Kinship Care and “Child-Only” Welfare Grants: Low Participation Despite Potential Benefits

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Several U.S. social policies identify kinship care as the preferred out-of-home placement. However, financial assistance to defray the cost of kinship caregiving is limited. One option is the child-only welfare grant. This study investigates kinship households’ eligibility for, utilization of, and educational benefits associated with these grants. Most kinship households are eligible for these grants, which in 2003 provided a median monthly benefit of $227. However, analysis of National Longitudinal Study of Adolescent Health data indicates that few eligible kinship households receive the grants. Regression analysis indicates that an increase in this amount of monthly household income during adolescence is associated with a 7% greater likelihood of kinship youth graduating from high school.

KEYWORDS AFDC, child-only, educational achievement, high school diploma, high school graduation, kinship, TANF, welfare policy

Social workers and other human service professionals agree that kinship care, the caregiving of a vulnerable child by a relative when the biological parents are unwilling or unable to provide the care, is stressful and imposes
a financial burden on the caregivers (Bent-Goodley & Brade, 2007; Blair & Taylor, 2006; Burton, 1992; Cox, 2007; Dowdell, 1995; Gibbs, Kasten, Bir, & Hoover, 2004; Gibson, 1999; Weber & Waldrop, 2000). The level of governmental financial support to caregivers is one of the major social policy challenges in kinship care (Crewe, 2003; Hornby, Zeller, & Karraker, 1996; Letiecq, Bailey, & Porterfield, 2008). Most kinship caregivers are eligible for a modest-sized grant informally called the “child-only” welfare grant. However, despite a high level of financial need exhibited by kinship families, few receive this grant.

In 1999, one third of kinship households had incomes at or below the federal poverty level, and two thirds had incomes at or below twice the poverty level (Ehrle & Geen, 2002a). In the same year, only 14% of U.S. families in the general population with at least one child lived below the poverty level (U.S. Census Bureau, n.d.). Bryson and Casper (1999) noted that 57% of grandmothers raising grandchildren lived in poverty, compared to 14% of two grandparents raising grandchildren together, suggesting the particular vulnerability of single grandmother caregivers. Ehrle and Geen (2002a) also noted that kinship caregivers tend to be older, and many are retired and living on a fixed income.

Taking in a child can threaten the caregiver’s previously marginal financial stability (Gibbs, Kasten, Bir, Duncan, & Hoover, 2006). Caregivers report that daily stressors such as making ends meet and transportation challenges take a toll on their mental and physical health (Blair & Taylor, 2006). Some kinship caregivers find that they must postpone their retirement or spend down their retirement savings (Gibbs et al., 2004). Along with the lack of financial resources, kinship caregivers seem to be unaware of social services and programs that are designed to meet their various needs (Gibson, 2003; Gleeson et al., 2008; Goelitz, 2007). For example, in 1997 only 40% of grandmothers raising grandchildren received Temporary Assistance to Needy Families (TANF) or General Assistance, as was the case for 20% of both grandparents raising grandchildren (Bryson & Casper, 1999). This is especially concerning given that 51% of grandmother caregivers and 37% of both grandparents raising grandchildren had at least three children in the household (Bryson & Casper, 1999).

Service providers and relative caregivers often report that children are in kinship care as a result of significant disruptions in parenting, often including abuse or neglect (Gibbs et al., 2004). Separation from the parent can be less traumatic when living with a familiar relative who can help the children deal with difficulties from their past. The familiarity of the relative and the relative’s home, greater contact with the child’s biological family, and fewer changes in residence experienced by children cared for by relatives can all make the transition easier for the child (Billing, Ehrle, & Kortenkamp, 2002). When compared to children living with their biological parents, children in kinship care are viewed as vulnerable (Crewe, 2003; Gleeson, 1999). Little research has been conducted on the well-being of kinship youth,
especially those receiving child-only welfare (Gibbs et al., 2004). The purpose of the current study is to investigate kinship households’ eligibility for, utilization of, and potential educational benefits of increased income in general, and increased income in the amount of a “child-only” grant.

LITERATURE REVIEW

Legislative Support for Kinship Caregiving

Several social policies suggest preference be given to relatives as caregivers when biological parents are unable to provide care. Federal legislation such as the 1950 amendment to the Social Security Act (Leos-Urbel, Bess, & Geen, 2002), the Indian Child Welfare Act of 1978 (Hegar, 1999), the Adoption Assistance and Child Welfare Act (1980), the Personal Responsibility and Work Opportunity Reconciliation Act (1996), and the Adoption and Safe Family Act of 1997 (Jimenez, 2006) firmly identify kinship care as a valuable resource for children who can no longer remain in the care of their biological parents. Social policies’ support for relatives as primary caregivers (Geen & Berrick, 2002) is, however, not backed up by financial support to cover the extra cost of caring for children, with the exception of the modest child-only welfare grant.

