

# DEVELOPING STRATEGIES

To Address the Child Only Caseload



**FINAL REPORT**

**TRENTON, NJ  
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## **WELFARE PEER TECHNICAL ASSISTANCE NETWORK**

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF FAMILY ASSISTANCE**

#### **Developing Strategies to Address the Child-Only Caseload: Trenton, New Jersey**

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## **I. BACKGROUND**



**WELFARE PEER TA NETWORK**  
**Developing Strategies to Address the Child-Only Caseload**  
*Final Report*



**I. BACKGROUND**

Under the Temporary Assistance to Needy Families (TANF) program, child-only cases—those in which no adult is included in the cash grant—have become an increasing proportion of State TANF caseloads in recent years. Child-only cases are either parental or non-parental – parental cases are those in which the parent is resident in the home, but ineligible for TANF receipt for such reasons as time limits,<sup>1</sup> sanction, alien status, Supplemental Security Income (SSI) receipt, or previous drug felony conviction. Non-parental cases are those in which neither biological parent is present, and another adult, usually a relative, is the primary caregiver. Research indicates that the percentage of child-only cases relative to overall national caseloads increased 200 percent in one decade –from 12 percent in 1990 to nearly 35 percent by 2000.<sup>2</sup> In some States, over fifty percent of their FY2002 caseloads were child-only.<sup>3</sup> More caseload trends are depicted in Table 1, below:

<b>TABLE 1</b>			
<b>TANF CHILD-ONLY CASES: NATIONAL TRENDS</b>			
<b>Fiscal Year</b>	<b>Total TANF Families</b>	<b>Total Child-Only Families</b>	<b>Percentage Child-Only Families</b>
1990	3,976,000	459,000	11.6
1992	4,769,000	707,000	14.8
1994	5,046,000	869,000	17.2
1996	4,553,000	978,000	21.5
1998	3,176,000	743,000	23.4
1999	2,648,000	770,000	29.1
2000	2,269,000	782,000	34.5

In addition to the variability in the proportion of a State’s total caseload accounted for by child-only cases, the current research indicates that the composition of the child-only caseload across the States varies as well. In some States, for example, there is a significantly higher proportion of relative (non-parental) cases, while in others, SSI, immigrant, and sanctioned or time-limited parental cases are more common.

In response to these trends, the Welfare Peer Technical Assistance Network conducted discussions with State TANF administrators around the country to assess their current policies

<sup>1</sup> Child-only cases are not subject to such requirements as work participation or time limits. Thus, while parents “time out” of eligibility, children remain eligible, barring full-family sanction policy.

<sup>2</sup> US Department of Health and Human Services, *Characteristics and Financial Circumstances of TANF Recipients*. <http://www.acf.hhs.gov/programs/opre/particip/index.htm>.

<sup>3</sup> These States include Alabama, Florida, Idaho, North Carolina, South Dakota, Wisconsin, and Wyoming.

and programs designed to meet the needs of the child-only caseload, and to gauge their level of interest in participating a Roundtable on this topic. The responses were overwhelming – we gathered significant information on the current child-only environment, and more than thirty States expressed an interest in the Roundtable concept. As a result, eleven States participated in the first Roundtables entitled *Developing Strategies to Address the Child-Only Caseload* held April 8-9, 2003 in Colorado Springs (El Paso County), Colorado.<sup>4</sup> In response to the positive feedback received following the first Roundtable, a second Roundtable was held in Trenton, New Jersey on June 3-4, 2003.<sup>5</sup>

Participants at the second Roundtable heard presentations from New Jersey, El Paso County, Colorado, and Alabama about innovative practices in those locations. Additionally, South Carolina led a discussion on findings from research and evaluation efforts underway. Thanks to the hospitality of New Jersey's Department of Human Services, Roundtable participants were able to speak with program staff and a panel of Grandparent caregivers who access child-only services in New Jersey.

This report describes the meeting, attended by Alabama, Colorado, Maryland, Ohio, New Jersey, New York, Pennsylvania, Rhode Island, and South Carolina, and includes important highlights and lessons learned.

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<sup>4</sup> The first Roundtable was attended by the following States: California, Colorado, Hawaii, Missouri, Nevada, New Jersey, Oklahoma, South Carolina, Texas, Virginia, and Washington.

<sup>5</sup> At the time publication, the third Roundtable has been tentatively scheduled for late July in Montgomery, Alabama.

## **II. THE CHILD-ONLY CASELOAD: NATIONAL TRENDS AND IMPLICATIONS FOR THE TANF PROGRAM**



## **II. THE CHILD-ONLY CASELOAD: NATIONAL TRENDS AND IMPLICATIONS FOR THE TANF PROGRAM**

David Nielsen from the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) provided Roundtable participants with a national overview of the trends in the TANF child-only caseload. Generally, the research finds high variability in the composition of the child-only caseload with about half of the caseload composed of parental cases and half in relative care. Within the parental cases, there are parents ineligible for TANF due to sanction, non-citizen status, and SSI receipt. Within the non-parental cases, there are both needy and non-needy cases. Each of these subsets of cases has unique and pressing issues. Existing research indicates that non-citizens struggle to find work and that both they and SSI-recipient families suffer higher levels of food insecurity than other groups. While little is known about the impact of sanctioning, in those States where full-family sanctions are in place, children in sanctioned families never even show up in the child-only data. Generally, ASPE is finding that the needs of a child-only case are greatly influenced by the structure and dynamics of the case.

