

## Relative Caretakers in Child-Only Cases Lack Support Services to Fulfill Crucial Roles

While 90 percent of children in the United States not living with their parents live with relatives, the percentage of low-income children living in no-parent households is increasing. The Urban Institute recently reported that among low-income children, the share living with neither parent rose from almost 5 percent in 1997 to nearly 6 percent in 1999. For all children, the rate also rose (3.1 to 3.5 percent).

Marilyn Edelhoich, director for research and evaluation with the South Carolina Department of Social Services, recently examined a significant group of the children who are living without their parents—the children in “child-only” TANF (Temporary Assistance for Needy Families) cases. Most families receiving TANF, the federal welfare program created by the 1996 Personal Responsibility and Work Opportunity Reconciliation Act to replace the Aid to Families with Dependent Children (AFDC) program, are subject to work requirements and time limits while receiving benefits. In “child-only cases,” caretakers receive TANF benefits only for the child and are generally exempt from federal and state work requirements.

### Note from the Director—Barbara B. Blum

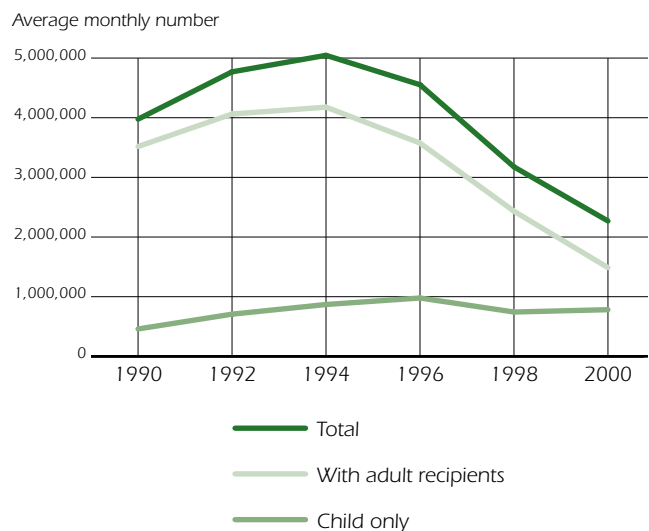
As TANF caseloads declined, child-only cases have become an increasingly larger percentage of the total caseload. The visibility of these special cases is at long last igniting interest and concern among policymakers, practitioners, and researchers. Drawing on the work of Dr. Marilyn Edelhoich, director for research and evaluation at the South Carolina Department of Social Services, this issue presents findings from a well-designed study focused on child-only cases in South Carolina, findings that are consistent with those from other studies recently published. The South Carolina data was originally published in March by the American Public Human Services Association journal *Policy & Practice*. Dr. Edelhoich and her team highlight the urgent need for increased financial and emotional support for the relative and other caretakers who receive TANF allowances for these children. Reauthorization offers an opportunity to enhance current policies.

Dr. Edelhoich and her team studied the needs of the relative caretakers of child-only cases, most of whom are grandparents or other older relatives in poorer health than the general population. Relative caretakers in child-only cases receive less than half the stipend paid to foster care parents in South Carolina and in many other states. Yet the child-only relative caretaker is often the only person standing between the child and a foster home.

### Child-Only Cases Growing Proportion of TANF Caseload

Welfare use declined 52 percent nationally between 1996 and 2001, from 4.4 to 2.1 million cases. Yet the decrease in child-only TANF cases was 25 percent in a comparable time period. Although child-only cases are not growing in absolute numbers, they are becoming an increasing proportion of the overall TANF caseload (see chart).

### Welfare Caseload (AFDC/TANF), FY 1990–2000



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. (2002). *Characteristics and Financial Circumstances of TANF Recipients, October 1999–September 2000* <<http://www.acf.dhhs.gov/programs/opre/characteristics/fy2000/analysis.htm>>.

A 2001 U.S. General Accounting Office survey revealed that while child-only cases are on average 31 percent of the national TANF caseload, the percentage in each state varies widely, from 13 percent in Hawaii to 73 percent in Wyoming. The most common type of child-only case involves a relative caregiver, followed by caretaker parents who are disabled and receive Supplemental Security Income (SSI) instead of TANF for themselves. Child-only cases are also created when parents are ineligible to receive TANF because they are noncitizens, or if they have been sanctioned for noncompliance with work (or other program) requirements.