Child-Only Grants and Kinship Care

Child-only grants, which have only recently come to the attention of researchers (Blair & Taylor, 2006), are TANF grants in which adults are excluded, meaning the benefits are for the child only (Wood & Strong, 2002). Foster care and child-only welfare grants are available to kin caregivers in every U.S. state. However, child-only welfare grants are the focus of this article because they are the more accessible option.

Becoming licensed as a kin foster care provider can be attractive to kinship caregivers, as the monthly payments are higher than welfare payments (Gleeson, 1999) and include multiple services. However, to be eligible for a foster care grant the child must be in the custody of a child protection agency (Ehrle, Geen, & Main, 2003). In 1997 an estimated 1.8 million children were in kinship care, but only 200,000 (11%) of these were in the custody of a child protection agency (Ehrle, Geen, & Clark, 2001). Many caregivers avoid alerting these agencies about the child’s situation because they do not want to be supervised by child protection workers (Schwartz, 2002), do not want to deal with child protection regulations, or fear the child might be taken from them and put into nonrelative foster care (Gibbs et al., 2004). This can be a significant concern for African American caregivers as they are disproportionately reported, investigated, and substantiated for child abuse and neglect (Berger, McDaniel, & Paxson, 2005). These concerns are especially important because
grandparent caregiving is more prevalent in African American (6.0%) and American Indian/Alaskan Native communities (5.8%) than in Hispanic (4.1%) or White communities (1.3%) (Fuller-Thomson & Minkler, 2005).

Families receiving a child-only welfare grant do not have access to the variety of services available to children in state custody (Blair & Taylor, 2006; Cox, 2007; Gibbs et al., 2006). Their benefits are limited to financial assistance and medical assistance. In 2003, the amount of child-only grants varied by state from $81 to $514 per month, with a median of $227 per month per child (U.S. House of Representatives, 2004). Child-only grants can be attractive to kinship families because they require no connection to a child protection agency, the situation for 89% of these families. Also, unlike welfare grants that cover the entire family, child-only grants have (1) no time limits, (2) no work requirements, and (3) no caregiver income or asset ceilings. Intrusive questions about the household’s income and assets are therefore unnecessary, and most kinship households are reported to be eligible (Murray, Ehrle Macomber, & Geen, 2004).

In addition to foster care and child-only grants, 35 states offer subsidized guardianship programs for kinship caregivers, some offering more than one program. However, in a review of these programs, the Children’s Defense Fund (2004) found that 31 of the 39 programs limit enrollment to children who have been in state custody. Because most children in kinship care are not in state custody (Ehrle & Geen, 2002b; Ehrle et al., 2001), these households are unlikely to receive subsidized guardianship or child welfare services. For these families, the child-only welfare grant can be a valuable, though limited, option. The next section provides background on kinship youth’s educational achievement, an area in which the child-only grant might provide a benefit.

Educational Achievement

High school graduation is a key indicator of educational achievement. It has been used as a measure of child well-being in kinship care (Gibson, Nelson-Christinedaughter, Grotevant, & Kwon, 2005) and is the outcome measured in the current study. A high school diploma represents the minimum level of education necessary for entry-level jobs with career characteristics (Haveman & Wolfe, 1994). Cheeseman Day and Newburger (2002) estimated that, among adults 25–64 years old who worked full-time, year-round in 1997–1999, those with only a high school diploma earned 23% more than those without a high school diploma ($30,400 and $23,400, respectively). High school graduation has not only significant private benefits to the individual graduate, but also public benefits in contributions to future government tax revenue and reductions in future expenditures for welfare and criminal justice systems (Fan & Wroblewski, 2004).

Concerns have been raised about kinship children’s educational performance. Researchers have found their educational performance to be
below that of their peers in similar grades and disadvantaged circumstances (Dubowitz & Sawyer, 1994; Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993; Sawyer & Dubowitz, 1994). When compared with youth living with their parents, Billing et al. (2002) found youth in kinship care to fare worse in some, though not all, school outcomes, possibly because they are adjusting to their new living situation, to the separation from their parents, or to a change in schools. Kinship youth between the ages of 6 and 17 years are more likely to have low school engagement than youth raised by their parents. Teenagers in kinship care are more likely than those living with their parents to have been suspended or expelled from school in the last year. Teachers reported that kinship children have more school behavior problems than their peers in the general population (Dubowitz et al., 1994) and that the performance of these children is characterized by poor attention, concentration, and study habits (Dubowitz & Sawyer, 1994).

