SERIOUS HOUSING PROBLEMS DURING THE PAST YEAR AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

Source: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

Note: “Severely crowded housing” refers to current housing arrangement and represents those living in households with more than 1.5 people per room. All other housing problem measures reported here refer to experiences over the past year. Sample sizes for these figures are the same as those reported in Table III.1.

a These figures describe New Jersey families on regular TANF cases in spring 1999.
Serious housing problems are common among immigrant-parent child-only families. Many live with friends or relatives in overcrowded conditions.

Not surprisingly, given their extremely low incomes, immigrant-parent child-only families frequently have housing problems. During the past year, 6 in 10 experienced a serious housing problem (Figure III.4). Living with friends or extended-family members is common among these families. In the past year, 3 in 10 moved in with friends or relatives to save money. Similarly, one in four live in severely crowded housing, defined using the standard housing literature definition of living in a household with more than 1.5 people per room. This finding is consistent with the fact, discussed in Chapter II, that three-quarters of these families live with nonrelatives or extended family.

SYLVIA: AN IMMIGRANT MOTHER MANAGES BY DOUBLING UP WITH FRIENDS

“Sylvia,” who came to the United States from Colombia seven years ago, struggles to make ends meet. Recently, she and her 3-year-old son, “Tomás,” moved in with three friends to save money on rent. The five of them live in a four-room apartment. Her housemates work, but Sylvia has not held a job in the past four years. Because of her immigrant status, she cannot work legally in the United States. Her share of the rent is $200, but her only regular income is her $162 monthly TANF check she receives for Tomás. She does not receive food stamps. She gets by doing odd jobs and sometimes receiving money from her family. According to Sylvia, paying the rent each month is not her only worry. She sometimes struggles to feed herself and her son. Sometimes they cannot afford to buy food and must skip meals to get by.

Sylvia says that Tomás is healthy and has health insurance. However, she does not have insurance for herself. Her health is fair overall, but she had some minor health problems recently. Although she needed medication at the time, she could not afford to buy it. Sylvia says she is always worried about money, and she feels like she is barely making it. She does not know who would be able to help her in a crisis or if things got worse.

C. HOW HEALTHY ARE THE HEADS OF CHILD-ONLY TANF FAMILIES?

Good health is crucial for adults responsible for raising young children. Poor or deteriorating health can make it difficult to adequately supervise and care for young children. Those with serious health problems may also worry about who will look after the children in their care if they can no longer do it. Adults with disabilities may face special challenges in managing household needs. Obtaining and maintaining health insurance coverage is also a key to successfully coping with chronic or serious health problems, as well as for staying well and maintaining a sense of security.6

6Although all the children on child-only TANF cases are covered by Medicaid or related public insurance programs, many of their parents or caretakers are not covered by health insurance.
In this section, we discuss the health and health insurance coverage status of the heads of child-only TANF families.\(^7\) As part of this analysis, we examine the prevalence of health problems among these adults, including whether they have been seriously ill in the past year and whether they are now unable to work because of their health. In addition, to determine how their health compares with that of the general U.S. adult population, we included the Short Form 12 (SF-12) in the survey. The SF-12 is a standardized and widely used set of 12 health status questions (Ware et al. 1998). Responses to the SF-12 can be used to construct standard physical and mental health scores that can then be compared with a nationally representative sample.

- **Nonparent caretakers who head child-only TANF cases have poorer health than heads of regular TANF cases.**

  Given that nonparent caretakers are, on average, a generation older than adults who head regular TANF cases, it is not surprising that they are in relatively worse health. For example, 38 percent of those who head nonparent child-only cases reported that their poor health limits their ability to work, while 24 percent report that they cannot work at all because of their poor health (Figure III.5). In contrast, among the heads of regular TANF cases, these proportions are 25 and 15 percent, respectively. Based on their responses to the SF-12, we also find that the physical health of nonparent caretakers is both poor and worse than that of adults who head regular TANF cases. For example, 53 percent of the adults who head nonparent child-only cases have physical health that places them in the bottom quartile nationally, while only 43 percent of heads of regular TANF cases are in this quartile (Figure III.6).\(^8\)

  The SF-12 responses of nonparent caretakers also reveal that they are in poorer physical health than others their age in the general U.S. population. In fact, based on these measures, even though their average age is 52, their overall level of physical health is similar to that of a typical 70-year-old (not shown).\(^9\) Because of their limited access to health care, stress, and other factors, low-income adults typically have poorer health than the general population. Therefore, this result is not surprising. Even so, it suggests that poor and deteriorating health may be a serious problem for many nonparent

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\(^7\)In this report, we focus on the health status of the heads of child-only TANF cases, rather than on the health status of the children on these cases. We did gather limited information on the health status of children as part of the child-only survey. In general, the health of children on child-only TANF cases appears to be fairly similar to that of other New Jersey children in low-income families. Eleven percent of the New Jersey children in families with incomes below 200 percent of the poverty threshold in 1999 are considered by their parents or guardians to be in “fair” or “poor” health (Kenney et al. 2000). Similarly, 13 percent of children on child-only TANF cases are considered to be in fair or poor health.

\(^8\)If a group had overall levels of physical or mental health identical to those of the general U.S. population, then 25 percent would be in each of the four quartiles.

\(^9\)For nonparent caretakers, the mean of the physical health composite index constructed from their SF-12 responses is 42.1. Among the general U.S. population, 40-year-olds average scores of 52.2; 50-year-olds average scores of 49.6; 60-year-olds average scores of 45.9; 70-year-olds average scores of 43.3; and 80-year-olds average scores of 37.9 (Ware 1994). Therefore, on average, nonparent caretakers have physical health levels that are similar to a typical 70-year-old in the general U.S. population.
FIGURE III.5
SERIOUS HEALTH PROBLEMS AMONG CASE HEADS
OF CHILD-ONLY AND REGULAR TANF CASES

Source: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

*These figures describe New Jersey families on regular TANF cases in spring 1999.