### Relatives Are Often Best Alternative in No-Parent Households

Among “no-parent” households, placement with a relative (or “kinship care”) is usually seen as the best alternative. Most states have been giving preference to relatives when placing children outside their parental home since the mid-1990’s. A 1998 multi-state study sponsored by the U.S. Department of Health and Human Services’ Administration for Children and Families found a high percentage of case workers agree that placement with relatives is best for the child, helps in identity formation, preserves family ties, and increases visitation.

In most cases, the children have suffered emotional trauma in separating from their parents. They may also have experienced abuse, neglect, and domestic violence. They are also affected by their parents’ substance abuse, incarceration, ill health, or death. While relative placement may be the best alternative, it is important to consider how well the children and their relative caretakers are doing.

### TANF/Foster Care Payments for Relatives Differ Significantly

In 2000, some 2.2 million children lived in kinship care; most did not receive any cash assistance. The Urban Institute estimates that about 27 percent of all children in kinship care (and 36 percent of children in low-income kinship care) live in families that receive either a child-only TANF payment or a foster care payment.

The same reasons that cause children to be removed from their homes and placed in foster care bring children to reside with relatives in child-only cases; however, in child-only cases, relatives receive less money and fewer services. In South Carolina, the base rate for foster care payments per month for one child without special needs aged 6–12 years is \$339 per month; the TANF payment to a relative caretaker for one child is 70 percent less—\$102 per month. TANF payments decrease for subsequent children, while the foster payments are the same for each additional child. Foster parents receive a quarterly clothing allowance, but not TANF relative caretakers.

### Other Research on Child-Only Cases

#### The Lewin Group

A study conducted for the U.S. Department of Health and Human Services of policy and practices in three states (California, Florida, and Missouri) described the characteristics of the 1999 child-only caseload. It attributed growth in this caseload since the late 1980s to policy changes in sanctioning and SSI eligibility, but also to an increase in the number of noncitizen cases.

#### The Welfare Information Network (WIN)

*Issue Notes* (April 2001) addressed the well-being of children in child-only cases and concluded that little is known about this subject. It stated that more research on these children and their well-being is needed; the children in these families have often been separated from their natural parents because of adverse circumstances and may experience serious emotional and behavioral problems.

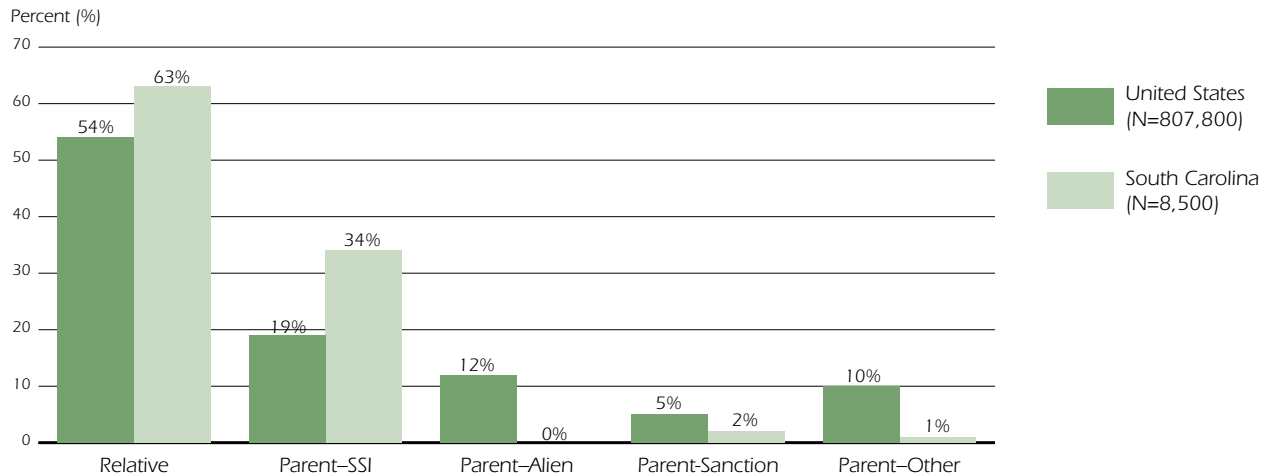
#### The Urban Institute (UI)