An increase in household income, such as a child-only welfare grant, would contribute to educational achievement directly and indirectly. Sherman (1994) found that greater income directly influences academic achievement by enabling a child to have greater learning opportunities. These opportunities include having resources such as books, computers, and other educational materials purchased for the home, school supplies and fees for activities such as field trips, and summer and educational camps. These resources can encourage adolescents’ learning and motivate them to stay in school. Sherman also noted that household income affects academic achievement indirectly when low-income children are less than ready to take advantage of existing learning opportunities. A lack of resources affects the material necessities and support caregivers are able to provide for children, which affects the ways children and households live. Children may be unprepared to learn at school if they are experiencing problems such as hunger, lack of sleep due to crowded housing, impaired health (e.g., asthma due to inadequate housing), or emotional and behavioral problems resulting from family financial stress.

Research Questions

A review of the literature on kinship families and child-only grants reveals many gaps. First, there is a plethora of conceptual literature about policies encouraging kinship care, coupled with a growth in kinship care arrangements, but a paucity of studies on outcomes among kinship youth in kinship care. Second, most studies suffer from problems such as small samples (e.g., National Survey of Child and Adolescent Well-Being) (Gibbs et al., 2004) or nongeneralizable samples (e.g., kinship children under child protective custody). Third, estimates of kinship youths’ utilization of child-only grants (e.g., Murray et al., 2004) have been conducted on all kinship youth, without attempting to exclude those ineligible for the grant (noncitizens and adopted kinship children).
The current study builds on knowledge about kinship families and child-only grants by using a nationally representative data set that includes youth with and without a connection to the child welfare system. The following research questions were selected to fill the aforementioned gaps and inform social policy in kinship care:

Research Question 1: What percentage of kinship youth was eligible for a child-only welfare grant in 1994?
Research Question 2: What percentage of eligible kinship youth received a child-only welfare grant in 1994?
Research Question 3: Was greater household income in kinship youths’ adolescence in 1994 associated with a greater likelihood of graduating from high school by 2002, controlling for youth, caregiver, and household characteristics?
Research Question 4: Was an additional $195 in monthly household income in kinship youths’ adolescence in 1994 associated with a greater likelihood of graduating from high school by 2002, controlling for youth, caregiver, and household characteristics? The median state monthly child-only welfare benefit in 1994 was $195, so this question is a proxy for the impact of a child-only welfare grant.

METHOD

Research Design

The current study utilizes two waves of the National Longitudinal Study of Adolescent Health (Add Health) data. For Research Questions 1 and 2, weighted proportions were calculated to estimate what proportion of kinship youth were eligible for a child-only grant and, among those eligible for the grant, what proportion received it. For Research Question 3, multivariate logistic regression was used to estimate the effect of increased income during adolescence on the likelihood of graduating from high school, controlling for relevant youth, caregiver, and household characteristics. For Research Question 4, the odds ratio (OR) calculated in Research Question 3 was transformed to estimate the effect of a $195 increase in income on the likelihood of graduating from high school, controlling for the above factors. All analyses were conducted using the STATA 9 statistical package (StataCorp, 2005).

Sample

The Add Health study was designed to assess the health and health-related behaviors of adolescents (Harris et al., 2003). Add Health used a school cluster-sampling design to provide a representative sample of U.S.
adolescents who in 1994 were in Grades 7 through 12. Adolescent, caregiver, and household characteristics were assessed using the Wave I school questionnaire, adolescent in-home interview, and caregiver questionnaire collected in 1994–1995. Educational achievement in the young adults was assessed using the Wave III interviews, collected in 2001–2002.

All students in attendance at the school on the day the Wave I school questionnaire was administered completed the school questionnaire. The school questionnaire and school roster information were used to choose the probability sample for the Wave I in-home interviews. One caregiver of each youth in the in-home interview sample was asked to complete the caregiver questionnaire. Attempts were made to contact all youth who participated in the Wave I in-home interview again in 2001–2002 for the Wave III interview, with a final response rate in Wave III of 76%. The response rate among the kinship sample used for this study (described later) in Wave III was 68%.

The Add Health weights and cluster correction that are necessary for generalizing to the population of U.S. youth were applied in all analyses. The cluster corrections designed for this data set were important, because the school rather than the individual served as the original Add Health sampling frame. The longitudinal weights for youth responding to Waves I and III adjusted for the oversampling of middle-class African Americans present in the Add Health data set (Chantala, 2006). The oversample is very valuable in the study of kinship care because kinship care is an important tradition in African American communities.