ASPE is currently involved in a research effort with the Research Triangle Institute (RTI) to explore what States are doing to address the needs of children in child-only cases. Specifically, RTI investigator Dean Duncan expressed that the team is looking at how States are addressing the child's well-being, and what kind of connections exist in the States to connect TANF staff with the child welfare staff. To date, the first two of three steps have been completed. The first step of the research effort consisted of researching what is going on in the States. Here, ACF regional offices were polled, and conference calls were held with TANF staff to get a sense of what States were doing. Interviews were held in November of 2002 through January of 2003. The second step looked at existing databases to get the National perspective of TANF caseloads to see if child-only cases were identified, and to locate the services provided. Analyses of national data from the Survey of Income and Program Participation (SIPP) and the National Survey of Child and Adolescent Well-being (NSCAW), as well as a five-site case study were carried out to determine how local and State agencies have responded to the child-only TANF population. The final step, which is still ongoing, identifies five States to complete additional work in. RTI is in the process of developing a matrix to decide which States to select, in hopes that the States chosen represent a mixture of issues regarding the child-only caseload. The final report is expected by December 2003.

**III. SPOTLIGHT ON STATES: REVIEW OF STATES' CURRENT  
STRATEGIES AND CHALLENGES TO ADDRESS THE NEEDS OF  
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During this facilitated, interactive dialogue, States were asked to comment on the current status of TANF child-only cases, as well as any noteworthy strategies or challenges they encounter when serving this population.<sup>6</sup>

#### **1. OHIO**

The State of Ohio is comprised of 88 counties, with even amounts of parental, and non-parental child-only cases. Because of the three-year time limit that has been implemented, Ohio has seen an increase in the proportion of SSI child-only cases. Ohio is unique in that it allows children to reside in homes with legal guardians, with no familial relationship necessary, and still be considered “kinship care.” Because of this, the child-only caseload has increased as well.

In 1999, Ohio began implementing a Navigator Program. This program, which was initiated by grandparents, provides services and training for kinship caregivers, along with a 24-hour toll-free telephone number for services. The Navigator Program is operated primarily from State-provided family preservation funding, which is dispersed to counties to allow the diversity and tailoring of different Navigator Programs. A Kinship Advisory Board was established in order to monitor and promote the Program. This Board began originally as a support group, and now meets quarterly with community members and attorneys as presenters of feedback and information.

Recently, the Navigator Program released a resource guide, which is compiled of resources derived from individual county kinship groups. The resource guide provides an index of different services available, such as medical care, and also presents county issues and recommends solutions. Additionally, the resource book serves as a guide for specific legal issues impacting child-only TANF recipients, such as applying for guardianship.

The Navigator Program is just one effort to link the county child-only services with the child-welfare services. Because of the imposed time limit, people are coming off of TANF more quickly, and in Ohio, there are full-family sanctions, which does not ensure a move into the child-welfare system.

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<sup>6</sup> Because Alabama and El Paso County, Colorado were slated to discuss their programs in detail at later points in the Roundtable, no comments were made during the Spotlight session.

Ohio expressed that another imperative issue right now that they hope to address is providing child-care to child-only TANF recipients without income consideration of the caregiver.

## **2. PENNSYLVANIA**

The State of Pennsylvania treats child-only cases the same as most TANF cases. The majority of child-only cases are those without the parents in the household. Pennsylvania has a high number of TANF cases, in part due to the pre-24 month parents who come off the grant, whereas the child then becomes child-only. Additionally, Pennsylvania has a general assistance program that is similar to TANF, which provides assistance to children without parents.

Representatives of Pennsylvania expressed that they did not foresee the child-only caseload figures changing very much. As of March 2003, there had only been an increase of about 800 cases over 2002. In the near future, Pennsylvania hopes to address services for children with the parents in the home, and for those children (age 14+) who are aging out of TANF. This would service the needs of much of Pennsylvania's child-only population.

## **3. RHODE ISLAND**

In Rhode Island, the Family Independence Act has been crafted to ensure support for children, regardless of if the parent complied with the work requirements, and regardless of the time-limit.

From 1997 to March 2003, Rhode Island has been examining data on the ethnicity and time-on assistance episodes of TANF recipients. Because of this examination, there has been a focus on the child-only caseload. Rhode Island mimics the average caseload; presently one-third of child-only cases exist only as a deliberate result of more aggressive sanctioning. The representatives of Rhode Island believe that the child-only caseload will increase if the proposed full engagement provisions are codified in TANF Reauthorization.

Recently in Rhode Island, Brookdale Funding prompted the formation of a director's board to look at kinship care. This board has been active in the studying and programming of child-only cases. As a result of the board's formation and efforts, there has been a significant impact on the direction of child-only cases. Other Grants have provided support groups for kinship care providers. Many of the Grants focus on young grandmothers (those under the age of 62). Rhode Island also has a supportive policy when it comes to health care for children. There is a relatively high income allowance for children (up to 250 percent of the poverty level, and in some cases higher).