Note: Sample sizes for these figures are the same as those reported in Table III.1.
FIGURE III.6

PHYSICAL AND MENTAL HEALTH OF HEADS OF CHILD-ONLY AND REGULAR TANF CASES RELATIVE TO THE GENERAL U.S. ADULT POPULATION

Source: WFNJ child-only and second-round client surveys conducted by Mathematica Policy Research, Inc.

Note: Case heads were placed in quartiles relative to the general U.S. population based on their responses to the SF-12, a standard battery of health-status questions (Ware et al. 1998). Sample sizes for these figures are the same as those reported in Table III.1.

These figures describe New Jersey families on regular TANF cases in spring 1999.
caretakers that may make it difficult for some of them to continue caring for the children they are raising.\textsuperscript{10}

Issues associated with having poor health came up often during in-depth interviews with nonparent caretakers. Many described having serious health problems, some of which qualified them for disability benefits.\textsuperscript{11} These problems included arthritis, back problems associated with a car accident, chronic hypertension, heart disease, and stroke. During the interviews, a few reported they found it hard to get around due to pain. One caretaker in her early 60s said, “It’s just age, I think.”

In addition, one in five nonparent caretakers who head child-only TANF cases lacks insurance, which may complicate any existing health problems (not shown).\textsuperscript{12} Almost half (44 percent) of uninsured nonparent caretakers reported a serious health problem during the past year. In addition, some nonparent caretakers do without medications because they cannot afford them. Overall, 18 percent of nonparent caretakers reported that they went without prescription medication in the past year because they could not afford to pay for it. During the in-depth interviews, some nonparent caretakers said they

\textsuperscript{10}However, as we will see in Chapter IV, most nonparent caretakers expect to raise these children until they are adults.

\textsuperscript{11}One in five nonparent caretakers is disabled and receives SSI. Serious health problems are particularly common among the nonparent caretakers who receive SSI. Based on their responses to the SF-12, nonparent caretakers who are SSI recipients have health that is substantially worse than the health of SSI parents who head child-only cases.

\textsuperscript{12}Among nonparent caretakers who head child-only TANF cases, 45 percent have private health insurance, and 36 percent have publicly provided insurance.
have difficulty making co-payments for drugs and physicians’ visits. Others said they must pay part of their physicians’ bills before they can see a physician again.

In contrast, the overall mental health of nonparent caretakers in child-only cases is relatively good and comparable to all U.S. adults. For example, only 29 percent are in the lowest quartile nationally, while 33 percent are in the highest quartile (Figure III.6). For some, having their grandchildren seems to be emotionally rewarding, in spite of the difficulties. As one grandmother raising her 9- and 12-year-old grandsons reported, “I’ll be honest with you: I don’t think I’d be living right now if I didn’t have the boys. We need each other—you know what I mean? If they weren’t here, I don’t think I’d have a reason to live.”

**SSI parents have extremely poor physical and mental health.**

SSI parents have a mix of physical and mental disabilities. Just over half receive SSI for physical disabilities, while about a third receive it for mental illness, mental retardation, or a developmental disability (not shown). The rest (about 10 percent) have more than one type of disability.

In addition to their specific disabilities (or perhaps because of them), SSI parents have poor physical and mental health. More than 8 in 10 have had a serious health problem in the past year (Figure III.5). Almost half have been seriously ill. Moreover, based on the SF-12, 79 percent of SSI parents are in the lowest quartile nationally for general physical health, while 64 percent are in the lowest quartile for mental health (Figure III.6).

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**Kiman: Disabled and Caring for His Young Daughter and Disabled Wife**

After coming to the United States in 1989, “Kiman,” a 56-year-old Cambodian refugee, took a metalworking job in a factory. A few years after he arrived, Kiman married “Ahn,” a Vietnamese woman about 10 years younger than himself. Because Kiman speaks little Vietnamese and Ahn speaks almost no Cambodian, they have great difficulty communicating. To add to their troubles, both began having serious health problems shortly after their marriage. Kiman had to give up his factory job because of his poor health. He has not worked for five years and now receives SSI for a disabling stomach condition. Ahn has even more serious health problems (for which she also receives SSI). Her symptoms include seizures and violent behavior; she often hits and attacks Kiman. Sometimes Ahn forgets or refuses to take her seizure medication. At these times, she can be hard to control.

Kiman and Ahn have a 2-year-old daughter. “She is beautiful and healthy baby,” Kiman says in the English he is still learning. In spite of his own poor health, Kiman reports, “It is my responsibility to take care of baby and wife.” With SSI, food stamps, and TANF, Kiman’s family lives on about $14,000 a year. The rent for their two-bedroom apartment, where they have lived for the past six years, just went up to more than $600. Kiman is now looking for a one-bedroom apartment to save on rent. Kiman says he usually has enough money for food for his wife and daughter but he often goes without food for himself so the family can get by.