Creating the Baseline Sample of Kinship Youth

The baseline sample for the current study was composed of 303 kinship youth who in 1994–1995 were 18 years of age or younger, lived with a non-parent relative, and had been assigned Wave I and Wave III probability sampling weights. This is the sample used for Research Question 1. Samples for Research Questions 2, 3, and 4 are composed of different subsamples of these youth and are described in later sections.

Descriptive analyses of this study’s kinship sample confirmed Ehrle and Geen’s (2002a) findings that kinship families are more likely than other households to have low income. Although 17% of all U.S. families with children younger than age 18 lived at or below the federal poverty guideline in 1994 (U.S. Census Bureau, n.d.), 35% of the Add Health sample’s kinship youth lived at or below this level. The data set also confirmed expectations of a large percentage of African Americans in kinship care. When asked to choose one racial category that best described their racial background, one half of the youth identified themselves as African American, and 41% as non-Hispanic White. Others reported that they were Hispanic (4%), Asian (2%), Native American (1%), or other (2%).
Estimating the Percentage of Kinship Youth Eligible for Child-Only Welfare (Research Question 1)

All 303 youth in the baseline kinship sample were included in this first analysis. They were coded as being eligible for child-only welfare if they met three of the eligibility requirements: (1) they were a citizen or qualified alien, (2) they had not been legally adopted by their caregiver, and (3) they were either in school or their earned income was below 185% of the estimated 1994 median state Aid to Families with Dependent Children (AFDC) need standard. This need standard was estimated for the purpose of this analysis to be $8,558 in 1994, based on data from the Commission on Behavioral and Social Sciences and Education (1995).

If the kinship youth received a foster care grant or Social Security payments, or had assets more than $1,000, they would be ineligible for the child-only grant. However, data in the data set was not sufficient to evaluate any of these criteria. As a result, the estimated percentage of kinship youth eligible for this grant might be considered a high estimate, as it may include some youth who would be ineligible.

Estimating the Percentage of Youth Who Receive a Child-Only Grant (Research Question 2)

The second research question asked what percentage of eligible kinship youth received a child-only welfare grant. The sample for this analysis was made up of the 249 youth in the baseline kinship sample who were deemed eligible for the grant. The Add Health instruments never asked caregivers or youth directly whether they received a child-only grant, so two less-direct questions asked of the caregiver in Wave I were used to estimate eligibility. The first question was "Last month, did you or any member of your household receive Aid to Families with Dependent Children?" This could be a family grant or a child-only grant. This question is used to estimate the maximum number of child-only grant recipients, because child-only grants were one type of AFDC grant.

The second question, located in the section of questions about the caregiver, asked, "Are you receiving public assistance such as welfare?" Caregivers who responded affirmatively to the first question (someone in the household receives welfare) and negatively to the second question (the caregiver does not receive public assistance) are estimated to be the minimum number who received a child-only grant. Because someone in the household is receiving welfare, but the adult is not, we concluded that the household must be receiving a child-only grant.

Of course, public assistance could refer to a child-only or a family welfare grant, food stamps, Social Security Insurance, or Medicaid; and it is unknown which type of assistance the caregiver is referring to in the
second question. Thus, the percentage of kinship youth receiving a child-only grant can only be estimated as a range between households that received some type of AFDC (the maximum), and those that received AFDC but the caregiver did not receive any form of public assistance (the minimum). Somewhere within this range lies the actual percentage that received a child-only grant.

Estimating the Association Between Income During Adolescence and Likelihood of Graduating From High School (Research Question 3)

The sample for this analysis included kinship youth eligible for a child-only grant that had complete data on all regression variables. The dependent variable for the multivariate logistic regression analysis was high school graduation by the youth at Wave III. The predictor variables, including youth, caregiver, and household characteristics, were all measured at Wave I. Several correlations between independent variables were statistically significant, though the highest Pearson correlation coefficient was 0.41, low enough to avoid concerns about multicollinearity.

Measures

In Wave III, the young adults were asked whether they had received a high school diploma such that 1 = high school diploma achieved or 0 = high school diploma not achieved. Youth characteristics were drawn from the Wave I youth in-home interview and included age and gender, such that 1 = male and 2 = female. Only those aged 20 and older at Wave III were included in the sample, because many younger than age 20 may have been in the process of finishing their high school degree. At Wave I, youth varied in age from 12 (4% of the sample) to 18 (15% of the sample) and at Wave III varied from age 20 to 26.