There are now kinship programs operating out of five areas of the State. These programs provide financial assistance, child care, legal support, and schooling. Rhode Island is in the primary stages of drafting a resource book similar to Ohio's.

Therapeutic child care has recently become a possible solution for respite care. Rhode Island is hoping to develop their resources on this topic, but believes that wraparound supports in addition to counseling will provide support for kinship care providers.

#### **4. NEW YORK**

New York's TANF program is State supervised and locally administered. Three years ago, New York began examining the demographics of TANF recipients. Because the child-only caseload consisted of one-fourth of the caseload, the localities were told that child-only cases needed to be dealt with differently. Presently, for TANF recipients, there is a five-year time limit, and no full-family sanctioning. Today, New York has an average child-only caseload of 37 percent, however there are individual counties where up to 87 percent of their TANF population who are child-only cases.

Representatives of the State of New York expressed concern about the lack of focus on SSI parents. 59 percent of SSI cases Statewide have mental diagnoses, and the children of these parents are beginning to resemble foster children with respect to behavioral and emotional outcomes. The children of SSI recipients are a priority because parents receive only a check, but no additional attention or support services.

The State of New York is presently conducting a child-only study with Cornell University. This research is examining 800 interviews with caretakers of various categories: SSI, ineligible non-citizens, and parental cases. It is also following the children (ages 15-17) of these caregivers. Although this study is in the evaluation phase, once completed, it will be used to springboard responses in their counties.

#### **5. MARYLAND**

The State of Maryland is County administered, with State supervision. 26,000 cases within the State are child-only cases, which represents 35 percent of the total TANF caseload. However, there is a vast variation: some counties have as few as 6 percent, while others have as many as 90 percent. Presently, there is a five-year time limit, which is mitigated by several circumstances. However, child-only cases are not on the clock; there is no time limit to assistance. Maryland operates with full-family sanctioning, and therefore many kids are not showing up in the figures. Maryland is working to get the sanctions resolved to ensure that the full family comes back onto the cash grant.

Each year, the counties submit a plan on how they will use their block grant. Many counties are now noticing child-only cases, and the importance of working with children in child-only cases to promote healthy development.

Maryland has created a multidisciplinary committee that meets monthly to advocate on behalf of the needs of child-only cases, and for those with disabilities. There is also a newsletter that is released quarterly.

The State of Maryland feels a gap between what they do in TANF administration, versus what is being done on the services side. There is a recognition that more could be done. Therefore, Maryland hopes to take ideas to specialists (especially in the areas of child care), and develop these ideas for policy outcomes.

**IV. BUILDING PARTNERSHIPS AND COLLABORATIONS—LESSONS  
LEARNED FROM SOUTH CAROLINA AND  
EL PASO COUNTY, COLORADO**

## IV. BUILDING PARTNERSHIPS AND COLLABORATIONS—LESSONS LEARNED FROM SOUTH CAROLINA AND EL PASO COUNTY, COLORADO

### 1. SOUTH CAROLINA

The South Carolina Department of Social Services recently engaged in a research effort to improve the State’s understanding of relative caregivers in child-only cases. The research, based on interviews and administrative data, provides information on:

- Characteristics of the child-only caseload in South Carolina
- The stability of child-only homes, and the intent of the caretakers to raise the TANF children to maturity
- Household composition, income, and deprivations
- Some indicators of well-being of the TANF children.

The research effort utilized a stratified random sampling method, based on age of the focal child, with an intentional over-sampling of families with children under age six. Table 2 depicts the sample and respondent numbers.

<b>TABLE 2</b>			
<b>SOUTH CAROLINA RESEARCH POOL</b>			
<b>Age of Focal Child</b>	<b>Universe</b>	<b>Sample</b>	<b>Respondents</b>
Under six years	938	140	116
6-13 years	2,762	149	110
Teens (14-17 years)	1,376	145	118
Total	4,195	434 <i>(10% of 4,195)</i>	344 <i>(79% of 434)</i>

Families with more than one child were prorated across the age groups, as appropriate. When compared to regular adult-headed TANF cases, caretakers in child-only cases have fewer years of education, fewer and older TANF children, and are more likely to be older and married. Of these caretakers, sixty percent care for one child, twenty-five percent care for two, and the remaining fifteen percent care for at least three TANF children. South Carolina’s non-parental caretakers are predominantly grandparents or great-grandparents (75%), over fifty years of age (62%), and African-American (80%).

When queried about the primary reason children were placed in their care, relative caregivers primarily reported drug abuse (28%), desertion (20%), child abuse or neglect (16%), incarceration (12%), and death (11%). Administrative records, however, found that at least



seventeen percent of children were in foster care prior to moving in with the relative caregivers, at least thirty-five percent of families had children with prior child welfare involvement, and at least eighteen percent of the TANF children had parents in prison.

TANF children in relative care primarily went directly from their biological parents to the relative caregiver (74%), but some had spent time in foster care (17%), and the others had spent time with other relatives, with potential adoptive parents, and/or in the shelter system. Nearly all relative caregivers (91%) reported wanting to raise the child(ren) to maturity.