In spite of his difficulties, Kiman says he would never want to return to Cambodia because of bad memories there. Both his parents were killed when the Khmer Rouge came to power. Since arriving in the United States, Kiman has received a lot of help from refugee organizations and is very grateful for their assistance.
Somewhat surprisingly, one-fourth of SSI parents who head child-only TANF families report that their health does not limit their ability to work. Since SSI is limited to low-income individuals who are disabled, blind, or elderly, one might expect that nearly all SSI recipients would report having a health limitation affecting their ability to work. The explanation for why this is not the case may have to do with how respondents interpreted this survey question, which reads, “Are you unable to do certain kinds or amounts of work, training, or school work because of your health?” Perhaps people thought this question referred only to physical health (and not mental health or mental disabilities). In fact, among those who receive SSI for a physical disability, the proportion reporting a health limitation affecting their work was higher, 82 percent, compared with 71 for those receiving SSI for a mental disability (not shown). Similarly, some respondents may not have considered certain physical disabilities (such as blindness) to be a health problem and, therefore, not have answered “yes” to this question. In addition, SSI recipients can be able to do limited amounts of work and still qualify for benefits, which may explain the positive responses of some SSI parents. In any case, the responses of SSI parents to the full set of health questions included in the survey indicate that this population has very poor physical and mental health.13

In New Jersey, all SSI recipients have insurance coverage through Medicaid, which includes coverage for prescription medications. Some SSI parents still have difficulty obtaining access to health care or prescription medications, however. For example, 16 percent reported that they had to go without prescription medication during the past year because they could not afford to pay for it (not shown). Perhaps some of these SSI parents were prescribed medication not covered by Medicaid. In addition, just one-quarter of SSI parents have a valid driver’s license, and 7 of 10 do not have access to a car, so traveling to physicians’ appointments could be difficult. For example, one in-depth interview participant who receives SSI for depression described how she must rely on friends and relatives for rides because she does not have a car. She said her psychiatrist would like her to go to more counseling activities but she cannot because she has no way to get there.

- **In terms of physical health, immigrant parents are healthier than most other adults on TANF. However, their mental health is poor, and most lack health insurance.**

Immigrant parents who head child-only TANF cases are less likely to have physical health problems than are adults who head regular TANF cases. For example, only 6 percent of immigrant child-only parents reported that they cannot work at all because of their health, compared with 15 percent of regular TANF case heads (Figure III.5). Similarly, one of four immigrant parents has had a serious health problem during the past year, compared with 4 in 10 for regular TANF case heads. In addition, their overall physical health is better. Based on their SF-12 responses, 34 percent of immigrant parents are in the bottom quartile nationally for physical health, compared with 43 percent of regular TANF case heads (Figure III.6). For many of these parents, their immigrant status may be a bigger barrier to employment than their health status.

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13 Other studies using national data sets have also found that some SSI recipients report that their health does not limit their ability to work (Institute of Medicine 1991).
However, although their physical health appears somewhat better than that of adults on regular TANF cases, their mental health appears to be somewhat worse. Moreover, the mental health of these immigrant parents who head child-only cases is substantially worse than that of the general U.S. population. For example, 47 percent are in the lowest quartile nationally for mental health, compared with 43 percent among regular TANF case heads (Figure III.6). The precarious financial situation of many immigrant parents and their families may contribute to their poor mental health, as may the challenges they face adjusting to life in a new, unfamiliar country.

Unlike other adults receiving TANF, most immigrant parents who head child-only cases lack health insurance. Eighty-four percent of immigrant parents have no health insurance coverage (not shown). Because most immigrant parents have relatively good health, however, only 15 percent reported a time in the past year when they required medical attention for an illness or injury and did not receive it. Immigrant parents who did require medical care often used emergency rooms or free clinics.

D. DO CHILD-ONLY TANF FAMILIES HAVE ENOUGH TO EAT?

One important measure of well-being is whether families have access to enough food to meet their basic needs. To learn about this issue, we included a measure of food security in the child-only survey. “Food insecurity” is described in nutrition literature as the lack of consistent access to nutritionally adequate and safe foods (Anderson 1990). The New Jersey child-only survey included the short form of the Household Food Security Scale, a standardized set of six questions developed to assess food insecurity and hunger (Blumberg et al. 1999). This scale places respondents into one of three categories: (1) food secure—respondent’s household shows no or minimal signs of food insecurity; (2) food insecure without hunger—because of inadequate resources, food...
insecurity is evident in the household but without evidence of a reduction in the quantity of food intake; and (3) food insecure with hunger—because of inadequate resources, food intake for household members is reduced to an extent that they are experiencing hunger. In this section, we discuss the food security of the three groups of child-only TANF families.

- **Consistent with their higher incomes, nonparent child-only families are less likely than are other TANF families to experience food insecurity.**

As might be expected given their substantially higher incomes, food insecurity and hunger are somewhat less common among nonparent child-only families than they are among regular TANF families. During the past year, 32 percent of nonparent child-only families experienced food insecurity, and 9 percent experienced food insecurity with hunger (Figure III.7). In contrast, 39 percent of regular TANF families experienced food insecurity, and 15 percent experienced food insecurity with hunger.

Although they are more food secure than are other TANF families, nonparent child-only families are more likely to experience food insecurity than U.S. families in general. For example, in 1999, using the same food security scale, only 10 percent of all U.S. households experienced food insecurity, and only 3 percent experienced hunger (Andrews and Nord 2001). However, the food insecurity levels among nonparent child-only families are similar to those of other low-income families. Among all U.S. households in 1999 with incomes below 185 percent of the federal poverty level, 26 percent experienced food insecurity, and 8 percent experienced hunger.

- **SSI-parent child-only families have high levels of food insecurity. More than half experienced food insecurity in the past year.**

Food insecurity is an especially serious issue for SSI-parent families. Just over half of SSI-parent child-only TANF families (52 percent) experienced food insecurity in the past year, while 3 in 10 experienced food insecurity with hunger (Figure III.7). These rates of food insecurity and hunger are quite high, and much higher than those of regular TANF families (who have slightly lower income levels). Moreover, SSI-parent child-only families have food insecurity levels that are higher than those of other U.S.