Four caregiver characteristics were identified in the literature as salient for kinship households: caregiver education (Bachman & Chase-Lansdale, 2005; Ehrle et al., 2001), caregiver health (Bachman & Chase-Lansdale, 2005; Terling-Watt, 2001), caregiver full-time employment (Terling-Watt), and caregiver marriage or marriage-like relationship (Bachman & Chase-Lansdale, 2005; Ehrle et al., 2001). All caregiver characteristics were drawn from the Wave I Add Health caregiver interview. These included (1) education level such that 0 = not a high school graduate and 1 = high school graduate, (2) general physical health of the caregiver on a 5-point scale from 1 = poor to 5 = excellent, (3) full-time employment such that 1 = employed full-time and 0 = not employed full-time, and (4) marriage or marriage-like relationship. Marriage or marriage-like relationship was assessed by two questions in the caregiver interview: “Was this [your most recent
relationship] a marriage or marriage-like relationship?" and "Is this relationship still going on?" Caregivers who responded affirmatively to both were coded as 1 = currently in a marriage or a marriage-like relationship, others were coded as 0 = not currently in a marriage or marriage-like relationship.

Two household variables were included in the regression: household size and household income. Household size was reported by the youth at Wave I and varied from 2 to 12 members. Total pretax household income received in 1994 was reported by caregivers at Wave I. The two households with annual income between $100,000 and $230,000 were top coded (a standard method) to $100,000. Annual household income was divided by 12 to calculate average monthly household income.

Estimating the Association Between $195 and the Likelihood of Graduating From High School (Research Question 4)

The optimal method for estimating the impact of a child-only grant on a youth’s likelihood of graduating from high school would be to randomly assign some kinship youth to receive the grant and others to not receive the grant, and then follow them to find out which group of youth was more likely to graduate. However, the ethics of withholding services to some eligible youth would likely make such an experiment prohibitive, and the conditions for a natural experiment such as this do not exist. As a result, multivariate regression is the only practical way to estimate these associations.

In the current study, the likelihood of graduating from high school, given an additional $1 in monthly income (from Research Question 3), was used to estimate how much more likely youth would be to graduate if they had additional income equal to the median child-only grant. This is intended to simulate the impact of a child-only grant.

The amount of 1995 AFDC child-only grants varied from state to state, from $60 in Mississippi to $452 in Alaska (Geen & Waters Boots, 1997). The Add Health data set did not include respondents’ state of residence. Therefore, the median AFDC child-only monthly payment was calculated from Geen and Waters Boots’ compilation of all 1995 state payments. This $201 child-only benefit was adjusted from 1995 dollars into 1994 dollars because household income was reported for 1994, the result being $195 using the U.S. Department of Labor’s (n.d.) inflation calculator.

The considerable variation in the size of child-only grants suggests that the national median is only a rough proxy of the grant a kinship household in any particular state could receive. This proxy is nevertheless deemed valuable because 39% of states had a child-only grant within $50 (above or below) of the $195 median, and an additional 31% of states had a grant higher than this range ($245 or more). Thus, eligible kinship caregivers in most states could have received a grant near or greater than this $195 median.
Once the median child-only grant was calculated, the impact of $1 in additional monthly income on a youth’s likelihood of graduating from high school (from Research Question 3) needed to be transformed into the impact of $195 on the likelihood of graduation. To do this, the OR in Research Question 3 was raised to the 195th power (as suggested by Dallal, 2001). Because the odds of graduating, given a $1 increase in income = \text{natural log}(a + bX)$, the odds of graduating given a $195$ increase in income = \text{natural log}(a + b(X + 195)).

RESULTS

Percentage of Kinship Youth Eligible for Child-Only Welfare
(Research Question 1)

The first research question asks what percentage of kinship youth was eligible for a child-only welfare grant in 1994. This analysis finds that 87% were eligible for a child-only grant. Among the 13% not eligible, 9% were legally adopted, 4% did not meet the citizenship requirement, and less than 1% did not attend school and earned more than the 1994 median state AFDC need standard.

Percentage of Youth Who Received a Child-Only Grant
(Research Question 2)

The second research question asks what percentage of eligible kinship youth actually received a child-only grant in 1994. It is estimated that between 10% and 25% of eligible youth received the grant. The range is necessary because receipt of a child-only grant was not asked directly. It was estimated in the following way. In Wave I, 25% of caregivers reported that someone in the household received AFDC in the last month. This is the maximum percentage of youth who could have received the child-only grant, because the child-only grant is one type of AFDC grant. Among the youths’ caregivers who reported that someone in the household receives AFDC, 10% also reported that they, the caregivers, are not receiving public assistance such as welfare. Because someone in the household is receiving welfare, but the adult is not, the authors conclude that the household is receiving a child-only grant. Thus, it is estimated that 10% is the minimum percentage of youth who received a child-only grant. Receipt of a child-only grant cannot be determined for the remaining 15% of youth who are in the 10%–25% range due to insufficient information about what type of public assistance the caregiver receives.