In most of South Carolina’s TANF child-only households, at least one adult in the home is earning income from employment (52%). Twenty-two percent are receiving SSI benefits, nineteen percent are receiving Social Security Administration benefits, and eleven percent collect retirement or pension benefits. Forty-six percent of these caretakers reported that before factoring in public assistance benefits, their household income was less than \$10,000 per year. An additional thirty-one percent reported income of between \$10,000 and \$20,000. The average TANF benefit was \$140 per month and those that receive food stamps (47%) access \$194 per month in food benefits.

In addition to tenuous financial circumstances, South Carolina’s relative caregivers have other concerns and difficulties in raising the children in their care. Table 3 depicts these issues:

<b>TABLE 3 CONCERNS AND DIFFICULTIES IN PROVIDING FOR SOUTH CAROLINA’S TANF CHILD-ONLY CASES</b>				
<b>Concern or Difficulty</b>	<b>Percent of Total</b>			
	<b>Preschool</b>	<b>6-13 years</b>	<b>14 years +</b>	<b>All</b>
Providing records, documents to enroll in school	3%	2%	2%	2%
Providing health records to school	3%	3%	2%	2%
Paying for books, school supplies, projects	13%	34%	16%	25%
Paying for clothes, uniforms	29%	57%	46%	47%
Paying for field trips, band, yearbooks	17%	43%	29%	34%
Need child care assistance	29%	9%	N/A	13%
Need childcare so caretaker can go to work	16%	3%	N/A	6%
Getting information about available services	16%	11%	11%	2%

Even in the face of these challenges, however, relative caregivers rate the well-being of their TANF children as above average (48%) or about average (29%) much more consistently

than below average (18%) or not good at all (3%). Relative caregivers assess that for about half of the children, school performance is better than a year ago, and for an additional third performance is about the same. Still, thirteen percent are “doing worse than a year ago.”

Relative caregivers assess their children’s behavior and happiness as “as well behaved and happy as their peers” (60%) nearly three times as often as “more happy and well behaved,” and only between five and ten percent of caretakers say their children are “more poorly behaved and unhappier than their peers.” About 27 percent of children receive routine psychological care, but an additional eleven percent are identified as needing this type of care by their caretakers.

This type of information is helpful to the State in assessing the types of additional supports needed by TANF child-only families. South Carolina has concluded that the following types of support are need by TANF child-only families:

- Higher TANF benefits
- Higher Food Stamp benefits
- Medicaid coverage for caretakers, or medical assistance for the medically needy, and financial assistance with prescriptions
- Counseling for their TANF child(ren)
- Child- and after-school care
- Financial assistance for school-related expenses

Caretakers, meanwhile, specifically identified a core set of needs – more than one-third would like to attend a support group, a quarter would like a home visitor, and twenty-one percent would like to attend a “developmental class” such as parenting or financial management.

Understanding that financial resources do not allow them to provide every type of service to everyone that needs it, South Carolina has develop a hierarchy of service delivery priorities:

- Better case management, psychological services, and supports
- Increase in monthly TANF check
- Medicaid for relative caregiver
- Clothing allowance for school-age children
- Education supports (e.g. band instruments, field trip costs, tutoring)

- Computers, and computer technology assistance
- Respite care

## **2. EL PASO COUNTY, COLORADO**

El Paso County, Colorado has a population of 500,000 citizens. As a county-administered TANF State, Colorado has empowered its counties to design and operate TANF programs at the local level. In Colorado, there are sixty-four counties, each with different programs.

In 1997 with welfare reform, a common vision was produced: first, to reduce poverty and family violence. This aspect created a common philosophy to draw the agency together. The second aspect of the vision is the notion that economic assistance programs *are* prevention programs. For many in El Paso County, the guiding principal for the TANF agency is “seamless service, cultural respect, and family-driven services.”

El Paso County intentionally included child-only cases in their welfare reform plan, under the philosophy to support families on the path to self-sufficiency. A Sanction Prevention Plan was created under the assumption that it may not be the failure of the family, rather it may be the failure of the support systems. Under this Plan, there are workers to assess each individual family and make recommendations to a team committee.

Prior to this program in El Paso County, various literatures drew attention toward the child-only caseload. El Paso County was unaware of the demographics of their TANF caseload, and therefore began offering diverse services to recognize the needs of recipients. Today, the administrators in El Paso County are interested in protection and permanency. The TANF agency is a more informal system whereas the focus is on the family, and the family maintains custody. On the other hand, the child welfare system is more formalized, and advocates an adversarial legal system, with legal custody held by the agency.

El Paso’s system is unique in that although each kinship caregiver only receives \$99 per month, there are additional funds set aside for other necessary payments. These additional supportive payments include: incentives, housing, transportation, car repair and other transportation, food, tutoring, summer camps, furnishings, and clothing. Early on, there were also support groups created for caregivers. Additionally, a children’s group has been initiated to deal with the different problems and situations that the children face. A group advocate is also present to provide support to new cases. This advocate is paid for with TANF funds, and goes out into the field with TANF and child welfare caseworkers.