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**PATTY: AN SSI PARENT DEALS WITH DEPRESSION AND OTHER PROBLEMS**

“Patty,” who suffers from severe depression, sees a psychiatrist regularly and takes medication for her condition. She is 37, did not graduate from high school, and has never held a job. She has been hospitalized many times in the past and has been receiving SSI for six years. Patty and her two children, “Nicole” (9 years) and “Jimmy” (18 months old), live in a six-room apartment in suburban New Jersey. Patty became addicted to heroin a few years ago and lost custody of Nicole for a short time. She participated in a drug rehabilitation program and was able to get Nicole back. She has not taken drugs for the past two years. Patty receives a Section 8 housing subsidy and pays just over $100 in rent each month. She and her two children live on their TANF and food stamp benefits and on Patty’s SSI, all of which total about $12,000 a year. Patty has difficulty making ends meet on this amount and reports that the family does not always have enough food to eat. She said, “This is only the middle of the month right now and I have no money and no food stamps for the rest of the month. I have to call churches and stuff to ask them to help me.”
FIGURE III.7

PREVALENCE OF FOOD INSECURITY AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

Source: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

Note: Based on Household Food Security Scale (Blumberg et al. 1999). Sample sizes for these figures are the same as those reported in Table III.1.

These figures describe the food security status of New Jersey families who were on regular TANF cases in spring 1999, as of the second follow-up survey, which was conducted in spring 2000.
households with similar income levels. For example, most SSI-parent child-only families (about 80 percent) have income levels between 50 and 100 percent of the federal poverty threshold (Figure III.2). However, only 12 percent of all poor U.S. households and only 14 percent of U.S. households in extreme poverty (less than 50 percent of the poverty threshold) experienced hunger in the past year (Andrews et al. 2001).

Why do so many SSI-parent child-only families lack food security? More than 9 in 10 of these families receive food stamps, so nonparticipation in the Food Stamp Program does not appear to be a plausible explanation (Table III.2). However, because of their higher incomes and somewhat smaller families, SSI-parent families who receive food stamps have substantially lower benefit levels than do regular TANF families who receive them ($165 per month compared with $288; Table III.2). These smaller food stamp benefit amounts may play a role in their higher food insecurity levels.

The SSI parents’ physical and mental disabilities also may contribute to their high rates of food insecurity, as the disabilities may make it difficult for them to shop and cook for their families. These difficulties may cause some SSI parents to rely more heavily on more-expensive prepared foods, which may make it difficult for them to afford enough food. In addition, their health problems may create other financial demands on their limited incomes, leaving less money to spend on food. Whatever the explanation, food insecurity appears to be a serious problem for many SSI-parent child-only families, and it may be necessary to develop new policies and programs for these families to address this issue.\textsuperscript{15}

- \textit{Immigrant-parent child-only families have rates of food insecurity similar to those of regular TANF families.}

Consistent with their low income levels, immigrant-parent child-only families have relatively high rates of food insecurity. Similar to regular TANF families, 4 in 10 immigrant-parent child-only families had experienced food insecurity in the past year (Figure III.7) Two in 10 had experienced food insecurity with hunger. During this same period, 1 in 10 had used a food bank or soup kitchen (not shown).

E. \textbf{WHAT SERIOUS HARDSHIPS DO CHILD-ONLY TANF FAMILIES FACE?}

Another way to measure the life quality of child-only TANF families is to examine how frequently specific serious hardships occur in their lives. For example, how common are extreme poverty, serious illness, hunger, or serious housing crises among these families? How many face multiple hardships? How does the frequency of these hardships vary by type of child-only TANF family? How does it compare with the frequency among regular TANF families?

In this section, we examine the proportion of child-only and regular TANF families that faced four serious hardships during the past year: (1) extreme poverty (defined as being below 50 percent of the federal poverty level); (2) serious illness; (3) a serious

\textsuperscript{15}To substantiate this finding, we used data from the WFNJ client study to examine food insecurity among a group of regular TANF recipients who had transitioned onto the SSI program. Although this group was small (there were only about 70 SSI recipients from this sample), a pattern of very high levels of food insecurity was observed, similar to that observed among SSI-parent child-only families.
housing crisis (defined as being evicted, living in an emergency shelter, or being homeless); and (4) experiencing hunger (as defined in Section D of this chapter). By examining the frequency with which these four hardships occur, we can better understand the challenges child-only TANF families face.

- **Consistent with their higher incomes, nonparent child-only TANF families face fewer serious hardships than do other TANF families.**

The main result emerging from this analysis is that families on nonparent child-only TANF cases face fewer hardships than do other TANF families. A third of these families experienced one of the four serious hardships in the past year, and the most commonly reported hardship was serious illness (Figure III.8). In contrast, more than half of SSI-parent families and almost two-thirds of immigrant-parent and regular TANF families experienced a hardship during this period. Although the frequency of serious hardships was similar for the three latter groups of TANF families, the mix of hardships varied across the groups. Immigrant-parent families were most likely to experience extreme poverty (52 percent), while SSI-parent and regular TANF families were most likely to be seriously ill (47 and 31 percent, respectively).

Nonparent child-only families were also less likely than other TANF families to experience multiple hardships. Only 10 percent of nonparent child-only families experienced more than one of the four serious hardships in the past year (Figure III.8). In contrast, 20 to 25 percent of the other groups of TANF families experienced more than one of these hardships during this period. It therefore appears that, because of their higher incomes and other resources, nonparent child-only families face substantially fewer hardships than regular TANF families do.
FIGURE III.8

SERIOUS HARDSHIPS DURING THE PAST YEAR AMONG FAMILIES ON CHILD-ONLY AND REGULAR TANF CASES

Source: WFNJ child-only and first-round client surveys conducted by Mathematica Policy Research, Inc.