A recent UI study based on analyses of the 1997 and 1999 rounds of the National Survey of America’s Families found that children living with relatives do worse than children living with their parents on most measures of behavioral, emotional, and physical well-being. Urban Institute researchers found that while living with a relative yields better outcomes than foster care, the situations of relative caretakers may hinder the children’s healthy development. Approximately a third live in families with incomes under 100 percent of the federal poverty level, and another third live in low-income families earning under 200 percent of the federal poverty level. Relative caretakers are often older, are less well-educated, and have health problems. Kinship families frequently qualify for needed services, such as food stamps, housing, and child care assistance, yet do not receive them. Both relative caretakers and children in kinship care are vulnerable to mental health problems.

#### Mathematica Policy Research (MPR)

A survey of over 500 relative caretakers in New Jersey found that their average income was well above that of TANF families, \$2,344 compared to \$968 a month. However, seven out of 10 caretakers have incomes at or below 200 percent of poverty. Consistent with other research, relative caretakers in New Jersey are older and not in good health. Their average age is 52 compared to 32 for TANF recipients, and their physical health is similar to that of a typical 70-year-old. MPR found that three of 10 school-age children were enrolled in special education, and four of 10 teens had been suspended or expelled. MPR also looked at disabled parent caretakers in SSI cases and at immigrant parents whose children receive TANF benefits. High rates of food insecurity were found among SSI parents and their families. Immigrant families were found to be especially disadvantaged, with housing problems a particular concern.

## Caregiver Type in the TANF Child-Only Caseload, October 1999–September 2000



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. (2002). *Characteristics and Financial Circumstances of TANF Recipients, October 1999–September 2000* <<http://www.acf.dhhs.gov/programs/opre/characteristics/fy2000/analysis.htm>>.

These disparities are seen in states with higher TANF benefits as well as in low-benefit states such as South Carolina. For example, in New York City, the comparable foster care payment for a 6- to 12-year-old child is \$541, and the child-only TANF payment for one child is \$352.

While relative foster parenting is uncommon in South Carolina, nationally nearly a third (29 percent) of foster parents are relatives. Why don't more relative caretakers in TANF cases become foster parents? For this to happen, the state must assume legal custody of the child, usually based on a finding of parental abuse or neglect, and place the child with the relative foster parent. In addition, the family from which the child was removed must have been welfare eligible. In contrast, all kin, regardless of income, who are caring for a relative child are eligible to receive TANF child-only payments, unless the child has SSI or some other source of income that would cause the child to exceed the TANF income limit.

Relative caretakers in TANF cases report that they see themselves as preventing foster care placement, and they may feel reluctant to give up custody of their grandchildren, or (grand) nieces or nephews. Hopes for reconciliation with parents may also cause reticence to terminate parental rights in court.

Foster parents are licensed by the state after receiving foster parent training and meeting standards for their home. Relative caretakers may be concerned that they may not meet licensing requirements due to factors such as poverty, crowded housing, or their own health limitations. (In practice, relative foster parents are not held to the same standards, nor do they receive the same services as non-relative foster parents in many states.) In states with budget shortfalls such as South Carolina, rais-

ing TANF payments to relative caretakers may become less likely as state revenues decline.

### Grandparents and Great-Grandparents Are Majority of Caretakers in South Carolina

In South Carolina, the TANF caseload dropped 70 percent from 1994 to 2001, and consequently, child-only cases grew to become half of the caseload. In 2001, the South Carolina Department of Social Services conducted over 340 in-depth interviews and analyzed administrative data to assess the stability of relative caretakers' homes and to determine the intent of the caretakers to raise the TANF children to maturity. Household composition, income, and deprivations were also assessed. The results provide a comprehensive look at the child-only relative caretaker, including the demographics, needs, and views of this special group, and some indicators of well-being of the TANF children they care for.

Three quarters of the caretakers are grandparents, or great-grandparents. The rest are aunts or uncles (19 percent), cousins or siblings (2 percent), or another adult (2 percent). Nearly two-thirds of relative caretakers in South Carolina are over age 50, half have less than a high school education, 80 percent are African-American, and about one-third are married.

