

The take-up of cash assistance among private kinship care families

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Abstract:

Many children in private kinship care arrangements live in families that endure financial hardships. Even though these families are eligible for TANF child-only grants, only one in five receives cash assistance. The purpose of this study is to better understand the take-up of cash assistance for this group. Using national level data, we explore the relationships among child and caregiver characteristics and the receipt of cash assistance. We provide evidence that disadvantaged families are more likely to receive cash assistance than less disadvantaged families. For example, older caregivers and those with less education have higher take-up rates than their counterparts. Similarly, being poor and having received welfare in the past increase the likelihood that assistance is received. Nonetheless, it is important to note that take-up rates are low compared to other social programs. Our results suggest some possible reasons for this. For instance, our findings point to the possibility that many private kinship care families do not take-up cash assistance because they do not know that they are eligible for it through the TANF program. This suggests that outreach may improve participation. It also raises the issue of whether the receipt of cash assistance could be improved if benefits were provided through a program other than TANF.

Keywords: kinship care | TANF | take-up | child welfare

Article:

1. Introduction

Relatives are an important safety net for children whose parents are unable to care for them. Studies have shown that out-of-home care placements with relatives, known as kinship care, offer children several benefits over placements in unrelated foster family homes. For example, kinship care arrangements are thought to be less disruptive and traumatic for children. However, an important conclusion from this research is that these benefits must be balanced against the

fact that kinship caregivers are typically more disadvantaged than unrelated foster parents. For example, kinship caregivers are on average older, poorer, and less educated.¹

For kinship care families in the child welfare system, child welfare services are available to help mitigate economic hardships. However, over three-fourths of kinship care families are ineligible for such services because they are in *private* placements that occur without the help or knowledge of child welfare officials (Swann & Sylvester, 2006). This large fraction of kinship care arrangements outside the child welfare system is a concern because, in some dimensions, it is the more economically insecure children and families who are not involved with the child welfare system. For example, Swann and Sylvester (2006) find that private kinship care families are more likely to live in poverty and skip meals due to a lack of money than kinship care families inside the child welfare system.

Ineligible for child welfare services, children and caregivers in private kinship care arrangements must instead rely on public assistance from other government agencies. The largest single source of such assistance for private kinship care families is the Temporary Assistance for Needy Families (TANF) program (Mullen, 1998, Murray et al., 2004) through which caregivers can receive TANF child-only grants. The receipt of such assistance can be vital. Already dealing with the stress of being separated from their families, many children in private kinship care arrangements are also placed in economically disadvantaged families. Thus, it is important that we understand the living situations of private kinship care families and whether families, particularly disadvantaged families, receive assistance such as TANF to help provide for the children in their care.

While researchers have described different patterns of service receipt for kinship care families and unrelated foster families in the child welfare system (Barth et al., 1994, Berrick et al., 1994, Chipungu and Everett, 1994, Chipungu et al., 1998, Ehrle and Geen, 2002, Gibbs et al., 2006, Le Prohn, 1994), less is known about the take-up of services among private kinship care families. Moreover, to date no paper has conducted a multivariate analysis of the correlates of service receipt among children in kinship care. This paper seeks to address these gaps in the literature by describing the receipt of cash assistance among private kinship care families and investigating its correlates. Such information is essential to policy makers for designing policies to improve the delivery of services to private kinship care families.

2. Background

Federal income assistance policy has provided financial support to kinship caregivers since 1950, when an amendment to the Social Security Act qualified relative caretakers for assistance under Aid to Families with Dependent Children (AFDC). Today, kinship caregivers similarly qualify for TANF and can obtain TANF payments in one of two ways. They may qualify for a family grant based on their family's (including the child) income and assets, or they may receive a child-

¹ See, for example, Dubowitz, Feigelman, and Zuravin (1993), Barth, Courtney, Berrick, and Albert (1994), Berrick, Barth, and Needell (1994), Gleeson and Craig (1994), Fein, Maluccio, Hamilton, and Ward (1983), Le Prohn (1994), Gebel (1996), and Ehrle and Geen (2002).

only grant if the child is considered separately.² Relatives receiving child-only grants are exempt from the work requirements and time limits that usually apply to TANF recipients. In 2003, TANF child-only payments ranged from \$81 to \$514 per month depending on the state of residence (U.S. House of Representatives, 2004).

Children in private kinship care arrangements may be eligible for other welfare benefits as well. For instance, children whose caregivers receive TANF child-only grants in their names are also eligible for Medicaid, and children with diagnosed disabilities are eligible for Supplemental Security Income (SSI). Eligibility for other assistance programs, such as food stamps and housing assistance, is based on household size and income.³

A number of studies have considered the issue of service receipt for families within the child welfare system. For example, researchers have shown that kinship care families are less likely than unrelated foster families to receive child welfare services (Barth et al., 1994, Berrick et al., 1994, Chipungu and Everett, 1994) and more likely to receive assistance from other government agencies (Berrick et al., 1994, Chipungu et al., 1998, Ehrle and Geen, 2002, Le Prohn, 1994). Gibbs et al. (2006) look at the relationship between child well-being and service receipt. They compare the well-being of children in the child welfare system across three groups: children in kinship care who receive TANF child-only payments, children in kinship care who do not receive TANF, and children in unrelated foster care. Their results suggest that children in kinship care who receive TANF child-only payments fare similarly to or better than their cohorts across a number of health care, educational, and developmental indicators, but experience similar or higher incidences of emotional and behavioral problems.