Note: "Extreme poverty" based on income during the month prior to the survey. Other hardship measures refer to events during the past year. Sample sizes for these figures are the same as those reported in Table III.1.

These figures describe the food security status of New Jersey families who were on regular TANF cases in spring 1999, as of the second follow-up survey, which was conducted in spring 2000.
IV

STATUS OF CHILDREN ON NONPARENT CHILD-ONLY CASES

Thus far, we have examined the characteristics and economic well-being of the three main groups of families receiving child-only TANF grants: (1) those headed by nonparent caretakers, (2) those headed by SSI parents, and (3) those headed by immigrant parents. However, some important research questions are specific to the children in nonparent child-only families, since they are being raised in households that do not include their parents. For example, how stable are their current living arrangements? What level of contact and support do they receive from their absent parents? Do these children have particularly difficult or prevalent behavioral and school problems because of the disruptions and challenges they face while growing up? This chapter focuses on children being raised in nonparent child-only TANF families and considers these important questions. The answers can help shape appropriate policies for the children in these families.

KEY FINDINGS FROM THIS CHAPTER

- *In spite of past disruptions, the current living arrangements of children in nonparent child-only TANF families are typically stable and long term.* Many children arrived in these households as infants or very young children. On average, they have spent 70 percent of their lives with their current caretaker. Most nonparent caretakers expect to raise these children until they are grown and think it is unlikely that they will live with their parents in the future.

- *Most absent parents of children in nonparent child-only families are not in frequent contact with their children and provide no financial support.* Only 27 percent of absent mothers speak with or see their children once a week or more; only 15 percent of absent fathers see their children this often. In addition, only 12 percent of absent mothers and 14 percent of absent fathers have provided any financial support for their children in the past year.

- *School and behavior problems are common among children in nonparent child-only TANF families.* Among those of school age, 3 in 10 have been enrolled in special education, and more than 1 in 4 have repeated a grade. Among teenagers, 43 percent have been suspended or expelled, and 12 percent have been in trouble with the police. These rates are substantially higher than those found among teenagers in other current and former TANF families.
A. How Stable Are These Children’s Living Arrangements?

Key to the status of children on nonparent child-only cases is the stability of their living arrangements. Specifically, do these children move frequently from one caretaker to another, or are their living arrangements typically long-term? Understanding how permanent their living arrangements are may help shape more appropriate policies to help the families raising them.

- **In spite of past disruptions, most children in nonparent child-only TANF families have stable, long-term living arrangements.**

The lives of all children in nonparent child-only families have been disrupted by not living with their parents. Nonetheless, we find that, in general, their current living arrangements are long-term and stable. Many of these children arrived in their current households as infants or very young children. Just over half (53 percent) moved in with their current caretakers before age 3, while a third moved in before they were six months old (Table IV.1). Almost 6 in 10 have been living continuously with their current caretaker for five years or more. Almost three-quarters of teenagers have lived with their caretakers this long.

These children have typically spent most of their lives in these households. On average, they have spent 70 percent of their lives with their current caretaker, and almost a quarter have spent their entire lives with them (Table IV.1). While older children on these cases have spent a somewhat smaller proportion of their lives in these households than have younger children, even they have typically spent most of their lives with their current caretakers. On average, children on nonparent child-only cases who are younger than age 6 have spent 80 percent of their lives with their current caretakers, while teenagers on these cases have spent 64 percent of their lives with them (Table IV.1). In addition, these children typically saw their current caretakers frequently before they came to live with them. Two-thirds saw them at least “a few times a week;” 4 in 10 saw them “almost every day” (not shown).

- **Most nonparent caretakers expect to raise these children until they are grown.**

Most caretakers think that these children will continue to live with them until they reach adulthood. More than 70 percent of these caretakers report that it is “very likely” that these children will live with them until adulthood (Figure IV.1). One might expect that older caretakers would be less sure of their ability to raise these children until they are grown. However, even among nonparent caretakers who are 60 or older, more than 7 in 10 indicate that they consider it “very likely” that these children will live with them until adulthood (not shown).
### TABLE IV.1

**AMOUNT OF TIME CHILDREN ON NONPARENT CHILD-ONLY TANF CASES HAVE LIVED WITH THEIR CURRENT CARETAKERS**

(Percentages)

<table>
<thead>
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<th>Current Age of Child (in Years)</th>
<th>Younger than 6</th>
<th>6 to 12</th>
<th>13 or Older</th>
<th>All</th>
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<tbody>
<tr>
<td>Age of Child When Came to Live with Caretaker&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Younger than 6 months</td>
<td>50</td>
<td>33</td>
<td>21</td>
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<td>—</td>
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</tr>
<tr>
<td>13 or older</td>
<td>—</td>
<td>—</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>(Average)</td>
<td>(0.9)</td>
<td>(3.6)</td>
<td>(6.5)</td>
<td>(4.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Years Child Has Lived with Caretaker Continuously (in Years)</th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
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<td>Less than 1</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>1 to 2</td>
<td>42</td>
<td>19</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>3 to 4</td>
<td>35</td>
<td>14</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>5 to 9</td>
<td>15</td>
<td>47</td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>10 or more</td>
<td>--</td>
<td>17</td>
<td>48</td>
<td>24</td>
</tr>
<tr>
<td>(Average)</td>
<td>(2.9)</td>
<td>(6.2)</td>
<td>(8.8)</td>
<td>(6.5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Years Child Has Lived with Caretaker in Total (in Years)</th>
<th></th>
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<tr>
<td>Less than 1</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
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<tr>
<td>1 to 2</td>
<td>42</td>
<td>10</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>3 to 4</td>
<td>39</td>
<td>10</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>5 to 9</td>
<td>15</td>
<td>57</td>
<td>23</td>
<td>39</td>
</tr>
<tr>
<td>10 or more</td>
<td>--</td>
<td>20</td>
<td>57</td>
<td>28</td>
</tr>
<tr>
<td>(Average)</td>
<td>(3.1)</td>
<td>(6.9)</td>
<td>(9.6)</td>
<td>(7.1)</td>
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</table>