Youth eligible for an AFDC child-only grant were balanced according to gender (see Table 1). At Wave I, one half of youths’ caregivers were in a marriage or marriage-like relationship, more than one half had graduated from high school, and reported being employed full-time. Two thirds of
caregivers reported that their health was good or better. Caregivers’ ages varied from 20–89 years at Wave I, with an average age of 53 years. Kinship households varied in size from 2–12 with an average of 4.4 members in the household.

### Association Between Income During Adolescence and Likelihood of Graduating From High School (Research Question 3)

The third research question attempts to determine whether greater household income in kinship youths’ adolescence in 1994 is associated with a greater likelihood of their graduating from high school by 2002, controlling for youth, caregiver, and household characteristics. Kinship households’ monthly income was a statistically significant predictor of high school graduation when the control variables were included in the model. One additional dollar of monthly income was associated with a 0.03% greater likelihood of graduating from high school (see Table 2).

### TABLE 1 Characteristics of Kinship Youth Eligible for Child-Only Welfare (N=173)

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<td>Married or in marriage-like relationship</td>
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<td>Full-time employment</td>
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<td>Monthly income</td>
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*Note: Percentages, means, and standard errors are weighted.*
Two control variables had a statistically significant association with likelihood of high school graduation. Older youth were much more likely to have graduated (OR = 1.77, t = 3.21, p < 0.01). Youth raised by caregivers who were married or in a marriage-like relationship were 74% less likely to have graduated from high school (OR = 0.26, t = −2.56, p < 0.05).

Association Between $195 and the Likelihood of Graduating From High School (Research Question 4)

The last research question asks whether an additional $195 in monthly household income during kinship youths’ adolescence in 1994 is associated with a greater likelihood of their graduating from high school by 2002, controlling for youth, caregiver, and household characteristics. This simulates whether the receipt of a median AFDC child-only grant could increase a kinship youth’s likelihood of graduating from high school.

The OR of graduating from high school predicted by one additional dollar in monthly household income (OR of 1.00034) is raised to the 195th power, for an OR of 1.0685. Thus, an additional $195 in monthly income is associated with a 7% greater likelihood of graduating from high school, after controlling for relevant demographic and household characteristics.

DISCUSSION

The purpose of the current study is to investigate kinship households’ eligibility for, utilization of, and potential educational benefits of increased income in general, and increased income in the amount of a “child-only”
grant. The analysis offers a unique verification that most kinship youth (87%) are eligible for a child-only welfare grant. Because more comprehensive data would reduce the estimated percentage of eligible youth, 87% might be thought of as a high estimate. The largest groups of youth found to be ineligible were noncitizens and those legally adopted by their kin caregivers.

The current study found that 25% of kinship youth deemed eligible for the child-only grant lived in a household where someone received AFDC, and at least 10% of these eligible youth appear to have received the child-only grant. Utilization rates among eligible youth are therefore between 10%–25%. This is similar to Sheran and Swann’s (2007) 1997–2002 finding that 21% of a nationally representative sample of kinship families received some form of public assistance, which could have included a child-only grant. They noted that child-only welfare utilization is much lower than other public programs. Ehrle and Geen (2002b) found that, in 1996, 52% of children who had been placed with a relative by a child welfare agency (but were not in kinship foster care) were in a family in which someone received AFDC. This suggests the value of a child welfare connection for the family’s receipt of benefits. The dramatic underutilization of the grant among kinship families in general indicates a need to provide greater information about and access to the grants.

Youth raised by caregivers who were married or in a marriage-like relationship were 74% less likely to graduate from high school. This finding is unexpected, given Bachman and Chase-Lansdale’s (2005) finding that married kinship caregivers had better psychological and financial well-being than did caregivers who were not married. These incongruent findings call for more research on the influence of marriage and marriage-like relationships on caregivers and youth in kinship arrangements.

Household income was found to be a statistically significant predictor of high school graduation. An additional $195 in monthly household income during adolescence, which could be thought of as the difference between receiving and not receiving the median child-only grant, was associated with a 7% greater likelihood of the youth graduating from high school. These findings indicate the importance of financial resources for kinship youth’s educational achievement. Income is so important to caregivers that they may forgo certain custody arrangements that provide more rights as caregivers but less financial support (Bronstein & Admiraal, 2005). For example, full custody confers more rights but provides no financial benefits.

Caregivers who work more hours or take an extra job to increase the household’s income may provide the same income benefit as a welfare grant. However, this may not be an option for many older caregivers. Bryson and Casper (1999) found that among grandmother caregivers, 22% were age 65 or older, and 44% had no wage earners in the household. For some caregivers, a grant may be the only way to increase their income.
Limitations

The current study’s estimation of who was eligible for a child-only welfare grant did not include data on foster care grants, Social Security grants, or youth assets, because the Add Health data set did not include data on these resources. A closer approximation of the eligibility guidelines in a data set with this information would allow a more accurate estimation of the percentage of kinship youth eligible for a child-only grant.