In most cases (51 percent), relative caretakers have legal custody of the children, and 31 percent have guardianship of the children. In some cases, relative caretakers are caring for more than one child receiving TANF payments. While nearly 60 percent care for one TANF child, 25 percent care for two, and 15 percent care for three or more children.

### About the South Carolina Study

A stratified random sample of 443 (10 percent) was drawn from the universe of 4,195 nonparental caretakers receiving TANF in February 2001 with at least six consecutive months on the rolls. The strata were based on the age of the focal child (under age 6, 6–13, and teens), with each strata consisting of one-third of the total sample. Telephone interviews were completed with 344 caretakers—a response rate of 78 percent. The co-principal investigators on the South Carolina child-only research are Dr. Marilyn Edelhoch, director for research and evaluation, and Dr. Qiduan Liu, senior statistician, of the South Carolina Department of Social Services.

Almost half (46 percent) of the relative caretakers stated that their household income before public assistance was less than \$10,000 a year, and 31 percent reported income between \$10,000 and \$20,000. The average TANF benefit for these families was \$140 per month. Records show that about half of these cases received an average of \$194 per month in food stamps.

In terms of household composition, 36 percent of the respondents lived with spouses or partners, and 14 percent lived with adult children or grandchildren. Altogether, 51 percent had one or more other adults living in the household.

Because the majority of the caretakers are grandparents and are elderly, unearned income such as Supplemental Security Income, Social Security, and pensions from either the caretaker or other adult relatives constitutes a large portion of the household income in nearly half of the cases. Almost 40 percent of the relative caretakers receive disability benefits due to poor health or physical impairments, and in 11 percent of the cases, another adult in the household is disabled.

In 41 percent of the cases, the relative caretaker works, and 52 percent of the households contained at least one adult who worked. One-fifth of the TANF teenagers sometimes worked and contributed to household income. Nearly three-quarters of the caretakers were covered by some type of health insurance, including Medicaid (24 percent), Medicare (24 percent), and/or private insurance (29 percent), but 27 percent are apparently uninsured.

Many caretakers are older people who are managing their homes well despite very low incomes and without serious deprivation in most cases. In responding to questions about deprivations in the last year, 11 percent stated that they had had no money for food at some point. Less than 6 percent indicated that they had experienced any of the remaining deprivations asked about, including lack of medical care when needed or having had to move due to lack of funds. Most described their neighborhood as good or adequate; 8 percent indicated that the neighborhood they lived in was either “not too good” or “very bad.”

### Abuse, Neglect, Incarceration, Drug Use Are Major Reasons For Parents' Absence

Relative caretakers told the interviewers that the children lived with them primarily because they were abused or neglected (16 percent), their parent(s) abused drugs (28 percent), or their parent(s) were incarcerated (13 percent). Another 20 percent were deserted by their parents. In the remaining cases, parents had died, were disabled or institutionalized, or were minors.

Records show that at least 35 percent of the sample of TANF children in this study had prior child protective services involvement. In addition, although incarceration was reported as the primary reason for 13 percent of the placements with relative caretakers, records also show that at least 18 percent of the children placed with relative caretakers had parents in prison.

In about three-quarters (74 percent) of the cases, the TANF child went to live with the relative caretaker directly from their parent(s) home, and in 16 percent of the cases, the children had a spell in foster care. The remaining 10 percent lived in a variety of situations before coming to the relative caretaker, including with other relatives, potential adoptive parents, and shelters. About a quarter of the children were placed with relative caretakers at birth.

### Most Relative Caretakers Plan on Raising Children to Maturity

Over 90 percent of the caretakers interviewed by the South Carolina team said that they would like to raise the child (or children) to the age of 18. Of the remaining 9 percent, half indicated they would like to but may be unable to, while the other half stated that they would not. The reasons given for not being able to raise the child include the caretaker's age (too old), health problems, and financial constraints. For a very small number (4 percent), the arrangement was planned to be temporary either because the caretaker could not make a long-term commitment or due to hopes that the parents' situation would improve (e.g., health would improve, school or military service would be completed, a job would be found).