<table>
<thead>
<tr>
<th>Proportion of Life Child Has Lived with Caretaker</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Less than 25 percent</td>
<td>2</td>
<td>10</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>25 to 49 percent</td>
<td>10</td>
<td>13</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>50 to 74 percent</td>
<td>23</td>
<td>24</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>75 to 99 percent</td>
<td>33</td>
<td>30</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>100 percent</td>
<td>32</td>
<td>23</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>(Average)</td>
<td>(80)</td>
<td>(71)</td>
<td>(64)</td>
<td>(70)</td>
</tr>
</tbody>
</table>

| Sample Size | 52 | 158 | 107 | 317 |

**SOURCE:** WFNJ child-only survey conducted by Mathematica Policy Research, Inc.

*If children have lived with caretakers on multiple occasions, figure represents age they came to live with them most recently.*
In contrast, relatively few nonparent caretakers think it likely that the children they are raising will live with either of their parents in the future. Only 15 percent consider this possibility to be “very likely,” and a third consider it either “somewhat” or “very” likely (Figure IV.1). Nonparent caretakers are somewhat more likely to think that these children will live with their mothers than their fathers in the future. In general, however, most consider both of these possibilities fairly remote.

We also used state administrative welfare records to examine how frequently children on nonparent child-only cases moved to other households over time. For this analysis, we used data for all children on nonparent child-only cases in April 1996 and examined how many moved to their parent’s or another relative’s TANF case over the next five years. Of course, some of these children may have moved in with their parents or to another household and not received TANF. Therefore, these numbers reflect a lower bound on the proportion of these children who moved in with parents or other relatives over this period.

A third of these children had moved to the TANF case of another relative (besides their current caretaker), usually their parents, within five years (Figure IV.2). Almost a quarter of the children had moved to a TANF case with one of their parents within five years. This proportion is fairly consistent with caretakers’ expectations, since a third think it is somewhat or very likely the children they are raising will return to live with their parents (Figure IV.1).
B. HOW INVOLVED ARE ABSENT PARENTS WITH THESE CHILDREN?

Another important aspect to consider when determining the status of children on nonparent child-only cases is how involved the absent parents are in their lives. Do these children rarely see their parents or do they have frequent contact with them? Do absent parents typically pay child support to nonparent caretakers? Do they help cover the expenses of raising their children in other ways? In this section, we examine the level of contact children on nonparent child-only cases have with their absent parents and the level of financial support their parents provide.

- Most children in nonparent child-only families do not have frequent contact with their parents. However, many have contact with at least one parent, usually their mother, with some regularity.

Most children on nonparent child-only cases have relatively infrequent contact with their absent parents. Only one in four spoke with or saw their mothers at least weekly during the past year, while only 15 percent had weekly contact with their fathers (Figure IV.3). Even so, many of these children had some degree of regular contact with at least one parent. Six in 10 had monthly contact with at least one of their parents during the preceding year (Figure IV.3).
Children have substantially more contact with their absent mothers than with their absent fathers. Only 23 percent of these children had contact with their fathers at least monthly during the previous year, compared with 45 percent who had monthly contact with their mothers (Figure IV.3). More than 6 in 10 had no contact at all with their fathers during the previous year. One in four absent fathers and about a third of absent mothers live in the same city or town as their children (not shown). Not surprisingly, absent parents who live nearby have substantially more contact with their children than those who do not.

In general, children have much more contact with the parent who is related to their current caretaker. Most caretakers are related to the child’s mother; however, one in four is related to the father. Among children living with caretakers who are related to their fathers, 49 percent had contact with their fathers at least monthly during the previous year, while only 22 percent had contact with their mothers that often (not shown). Conversely, among children living with caretakers related to their mothers, only 16 percent had contact with their fathers at least once a month, while 52 percent had contact with their mothers at least monthly.
Caretakers consider it more likely that the children they are raising will live with their parents in the future if the children have been in regular contact with their parents. Nonetheless, even when children are in regular contact with their parents, most caretakers think it is unlikely that the children will ever live with them. Among caretakers raising children who have contact with their mothers every week, 43 percent consider it "somewhat" or "very" likely that the children will live with their mothers in the future (not shown). In contrast, among those raising children who have contact with their mothers less than once a month, only 16 percent consider it likely that the children will live with the mothers in the future. A similar pattern exists for the fathers.

We also find that children on nonparent child-only cases have less contact with their mothers when the mothers have more serious personal problems, such as drug addiction or a history of abusing or neglecting their children.

Among caretakers raising children who have weekly contact with their fathers, 36 percent consider it "somewhat" or "very" likely that the children will live with their fathers in the future. In contrast, among those raising children who have contact with their fathers less than once a month, only nine percent consider it likely that the children will ever live with their fathers.

NANCY: RAISING A NEPHEW WITH NO PARENTS IN THE PICTURE

Nancy has been raising her 11-year-old nephew, Ricardo, for the past four years. Ricardo’s mother had drug and alcohol problems and abused and neglected him. Child protective services in their home state removed Ricardo from her care when he was six years old. Ricardo was placed in a foster home for a short time, and then lived briefly with three of his mother’s other children, Ricardo’s half brothers, who were living with their own father. Ricardo moved to New Jersey when he was age 7 to live with Nancy, her husband (Ricardo’s maternal uncle), and their two children in their four-bedroom house in a small town in southern New Jersey. When Nancy and her husband separated a year ago, Ricardo stayed with Nancy and her children.