El Paso County is facing challenges to their system however. Currently, the county is \$4 million overspent in child welfare, and strategies are now being formed to determine how and where to cut costs. One strategy that has been discussed is to take the kinship area in foster care and put it in TANF. This option would blend the services, and the eligibility, and allow more blending. Other challenges center on SSI families and undocumented, alien cases. This segment of the child-only population requires additional attention, and a push for prevention.

**V. THE NEW JERSEY EXPERIENCE: RESEARCH ON  
CHILD-ONLY CASES IN NEW JERSEY**

## **V. THE NEW JERSEY EXPERIENCE: RESEARCH ON CHILD-ONLY CASES IN NEW JERSEY**

### **1. THE STATUS OF CHILD-ONLY TANF FAMILIES IN NEW JERSEY**

In June 2002, Mathematica Policy Research, Inc. completed a study of New Jersey's child-only TANF population as a part of the Work First New Jersey (WFNJ) project that explores the formation of child-only cases. Data collected in a representative Statewide April 2001 study were used to examine demographics characteristics, household structure, economic well being, and other outcomes for families and children who receive child-only TANF grants. Surveys of over 500 adult heads of child-only cases were analyzed, and where possible, comparisons were made to "regular" TANF cases.

The results of this study produced three main types of child-only cases: non-parent caregivers (63%), SSI parents (25%), and ineligible non-citizen parents (10%). The research demonstrated that most non-parent caregivers are grandparents (65%), aunt/uncle (17%), great-aunt/great-uncle (7%), and great-grandparents (6%). Non-parent caregivers are less disadvantaged than other TANF adults. They are likely to have more education and work experience, and are also more likely to be married. Additionally, the incomes of non-parent caregivers are more than twice those of others on TANF.

Despite these advantages, non-parent caregivers face substantial challenges. Most have low incomes, and one-third are below the Federal poverty line. Many non-parent caregivers have poor physical health; on average, their health is similar to a typical 70-year old, even though their chronological age is substantially less. Additionally, one in five lacks health insurance.

However, children on non-parental cases have stable living arrangements overall. Typically, most of the children interviewed have spent most of their lives with their current caregiver (70%). This is partially to do with the fact that over half of the children moved in before age three. Most caregivers acknowledge that it is "very likely" that the child will live with them until adulthood, and that it is very "unlikely" that the child will ever live with either parent again.

Regardless, many of these children have behavioral and academic performance problems. Three in ten of the children are in special education, and more than one-fourth have repeated grades. There are high rates of suspensions and expulsions, and among teens, 12 percent have had trouble with the police, and 9 percent have run away from home. These rates are higher than for children in regular TANF families.

The top reason that children are not residing with their mother's has to do with substance abuse. Six in ten of the respondents reported that the mother's problem with drugs was the reason for the child's living situation. Four in ten replied that the child welfare authorities required it, and other common reasons consisted of having mothers who were in trouble with the law or with mental/emotional problems, abuse, neglect, abandonment, and death. As a result, most absent parents do not provide any financial support.

SSI-parent child-only cases were also examined, and found to have high rates of food insecurity. These parents have little recent work history because of disabilities, and spend more time on welfare than others although many began on regular TANF cases. These parents have slightly higher monthly incomes than regular TANF families, even so, three in ten experienced hunger in the past year.

Additionally, ineligible non-citizen parent child-only cases were examined and found to have limited work skills and low incomes. Similarly, these parents had on average lower education levels, limited English, and little recent work history. The average monthly income of these families was less than \$800, leaving half in extreme poverty. Many manage this situation by sharing housing with friends and relatives, and one-fourth live in severely overcrowded housing (fewer than one room per person).

Implications from this study leave several issues for policymakers to consider:

- Poor health of non-parent caregivers
- School and behavior problems among children in non-parent families
- Food insecurity among SSI-parent families
- Housing issues, low skills, and uncertain legal status of immigrant-parent families.

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## **2. NEW JERSEY TANF CHILD-ONLY CASES: FOCUS GROUP REPORT**

Carol J. Williams, Ph.D., a consultant for the New Jersey Department of Human Services, presented the New Jersey TANF Child Only Cases Focus Group report despite the fact that the data on this work is still being analyzed. The rationale behind the report was based on the following factors:

- The number of TANF cases in New Jersey dropped 60 percent from 1991 to 1995
- Child-only TANF cases decreased by only 25 percent (Mathematica, 2002)

- In February 2003, 31.6 percent of the Child Only cases were headed by a caregiver aged 60 or over
- 6.8 percent were headed by a caregiver aged 70 or over
- In 5.2 percent of the cases, there was a caregiver at least 60 years of age and a child of preschool age
- In 16.0 percent of the cases, there was a caregiver at least 60 years of age and a teenage child
- In 1.2 percent of these cases, a caregiver at least 60 years of age cared for both a preschool child and a teenager.