A second limitation is that, although the eligibility guidelines for today’s TANF and the pre-1996 AFDC child-only programs are similar, they are not identical. Given that no comparison between these programs was available in the literature, the eligibility requirements for the current TANF child-only grants were compared to its predecessor, AFDC child-only grants, using the Urban Institute’s (n.d.) welfare rules database. After comparing the eligibility criteria of adoptive status, relationship to caregiver, youth asset and income limits, and citizenship for both programs, they were deemed similar, and therefore the AFDC child-only eligibility guidelines provide a reasonable proxy for the current TANF child-only guidelines. Nevertheless, welfare benefits have not kept pace with inflation and are therefore less valuable today than they were in 1994 (Anderson, 2006). For this reason, any potential impact of the current program’s financial grant may not be as great as it was in 1994.

The third limitation is that the variation in grant sizes according to state requires caution in interpreting the value of the median grant in any one state. Larger grants are expected to have a stronger impact on graduation rates, and smaller grants are expected to have a weaker impact. Because 70% of states had a grant that was either within $50 of the median or greater than the median, the analysis gives a sense of the approximate or minimum value (for education) of a child-only grant.

Future Research

The kinship literature consistently finds low utilization of child-only grants among kinship families, though reasons for this have not been determined. Studies are needed on caregivers’ knowledge about and access to child-only grants, especially among those who have no contact with child welfare workers. Some studies have found that misinformation about the TANF rules hinders caregivers in applying for financial assistance (Smith, Wise, & Wampler, 2002). Exploring caregivers’ knowledge of eligibility requirements, specifically the lack of a means test for the child-only grant, which translates into not having to share information on their income, which has been found to be a barrier to social service access (Gibson, 2002) would be valuable. It would also be instructive to assess whether caregivers are knowledgeable about the lack of work requirements and time limits in child-only grants,
which differ from family grants, and to learn about their views on receiving governmental assistance, and whether they are concerned about the possibility of the child being removed from their care. Other studies find that child-only welfare recipients report that child-only welfare caseworkers are difficult to contact, have little time for them, and can treat them in a demeaning manner (Blair & Taylor, 2006). It would be useful to determine to what extent these factors prevent potential enrollees from accessing a child-only grant.

An increasingly valuable benefit of child-only welfare is the child’s automatic eligibility for medical assistance. Although about one half of kinship children and youth received Medicaid, presumably because many were in low-income households, 29% of kinship children and youth were uninsured at some point in 1997 (Ehrle et al., 2001). In the same year, Bryson and Casper (1999) found that 33% of children being raised by grandmother caregivers and 54% of those being raised by grandparent couples were uninsured. Kinship households’ access to and use of medical insurance is an important area in need of research.

The knowledge and experience of child welfare and TANF workers and other service providers needs to be investigated. Some research indicates that TANF workers are often unaware of kinship families’ eligibility for child-only grants and other programs (Bissell & Allen, 2001). Gibson (2002) found that, when applying for services, system rules such as requiring certain documents and workers’ attitudes acted as a barrier for African American grandmother caregivers. Are workers aware of services for which these households are eligible? What do they believe is the basis of the low utilization rates? There should also be an exploration of their ideas about the benefits of the child-only grant, not just for the kinship care household but also for the child in care.

Implications for Social Work Advocacy and Social Policy

Social workers and other human service workers can improve the circumstances of kinship families when they advocate on families’ behalf, not just within their own systems, but also in larger policy arenas. These professionals can educate policy makers about the many challenges facing kinship families, especially their financial situations. The growing quantitative and qualitative literature on kinship families provides a valuable resource for advocates. For example, the potential impact of improving kinship youths’ educational achievement by increasing their household income suggests the positive benefits of modest financial support such as the child-only welfare grant, as found in the current study.

In addition to advocating for improving current programs, it must also be considered whether the current child-only grant program provides the best fit for kinship families, especially considering the low utilization rates. The welfare system (unlike the child protection system) does not have the
resources to address the complex needs of kinship children (Gibbs et al.,
2006) and does not provide families with the wide range of services they
need. Despite the low level of services offered, the TANF system imposes
significant access barriers in terms of knowledge about eligibility and the
documents needed to apply. Cox (2007) summarized the system as one in
which “rapid staff turnover, inadequate training, and frequently changing
regulations can further impede grandparents’ accessibility to services”
(p. 564). The overrepresentation of African Americans in child protection
(Berger et al., 2005) may make U.S. social service systems especially unattrac-
tive to many African American caregivers, despite the fact that many are in
need of assistance. Other barriers include the time it takes to enroll and main-
tain one’s TANF registration, as well as the stigma associated with receiving
welfare (Ehrle & Geen, 2002a).