Children in these cases have a slightly higher-than-average chance of staying with relative caretakers to maturity if the child is older, if the caretaker is not raising a child of her/his own, if the child's parent(s) died, or if the child had a child protective services history.

When asked how they felt about taking care of their TANF child or children, most caretakers were very positive, indicating that they felt they were doing the best thing for the children and would not have it any other way. A few admitted it was difficult given their age and health or that it had changed their lives more than they planned. Still, most indicated that the situation is definitely preferable to foster care placement and that they are willing to do as much as they can.

## Case Study Excerpts from the South Carolina Study

### Household Income and Circumstances

Great-grandmother of two teens, boy and girl, ages 12 and 15, who is guardian due to parent's substance abuse stated she needs a little more financial help. "They only get \$162 a month (together) and at their age, they are expensive and it takes a lot to raise teenagers. I am 70-years-old and I can't make it with just my income."

### Child Care Needs

Grandmother caretaker of two boys, ages 10 and 14, who is guardian due to child neglect receives SSI, which provides an income under \$10,000. She stated she loves being caretaker because they are her grandchildren, but she most needs... "some help with the boys because I am partially blind, to help with schoolwork and cleaning."

### Child Psychological Well-Being

A grandmother of a 16- and an 18-year-old said it was hard on the kids when their mother became addicted to drugs. She plans to get both children into counseling to deal with the effects of their mother's addiction. A grandpa

who is the sole caretaker of his granddaughter, age 6, due to her mother's substance abuse stated: "She asks about her mother all the time, and her mother only called twice since Christmas," (reported in March). Grandpa says, "I try very hard to keep her in the church. She likes to sing in the choir, and she is taking piano lessons. Everybody always tells me I am doing a good job with taking care of her. I even do her hair sometimes when I send her to school."

### Needed Supports

A caretaker of two grandchildren, ages 15 and 13, due to incarceration of mother, and desertion of father stated: "I love taking care of them. They have their choice about who they wanted to live with and they choose us. Financial assistance for caretakers [is needed.] My husband is 62 and wanted to retire 2 years ago and could not because of the children... We are now in credit card debt. We are not complaining—it is just that it takes more than the \$162 to take care of these children."

## Child Support, Child Care Needs High for Child-Only Caretakers

About 30 percent of the caretakers received some child support from at least one of the parents, an average of \$120 a month. Of those not receiving child support, the majority had either filed for child support or had a court order awarding them child support. The reasons they did not receive child support were very similar to the reasons the children came to live with them in the first place, such as desertion, disability, incarceration, death, or problems such as substance abuse. One in 10 of the respondents did not know who a parent was or could not find the parent, and others never applied, either because they did not want to bother or did not want to have anything to do with the children's parents.

The team also found unmet child care needs. Two-thirds of the preschool children attend child care programs or have child care providers, most of which (90 percent) are center-based or school-based. About a third (36 percent) of the caretakers of preschool children receive child care assistance. Half of those without a child care provider say they need child care, and half of those not receiving child care assistance say they need it.

In addition, nearly 30 percent of the elementary and middle school-aged children have before- or after-school care, and an additional 9 percent of the caretakers expressed a need for such care. The need for respite care was also mentioned by relative caretakers.

## Some Children Not Getting Psychological Care They Need

Altogether, relative caretakers assessed the well-being of their TANF children as above average in about half the cases (48 percent), 29 percent were reported to be "about average," and the rest below average (18 percent) or not good at all (3 percent).

Over one-quarter (27 percent) of the children receive routine psychological care, including some rated as good or very good in psychological health. According to their caretakers, 11 percent of the children in the South Carolina sample need psychological care but are not receiving it.

Even though caretakers more often than not rated the children in their care as doing well or very well, many caretakers expressed concerns about the psychological, behavioral, and learning problems of the TANF children in the survey. Caretakers described problems with nightmares, anxiety attacks, depression, attention deficit disorder and other learning disabilities, promiscuity, and/or aggressive behavior of the children they care for. Many of these children had suffered serious trauma in the past, and caretakers cited the challenges of providing them with a nurturing environment conducive to normal development.