In order to gather data on potential risks and problems experienced in child-only cases, Dr. William's primary method of data collection was to collect information from the families themselves. The first phase of the study gathered data from 72 caregivers who participated in four consumer focus groups, and seven Kinship Navigator Program staff members who participated in a staff focus group during May 2003. While there were some non-TANF caregivers in the groups, the focus group participants in at least one caregiver group included a higher percentage of grandparents (47%) and great grandparents (33%) than the TANF population (64.4% and 2.5% respectively). The number of children per family in the focus group was 2.6, compared to 1.6 for the TANF families, thus the risk level for those who attended the focus groups appears to be equal to or greater than that of the TANF population.

The data from phase one was analyzed using the content analysis technique, and thus is exploratory and qualitative in nature. The second phase of the study, will be more quantitative, and will involve telephone interviews with 120 TANF caregivers. The entire study is scheduled for completion by September 1, 2003.

Some preliminary findings suggest strengths of maintaining the family unit such as love, commitment, concern for the children, wisdom, patience and understanding. Findings also suggest barriers of caring for the children, such as: financial concerns, loss of benefits from other programs, physical or mental health problems, stress of care giving, desire for respite, difficult family relationships, and other barriers. Additionally, preliminary findings suggested the caregiver's unmet needs consist of the following: housing (unaffordable, utilities, bad neighborhoods, availability), education, transportation, and other unmet needs. Other difficulties in general consisted of concerns with the system (service delivery, staffing, treatment, and availability of information), children's behavioral problems, and feeling overwhelmed.



When participants were asked what they liked best about being a kinship caregiver, answers were varied but generally positive: the Kinship Navigator Program, relationships with program staff, support groups, financial resources, child-care and camp, trips, and the Strengthening Families Program. On the contrary, when respondents were asked what they liked least about being a kinship care provider, some answers were: process of service provision, eligibility and financial issues, custody/guardianship issues, loss of benefits, problems with child support, and limitations and cuts in service.

Finally, caregivers were posed the question, “If they could make one change, what would it be?” Preliminary findings also reported diverse answers: respite, transportation, more staff, individualization of each family, more home health care, anger management, child care, separate welfare programs, and more freedom of choice.

### **3. NEW JERSEY’S KINSHIP NAVIGATOR PROGRAM**

New Jersey’s Kinship Navigator Program is designed to provide information, referral, and advocacy services for family caregivers. The first feature highlighted was the Kinship Child Care Program, which provides childcare subsidies specifically for kinship families. Caregivers up to age sixty are income eligible up to 350 percent of the Federal poverty level (\$52,570 for a family of three), while those over age sixty years are income eligible up to 500 percent of the Federal poverty level (\$75,100 for a family of three). Families are responsible for a sliding scale co-pay.

The Kinship Wraparound Program is designed to provide funding for short-term or one-time expenses for kinship families. Income eligibility standards are the same as for Kinship Child Care. This program provides for moving expenses, clothes, school expenses, computers, and camp and other extracurricular expenses. Each family can access up to \$1,000 per year in approved expenses. The average amount requested is much less.

In October of 2001, New Jersey established Kinship Legal Guardianship, a service run through the Family Court system. This streamlined guardianship process requires no filing fee and is used when 1) the child has been residing with the relative caregiver for at least one year; 2) the parent is incapacitated (unable, unavailable, or unwilling to care for the child), and; 3) legal guardianship is in the best interest of the child. The process transfers some parental rights to the relative caregiver without terminating all parental rights and obligations. This allows the caregiver to more easily access services for the child, and provides a more permanent plan for the child.

New Jersey has three new kinship initiatives: Kinship Care Subsidy Program, Department of Youth and Family Services (DYFS) Guardianship Subsidy Program, and DYFS Relative Care Permanency Support.

The Kinship Care Subsidy Program is available to relative caregivers who have had the child living with them for one year, are at or below 150 percent of the Federal poverty level, are not currently involved with child welfare (although closed cases are acceptable), and have established legal guardianship. The subsidy is \$250 per month, per child. The court assessment for guardianship is facilitated through Kinship Navigator.

The DYFS Guardianship Subsidy Program supports relative caregivers of children placed by DYFS due to safety and risk concerns. The relative caregiver must have been providing for the child for one year, and be recognized as the eventual legal guardian in the child's Permanency Plan. This subsidy is also \$250 per month, per child. DYFS will provide the assessment for legal guardianship.

The DYFS Relative Care Permanency Support targets relative caregivers responsible for children placed with them by DYFS due to safety and risk concerns. These families can access up to \$250/month for up to fifteen months. Caregivers must cooperate with the Permanency Plan – including returning the child home, adoption, legal guardianship and legal custody as options.

A study, conducted by Mathematica Policy Research, found that child-only cases constitute one-third of New Jersey's TANF caseload. Sixty-three percent of these cases are non-parental. Of the non-parental cases, about seventy percent are grandparent caregivers, averaging fifty-two years of age. These care arrangements tend to be long-term, stable, and home to more than one child. Most have been involved with the child welfare system, and many will have school and behavioral problems as they get older.

A disabled parent receiving Supplemental Security Income benefits, and therefore TANF ineligible, heads twenty-five percent of child-only cases. Food insecurity is the primary issue facing these families. SSI-receiving families have monthly income of about \$1,126. For the ten percent of the child-only cases headed by ineligible non-citizen parents, households tend to be much larger, and work-related skills are very limited. These families have monthly income of about \$800.