In addition, kinship families do not fit the intent of TANF. Welfare
reform legislation states, “it is the sense of the Congress that prevention of
out-of-wedlock pregnancy and reduction in out-of-wedlock births are very
important. Government interests and the policy…is intended to address
the crisis” (Section 101 [10], Personal Responsibility and Work Opportunity
Reconciliation Act, 1996). Kinship caregivers have by definition not had
the child out of wedlock; they have not given birth to the child at all and
are instead providing for a child not legally their responsibility. Relative care-
givers do not fit this intent of the law. The lack of work requirements and
time limits for the child-only grant stand in striking contrast to welfare
reform’s focus on moving families off of welfare and into self-sufficiency
(Gibbs et al., 2004).

Social workers and other human service professionals have become
increasingly interested in providing services to kinship families through a sys-
tem other than TANF or foster care (Sheran & Swann, 2007). Several proposals
have been made for providing intensive services in innovative ways. Bronstein
and Admiraal (2005) suggest that policies for kinship caregivers “take on a
broad, multigenerational, multicultural framework to ensure that the needs
of all populations will be met” (p. 49). However, in addition to programs that
provide intensive services, programs that offer a modest financial subsidy can
also be valuable. This is especially important to address the needs of the
majority of kinship families who are not in contact with child welfare and
are therefore unlikely to receive intensive services, and could benefit from a
modest financial subsidy. Social workers and human service professionals
have an ethical responsibility to advocate on behalf of these families for the
best possible service, even if they believe that service could best be adminis-
tered to many families outside of the welfare or child protection systems.

A kinship care refundable tax credit is an alternative option for provid-
ing kinship families with a financial subsidy. Such a credit would be modeled
after the Earned Income Tax Credit (EITC). Most tax credits reduce the
amount of income taxes a household pays, so poor families that earn too
little to pay income taxes (and pay only Social Security and Medicare taxes) receive no benefit. The EITC is relatively unique in that it is refundable. This means that all eligible households get the benefit: higher income families get a reduction in the amount of income taxes they pay, and lower income families get a check from the Internal Revenue Service (IRS) for the same amount (Center on Budget and Policy Priorities, n.d.).

A kinship care tax credit would eliminate several barriers for kinship families. In addition to avoiding a link to child protection, there is no stigma attached to receiving a tax credit. An estimated 91% of adult Americans already file their taxes (“Two in Five Americans,” 2006), so it would be easy for most caregivers to access and easy to promote. Unlike the current family welfare grants with extensive work requirements, little is expected of households receiving child-only grants, so funding the social service infrastructure to monitor these households is unnecessary and economically inefficient. Offering the credit through the tax system also has the advantage of national uniformity.

A minimum kinship care tax credit might be $3,740 per child. This is the amount of income the Department of Health and Human Services has deemed necessary to support each additional household member at the 2009 federal poverty level (U.S. Department of Health and Human Services, n.d.). The median TANF child-only grant fails to reach this minimum level. In 2003 the median grant ($227), multiplied by 12 months and adjusting to 2009 dollars, was $3,157.

Two significant drawbacks of a kinship care tax credit are immediately apparent. First, unlike the welfare system, the IRS has no means of enrolling recipients into medical assistance, so another mechanism for enrollment would have to be devised. Second, caregivers receiving only Social Security are not required to file income taxes, so many would have to be encouraged to file taxes for this benefit alone. Educating kinship families about the credit might be accomplished in ways similar to how low-income working families are educated about the EITC.

CONCLUSION

The current study investigated kinship households’ eligibility for, utilization of, and potential educational benefits of increased income in general, and increased income in the amount of a “child-only” grant. Analysis of the National Longitudinal Study of Adolescent Health found that, although most kinship households were eligible for these monthly grants in 1994, only one in four eligible households received a child-only or family grant. Further, an analysis of this data set found that an increase in household income the size of the median child-only grant is associated with a 7% greater likelihood of kinship youth graduating from high school. Kinship caregivers provide a
valuable service and are a resource for the kinship children, the biological parents, and the public in general. However, taking in children threatens the financial security of many such caregivers. Research on why only a minority of eligible kinship households utilize child-only welfare grants will offer insight into whether the welfare system has the potential to reach all eligible kinship households, or whether other systems would be better suited for delivering a financial subsidy to these households. These families would benefit from the advocacy of social workers and other human service professionals for policies that are more closely suited to meet their needs.

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Kinship Care and “Child-Only” Welfare Grants


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