## More Safety Net Services Needed, Especially Financial Support

When asked what problems the caretakers had in raising the children and what might help, more than half ex-

pressed the need for more support, especially regular financial assistance. The younger the TANF child, the greater the reported need for more financial support. The most frequently mentioned needs are:

- ▶ More money for the TANF child(ren), especially for clothes and school expenses
- ▶ Food stamps or more food stamps
- ▶ Health coverage for adults in the household and/or assistance with prescriptions
- ▶ Counseling for the TANF child(ren)
- ▶ Child care, after-school care, summer programs
- ▶ Support groups, home visitors, and/or respite care for the caretakers

An important concern of the caretakers are expenses associated with school, including clothes, uniforms, books, supplies, and field trips (see table). These are especially critical needs, since school engagement and involvement in school activities were shown by Urban Institute researchers to suffer in this group of children. Weak school engagement can lead to suspension or expulsion, and dropping out. Leaving school early is a good predictor of lowered life expectations and poor outcomes, such as teen pregnancy and poverty.

Even families with moderate incomes had worries. Receiving food stamps, or more food stamps, was mentioned by 40 percent of respondents. Family food stamp eligibility is based on total household income and does not adequately account for the expense of caring for TANF children with very low stipends, according to caretakers.

Some were spending retirement savings and others had to postpone retirement. Caretakers with children reaching college age worried about paying for college applications and tuition and incurring such significant

debts later in life. Older caretakers were more likely to report health problems and high medical bills which, even for those with health insurance, can have a serious impact on financial stability.

Besides some of the children needing psychological counseling but not getting it, one-third (34 percent) of the relative caretakers indicated that they would like to join a support group, 21 percent said they would like to attend a “developmental class,” and 24 percent said that they would like a home visitor. Many expressed gratitude that they were being interviewed and that the state was interested in their needs.

### Providing Support Services Costs Less Than Formal Foster Care

Providing larger TANF grants and relatively inexpensive support services to the caretakers of these children would cost substantially less for states than formal foster care, and there are many models to turn to. Some states and localities, including Colorado, California, Ohio, Louisiana, Alabama, and North Carolina, have developed support programs for relative caretakers. Nearly half of the 57 programs described in a 2001 U.S. Department of Health and Human Services report on programs that support kinship care had been operating for less than three years.

One of the oldest programs in the country is the Edgewood Center for Children and Families, in San Francisco, California. The Center helps with money for rent, clothes, shoes, and food, and support from social workers. It also provides a place for kids to be with other kids in the same situation. The Kinship Care Support Network at Edgewood began in 1992. Similar programs provide an array of services, such as financial assistance, school counseling and tutoring, emergency aid, respite care, and support groups.

### Caretakers Concerns and Difficulties in Providing for the Children

	Percent of Total			
	Preschool	6-13	14+	All
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
Obtaining child care assistance	29	9	–	13
Obtaining child care so caretaker can go to work	16	3	–	6
Getting information about available services	16	11	11	12

A different (and less expensive) model is The Kinship Navigator in New Jersey, a referral service designed to help caregivers navigate government services, such as TANF, food stamps, Medicaid, health insurance, and child care. Finally, the GrandFamilies House in Boston provides housing for grandparent-headed families and offers a preschool and afterschool care program with tutoring, a computer center, homework assistance, and senior fitness programs. It is hoped that the new programs will fill in much of the gap in services for relative caretakers of child-only cases.

Relative caretakers may be the “unsung heroes” of the welfare reform era by assuming care for the children of family members who have become too ill or incapable to continue parenting their own children, says Dr. Edelhoich. “There is overwhelming evidence that relative caretakers need more support. Preventing foster home placements and keeping relative caretakers’ homes up and running are important goals. It is in the interest of the children, and in the interest of overburdened foster care programs across the country, for states to provide it.”

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### Resources on Child-Only Cases and Relative Caretakers

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# RESEARCH FORUM ON CHILDREN, FAMILIES, AND THE NEW FEDERALISM

The Research Forum, an initiative of the National Center for Children in Poverty, hosted at the Mailman School of Public Health, Columbia University, encourages collaborative research and informed policy on welfare reform and vulnerable populations. The Research Forum's ultimate goal is to identify and promote strategies that protect and enhance the well-being of poor children and their families.

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