## **VI. KINSHIP PROGRAMS AND THE CHILD-ONLY CASELOAD**

## **VI. KINSHIP PROGRAMS AND THE CHILD-ONLY CASELOAD**

In the State of Alabama just over one-half of the TANF caseload is child-only. In response to the high number of child-only cases, Alabama established a Low Income Kinship Care Program. A pilot study was launched in Mobile County in October of 2000 to closely monitor changes, and to evaluate the Program. Today, because of successes with the program, the Kinship Care Program is active in 51 of the 67 counties in Alabama and will soon expand to the remaining five.

The mission of the Kinship Care Program is “to provide services and benefits to certain vulnerable families who are caring for a related child or children other than their own in order to facilitate, maintain, or stabilize the child’s placement.” The target population is those children whose placement is at risk of deteriorating to the extent that foster care may be required and who meet the criteria of the Program. The Program requires that the child must meet one of the following criteria:

- Live with a caretaker relative other than a parent who receives TANF benefits
- Be placed with a relative approved by child welfare
- Leave foster care to live with an approved relative
- Be in need of short-term, non-recurring benefits to maintain the placement.

The overall goal of the Kinship Care Program is to prevent the placement of children in foster care.

The Kinship Care Program also has eligibility criteria that all recipients must meet:

- Must meet definition of target population (as above)
- Must be determined to be in need of one of the services based on worker’s assessment
- Must have income at or below 200 percent of the poverty income level
- Must apply for and receive other benefits for which the children in the Kinship Care household appear to be eligible, such as (but not limited to) RSDI, Public Assistance, Food Stamps, and Medicaid.

However, the last criterion of eligibility is not necessary if the family only requires one-time assistance.

The Kinship Care Program offers referral services and sources out to Public Assistance, JOBS, and Child Welfare. Additionally, the Kinship Care Program offers transportation

services, respite care, special needs payment, emergency intervention, court costs, counseling, and services for special situations. All of the services offered to recipients carry a standard of promptness; benefits are available prior to 30 days of the date of application. The only exceptions to this service delivery date are: the agency's failure to secure needed verification, the client's request, and/or administrative emergencies.

The transportation services provided by the Kinship Care Program must be related to the client's employment, and is limited to up to \$150 per month with a receipt. The transportation services are limited to four months in a twelve-month period. The respite care services do not resemble a childcare program. There is a maximum of 32 hours a month provided, but the respite care is also limited to four months in a twelve-month period.

The Kinship Care Program also provides services for special needs and for emergency intervention. In the case of special needs, the Program provides up to \$500 per child, per year of emergency clothing, household furniture, educational services and funds, and baby products. Similarly, emergency intervention exists to provide non-recurrent short-term benefits to help families deal with specific crises. These situations include: utility payments, rent payments, transportation, car repairs, and food assistance.

Finally, the Kinship Care Program provides necessary services to help families resolve personal issues. One such service is to help assist with court costs. Although the Program cannot pay for attorney's fees, the program assists families going through custody procedures, provided that the family applies for a waiver of court costs through the court. Short-term counseling is also provided to families who are not otherwise covered for help. There is also a domestic violence program with a qualified assessor and counselor on site.

## **VII. WHERE DO WE GO FROM HERE?**

## VII. WHERE DO WE GO FROM HERE?

In an effort to synthesize and solidify all of the important findings of the Roundtable, the final session asked participants to reflect both on what they found most helpful about the meeting, and on what they might suggest for future meetings.

Participants highlighted the following as important meeting **outcomes**:

- Exposure to States' description of target population, and how different programs are implemented.
- An improved understanding of the real experiences of kinship caregivers.
- Exposure to Alabama's Kinship Care Program, and other piloted research.
- An improved understanding of EITC strategies.
- Exposure to concentrated dialogue among States.
- Introduction to research studies and data collection efforts.
- Insight into the struggle of kinship caregivers.

When asked to reflect on future meetings, participants offered the following **suggestions**:

- Detailed program information including policy guidance, program development strategies, and handouts.
- A focus on recent SSI initiatives, especially for children in SSI families.
- Strategies for the immigrant child-only population, including best practices.
- Separate case-management practices, including outcomes of pilot studies.
- Detailed information on developing strategies for connecting with the Healthy Marriage Initiative.
- Specific information for County-administered States.
- Additional time for State dialogue.
- Developing strategies for moving from TANF to SSI, including service plans for follow-up.
- A focus on State developed outcome measures.
- Housing strategies and initiatives

- Coordination efforts between child welfare and TANF
- Handouts with each agency's policy, mission statement, framed target goals, and populations.
- Information for working with aging agencies such as the Federal AoA.
- More detailed information on parental child-only cases.

The Welfare Peer TA Network will use these reflections in planning future Child-Only Roundtables.