Ricardo has not heard anything from his mother since coming to New Jersey four years ago, and Nancy has never received any financial help from her for Ricardo. Nancy heard that she was in a drug rehabilitation program for a while, but then left and ended up in jail. Nancy thinks Ricardo’s mother may have been in New Jersey recently, but she did not try to contact Nancy or see her son. Ricardo has never met his father, and he and Nancy have no idea who or where his father is.

Ricardo is an active but gentle boy who likes to play baseball, ride his bicycle, and take care of the family pets—especially his turtle and rabbit. He has had difficulty in school and was held back a grade. Nancy thinks he has a learning disability and that he has also been troubled by the lack of stability in his life. Nancy’s own children took it badly when her husband left, but Ricardo took it fairly well. Nancy thinks that Ricardo has gotten used to people leaving him. Nancy had a very hard time when she and her husband separated; she became ill and had to leave her full-time nursing job. She struggled financially since then, getting by with help from her family, but her financial situation has recently improved. She has started a new nursing job and now makes $30,000 a year.
Most absent parents provide little or no financial support for their children.

Relatively few absent parents provide any financial support for their children. Heads of nonparent child-only cases, like other TANF recipients, must cooperate with child support enforcement to receive benefits. About half of these nonparent caretakers have a court order in place to receive child support from at least one of the absent parents. However, only 15 percent of caretakers reported receiving any child support from either parent during the past year (Figure IV.4). Nonparent caretakers are somewhat more likely to receive child support from absent fathers, although most caretakers receive no child support from either parent. Only 5 percent of absent mothers and 11 percent of absent fathers paid child support for these children in the previous year (Figure IV.4).

Some absent parents provide other types of financial assistance (besides child support) to nonparent caretakers to help with the expenses associated with raising their children. Specifically, some parents give caretakers money that is not a child support payment, or they pay for specific expenses, such as children’s medical bills or school supplies. However, relatively few absent parents provide financial support of any kind to cover the costs of raising their children. Only 12 percent of absent mothers and 14 percent of absent fathers provided any sort of financial support for their children.
Almost 80 percent of caretakers received no financial support of any kind from either parent in the past year. Moreover, those caretakers who have received some support from the absent parents typically receive fairly small amounts of support. Among the 23 percent of caretakers who received some financial support, the average amount received over the course of a year was only about $400 (not shown). Therefore, beyond the TANF checks they receive, nonparent caretakers receiving child-only TANF grants are typically bearing the full cost of raising these children on their own.

C. WHAT SCHOOL AND BEHAVIORAL PROBLEMS DO THESE CHILDREN HAVE?

Despite long-term, stable living arrangements with their current caretakers, the disruptions children in nonparent child-only families have experienced and the problems many of their parents have faced may lead to higher rates of school and behavioral problems. Many of their absent parents have serious personal problems, including drug addiction, criminal activity, and severe mental health problems. Moreover, the

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3 Although relatively few absent parents provide financial support for their children, a larger proportion buy toys or gifts for them. During the previous year, 3 in 10 absent mothers and 2 in 10 absent fathers gave their children a toy or gift.
circumstances that surround the formation of nonparent families are likely to be stressful for many children. These problems and disruptions early in life may lead to behavioral problems in later childhood.

In this section, we examine the school and behavioral problems of school-age children in nonparent child-only TANF families. We begin by discussing measures of school engagement and school performance. We then examine behavioral problems among older children, such as their being suspended or expelled from school or getting into trouble with the police. Finally, we discuss how nonparent caretakers are coping with the stress of raising these children.

For most of this analysis, we compare the outcomes of children in nonparent child-only families with those of children in current and former WFNJ families, using data from the third-round WFNJ client study survey. The WFNJ comparison sample includes families who received a regular TANF grant in New Jersey between July 1997 and December 1998. We find that school and behavioral problems are common among children in nonparent child-only families. Moreover, these problems are substantially more common than they are for other children in current and former WFNJ families.

- **Children in nonparent child-only families are struggling in school.**

Children in nonparent child-only families have lower levels of “educational engagement” than children in current and former WFNJ families. Based on caretakers’ reports, children in nonparent child-only families are less likely than other TANF children to care about doing well in school, to do their homework regularly, to get along well with their teachers, and—consequently—to succeed in school (Figure IV.5). Higher rates of educational engagement have been shown to be strongly associated with later positive outcomes, such as stronger school performance, higher levels of educational attainment, postponed pregnancy, and higher rates of labor force participation (Connel et al. 1994). Therefore, the lower levels of educational engagement may indicate poorer future outcomes for children in nonparent child-only families than for other children being raised in families receiving TANF.

We also find that many children in nonparent child-only families have learning difficulties. Three in 10 have been enrolled in special education classes (not shown). In addition, more than one in four have repeated one or more grades in school. Grade retention at an early age may indicate that a child has started school without adequate preparation and may continue to experience school problems in subsequent years (U.S. Department of Health and Human Services 1997). Repeating a grade has also been

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4 The third survey was conducted in spring 2001, on average, 40 months after these families entered the WFNJ program, a point at which three-quarters of these families had already left cash assistance. This comparison sample is different from the one used in Chapters II and III of this report. The group of “regular TANF families” discussed in those chapters includes current TANF recipients as of spring 1999. We use a different comparison sample here because data on the school performance and behavior problems discussed in this section were only collected in the third-round WFNJ survey.