**APPENDIX A:**  
**ROUNDTABLE AGENDA**



Welfare Peer Technical Assistance Network

# Developing Strategies to Address the Child - Only Caseload

## AGENDA

**Tuesday, June 3, 2003**

**8:15 a.m. - 9:00 a.m. Registration and Networking Breakfast**

**9:00 a.m. - 9:30 a.m. Welcome and Introductions**

**Lois Bell**, Director, Division of State and Territory TANF Management, Administration for Children and Families (ACF)

**David C. Heins**, Deputy Commissioner, Division of Family Development, New Jersey Department of Human Services

**Mary Ann Higgins**, Regional Administrator, ACF Region II

**9:30 a.m. - 10:30 a.m. Child-Only Cases: National Trends and Implications for the TANF Program**

**David Nielsen**, Senior Policy Analyst, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services

**Dean Duncan**, Research Associate Professor, School of Social Work, University of North Carolina at Chapel Hill

**10:30 a.m. - 10:45 a.m. Break**

**10:45 a.m. - 11:45 a.m. Spotlight on the States: Review of States' Current Strategies and Challenges to Address the Needs of Child-Only TANF Cases**

Facilitated Interactive Dialogue Among States

**11:45 a.m. - 1:30 p.m. Working Lunch: Building Partnerships and Collaborations - Lessons Learned from South Carolina & El Paso County, Colorado**

**Dr. Qiduan Liu**, Senior Statistician, Department of Social Services, South Carolina

**Roni Spaulding**, Community Programs Manager, El Paso County Department of Human Services, Colorado

**1:30 p.m. - 1:45 p.m. Break**

**1:45 p.m. - 2:45 p.m. The New Jersey Experience: Research on Child-Only Cases in NJ**  
**Moderator: Jean Strauss**, Acting Assistant Director, Office of Program Support,  
New Jersey Department of Human Services  
**Leonard Feldman**, Director, Office of Planning and Program Support, New Jersey  
Department of Human Services  
**Robert Wood**, Senior Economist, Mathematica Policy Research, Inc.  
**Carol Williams**, Consultant, New Jersey Department of Human Services

**2:45 p.m. - 5:00 p.m. The New Jersey Program**

**2:45 p.m. - 3:45 p.m. Staff Perspectives**

Staff from New Jersey's Kinship Navigator Program, Child Support and Division of Youth and Family Services, Will Present Their Approach to Addressing the Needs of Kinship Caregivers

**3:45 p.m. - 4:00 p.m. Break**

**4:00 p.m. - 5:00 p.m. Kinship Caregivers Perspectives**

Focus Group With Kinship Caregivers From New Jersey

## Wednesday, June 4, 2003

**8:30 a.m. - 9:00 a.m. Networking Breakfast and Reflections on Day 1**

**9:00 a.m. - 10:00 a.m. Kinship Programs and the Child-Only Caseload**

**Jackie Moffitt & Elizabeth Walker**, Program Specialists, Alabama Department of Human Resources

**10:00 a.m. - 10:15 a.m. Break**

**10:15 a.m. - 11:30 a.m. National Promising Practices: A Review of Parental and Non-Parental Child-Only Strategies**

**Courtney Kakuska & Seri Palla**, Caliber Associates

**11:30 a.m. - 12:00 p.m. Closing Remarks and Evaluation**

**Lois Bell**, Director, Division of State and Territory TANF Management, Administration for Children and Families (ACF)

**Courtney Kakuska**, Caliber Associates

**APPENDIX B:**  
**ROUNDTABLE PARTICIPANTS**



Welfare Peer Technical Assistance Network

# Developing Strategies to Address the Child - Only Caseload

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**APPENDIX C:**  
**ROUNDTABLE EVALUATIONS**

## APPENDIX C: ROUNDTABLE EVALUATIONS

At the conclusion of the Roundtable, participants were asked to evaluate the meeting by responding to several statements using the scale 1=strongly disagree to 5=strongly agree. The table below summarizes the average scores awarded to each statement.

<b>DEVELOPING STRATEGIES TO ADDRESS THE CHILD-ONLY CASELOAD ROUNDTABLE EVALUATION SUMMARY</b>	
<b>Question</b>	<b>Average Score</b>
I. Conference planners adequately prepared me for this meeting by providing clear written and verbal communication regarding the meeting's purpose and expected outcomes.	4.5
II. Conference planners handled the preparation, arrangements, and scheduling of the event in a timely, courteous, and competent manner.	4.7
III. The speakers were thorough in the subject areas presented.	4.3
IV. The speakers engaged the audience and facilitated interactive discussions.	4.0
V. The information will be useful to me/my staff in developing new approaches to the child-only caseload	4.6

A total of 16 evaluations were received. One was discarded because of incomplete/inaccurate information.

Additionally, participants were asked to respond to three open-ended questions:

- VI. What did you find most useful about attending this Roundtable?
- The opportunity to share a fresh perspective on the TANF population
  - Hearing from other States
  - The research data presentations
  - The New Jersey program presentation
  - The focus group was extremely powerful
  - The importance of focusing on children instead of adults
  - The importance of focusing on both kinship and parental child-only cases.

- VII. What issues would you like to have had more discussion about during the Roundtable?
- The sessions were very comprehensive, given the short timeframe
  - Parental (SSI/immigrant) cases.
- VIII. In which aspects of the child-only caseload would you like to receive additional technical assistance?
- Developing case management strategies
  - Would like to be involved in the new Web site (community of learning portal)
  - Conducting research.