5 These items are drawn from the Connel School Engagement Scale, developed to assess engagement in school by looking at “behaviors, emotions, and a psychological orientation when doing academic work that reflect commitment, interest and enjoyment” (Connel et al. 1994).
associated with emotional distress, higher rates of tobacco use, and other negative outcomes among adolescents (Resnick et al. 1997).

Children in nonparent child-only families are more likely than other TANF children to experience these kinds of problems. Among younger school-age children (ages 6 to 12), those in nonparent child-only families are about twice as likely to be enrolled in special education or to have been held back a grade than are those in current and former WFNJ families (not shown). Among older children (ages 13 to 17), rates of grade retention are about the same among the two groups (27 and 29 percent, respectively). However, rates of special education enrollment are higher for children in nonparent child-only families (29 versus 22 percent).

• **Many teenagers in nonparent child-only families have experienced serious behavioral problems.**

Many children in nonparent child-only families, especially teenagers, have serious school-related behavioral problems. For example, 13 percent of teenagers in these families skipped school or cut classes in the preceding month, while 43 percent had been suspended or expelled at some point (Figure IV.6). The rates of suspensions and expulsions are much higher than those found among teenagers in current and former WFNJ families, 23 percent of whom had been suspended or expelled. These rates are also much higher than those of teenagers in low-income families nationally. Among all
children in the United States ages 12 to 17 whose families live below 200 percent of the poverty level, 22 percent have been suspended or expelled (Vandivere et al. 2000). 6

Some teenagers in nonparent child-only families also experience behavioral problems outside of school. For example, 9 percent have run away from home, and 12 percent have been in trouble with the police (Figure IV.6). Moreover, as with school-related behavior problems, these behavioral problems outside of school appear to be more common among children in nonparent child-only families than among teenagers in other TANF families. According to their parents or caretakers, only six percent of teenagers in current and former WFNJ families have been in trouble with the police (Figure IV.6). 7

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6 Among children ages 12 to 17 of all income levels, 14 percent have been suspended or expelled (Vandivere et al. 2000).

7 Our survey data also include information on the behavior of 71 children ages 10 to 17 in SSI-parent child-only families. Although the sample size is small, these data indicate that children in SSI-parent families experience high rates of behavior problems, similar to those in nonparent child-only families. Based on their parents’ responses, the rates at which these children have dropped out of school, run away from home, or been in trouble with police appear to be at least as high as the rates for children in nonparent child-only families.
• **In spite of raising difficult children, nonparent caretakers do not have high levels of stress and aggravation.**

Given that many children being raised in nonparent child-only families have behavioral problems, it might be expected that their caretakers would experience high levels of stress and aggravation associated with raising these children. To consider this issue, as part of the child-only survey, we included a battery of questions about caretakers’ attitudes toward raising children. These questions were developed for an earlier study of the effects of welfare reform on children, and subsequently administered as part of a national study of child and family well-being (Genetian and Miller 2000; Erle and Moore 1997). This set of questions covers such issues as whether respondents think their children are harder to care for than most, whether the children they are raising do things that trouble them extremely, and whether they feel they are giving up too much of their lives to raise their children. This set of questions can be used to create a “parent aggravation” scale, which measures the level of frustration and stress caretakers experience raising their children. It can also be used to define a set of “highly aggravated” caretakers.

In spite of the high rates of behavioral problems among children in nonparent child-only families, it does not appear that their caretakers experience above-average levels of stress and aggravation with them. Fewer than 1 out of 10 children in nonparent child-
only families live with a caretaker who is “highly aggravated” based on this scale. 8 This rate of high aggravation is similar to the rate nationally. Of all U.S. children under 17, 10 percent live with caretakers who are highly aggravated with their behavior (Vandivere et al. 2000). Among children in nonparent child-only families, older children and those with more behavior problems are more likely to have a highly aggravated caretaker.

Responses to questions during in-depth interviews suggest some ways that nonparent caretakers avoid high levels of aggravation with the children they are raising. Some caretakers are able to cope with difficult children by imposing strong discipline. According to one caretaker who is raising her 16-year-old granddaughter, “I can’t treat her like a grandchild. My grandchildren, I can let them get away with things. I have to treat her like she is mine.” Other caretakers focus on the lovable qualities of the children in their care. One caretaker described her grandson’s frequent school discipline problems as follows: “He has a ‘hand problem’—he hits little kids, but he doesn’t mean to hurt them. He is a very lovable person…[and] he’s not like that.” Other caretakers described the advantages of being an older person raising children. According to them, their age has made them wiser and more patient when dealing with the trouble that teenagers can get into.

Although most nonparent caretakers appear to be coping with the stresses of raising someone else’s children well, some did want additional help. On the survey, about 1 in 10 reported wanting additional help with tutoring and counseling services for their children. Others wanted counseling services or parenting classes for themselves. Some nonparent caretakers are able to get such help through DYFS, through local support groups, or from other community resources. According to one grandmother in her 50s who is raising six of her grandchildren, “Raising all the children is stressful, and sometimes I am downhearted. I go to ‘Grandparents Raising Grandchildren’ [a support group]. We talk about problems, our budgets, and other things. It’s good because sometimes we can even laugh about things.”

Although some services are already available in communities, policymakers may want to consider expanding support services to address the special needs of nonparent caretakers. Our findings suggest that many children in these families are struggling in school and have serious behavioral problems. These problems may be hard for many nonparent caretakers to address, despite their self-reported low levels of stress and aggravation with the children they are raising. Therefore, supports aimed at addressing these specific issues, such as peer support groups and counseling and tutoring services, may be particularly needed.

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8Vandivere et al. (2000) note that “Children of highly aggrivated parents are disproportionately likely to have cognitive and socioemotional difficulties.”