In comparison, less is known about service receipt among kinship care families outside the child welfare system. A series of studies by researchers at The Urban Institute (Ehrle et al., 2001, Ehrle and Geen, 2002, Geen, 2003, Murray et al., 2004) documents that take-up rates for programs such as TANF, Medicaid and SSI are low among kinship care families both inside and outside the child welfare system, but these studies do not explore the predictors of take-up.

3. Methods

3.1. Data description

We use data from the 1997, 1999, and 2002 waves of the National Survey of America's Families (NSAF). The NSAF is a nationally-representative survey of over 44,000 households from 13 focal states and a sample from the remainder of the country.⁴ The NSAF is well-suited for this study for three reasons. First, unlike other large surveys, the NSAF allows us to identify kinship care families outside the child welfare system. Second, it contains a variety of measures of child and caregiver well-being. Third, we have data across three years, which allows

² Children themselves must not have income or assets exceeding the standards in order to be eligible for child-only payments.

³ Because the eligibility criteria differ widely for these other programs, it is difficult to attribute low take-up rates to ineligibility or non-participation by eligible families. For example, in our data there is no way to know whether a child has a diagnosed disability as defined by the SSI program.

⁴ The focal states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin.

us to capture unobservable year specific effects which are common across states, and for multiple states, which allows us to control for unobservable state differences in kinship care policy and practice.

To construct our analysis sample, we first select all children identified as being in “private” kinship care arrangements, defined as out-of-home care placements with relatives that were arranged without the help of a foster care or social service agency. Observations are then merged across the three years to create a repeated cross-section file. The resulting analysis sample contains 2094 children in private kinship care. The data set includes probability weights, and these weights are used in all of our analysis.⁵

3.2. Measures

Our goal is to understand the factors associated with the take-up of TANF child-only grants for private kinship care families. Unfortunately, the NSAF did not ask about the receipt of child-only payments specifically. In 1997, caregivers were asked “Does the family currently receive AFDC?” In 1999, they were asked “Does anyone in household receive public assistance or welfare payments to help care for the child?” Finally, in 2002 they were asked “Does anyone in household receive a regular payment to help care for the child?” We use the answers to these questions to construct the variable of interest for our analysis. This variable is equal to one if the relevant question above is answered “yes” and is equal to zero if the question is answered “no.” The idea is that because all private kinship care families are eligible for child-only payments, any family receiving a payment should answer yes to these questions. However, our variable of interest will also capture some other forms of cash assistance. For example, in 1997 the variable will also capture the receipt of AFDC family grants. In 1999 and 2002, it will capture other forms of public assistance such as SSI or social security.⁶ Unfortunately there is no way to separate out child-only payments. Thus, we will refer to this variable as the receipt of “cash assistance” more broadly.

We explore how this dependent variable is associated with 4 groups of independent variables: child characteristics, caregiver demographic characteristics, caregiver economic characteristics, and caregiver “coping” characteristics. Child characteristics include gender, race/ethnicity (white, Hispanic, African American, and other), and age (infant, preschooler, preteen, and teenager). We also include indicator variables for whether the child is in fair or poor health (as reported by the caregiver) and whether the child has a disability. This disability variable is constructed based on a question that asks if the child has a physical, learning, or mental health condition that limits his participation in the usual kinds of activities done by most children his age or limits his ability to do regular school work. In addition, we include a measure of whether the child has a high level of behavioral and/or emotional problems. Behavioral and emotional problems are identified in the data based on six questions concerning the caregiver's perception

⁵ The use of the sampling weights accounts for the fact that the NSAF sampled different individuals with different probabilities. Weighting is used to understand the characteristics of the population from which the sample was drawn rather than the characteristics of the sample itself. See Brick, Shapiro, Flores-Cervantes, Ferraro, and Strickler (1999) for a detailed discussion of the weights for the 1997 NSAF and Lee, Forthofer, and Lorimor (1989) for an introduction to analysis of survey data.

⁶ These other payments may simply be some other form of TANF child-only payments. States sometimes refer to child-only payments by different names or supplement these payments with state funds (Murray et al., 2004).

about the child's behavior. Questions cover behavioral and emotional problems such as lying, cheating, performing poorly in school, or acting high-strung. Because behavioral problems are only recorded for children ages 6 and older, in our logistic regression we interact child's age with the behavioral problems indicator variable to create the following 6 categories: infant, preschooler, preteen with no behavioral problems, preteen with behavioral problems, teenager with no behavioral problems, and teenager with behavioral problems.

Caregiver demographic characteristics include age (less than 30, 30–40, 40–50, 50–60, 60–70, and greater than 70), education (not a high school graduate, high school graduate only, and education beyond high school graduate), and gender. We also control for marital status and the relationship of the caregiver to the child. Relationships include grandparent, aunt or uncle, and other relative. In our logistic regression, we interact marital status and gender with these relationships to form the following five categories: single grandmother, single aunt, single female other relative, single male relative, and married relative. Caregiver economic characteristics include measures of whether the caregiver is employed outside the home, whether she has ever received AFDC/TANF benefits, and whether the family's income is below the federal poverty line.

Lastly, we control for a number of variables that represent the caregiver's level of “coping.” We capture caregiver's health by including a measure of whether the caregiver reports being in fair or poor health. We capture housing insecurity by including an indicator variable for whether the caregiver was unable to pay her rent, mortgage or utility bills in the last 12 months because of a lack of money. We include two measures of food insecurity: whether the caregiver or other adults in the family skipped meals or reduced portions in the last 12 months because there was not enough money for food and whether in the last 12 months the family often ran out of food due to lack of money. Also included is a measure of whether the caregiver reports feeling that she has to give up more of her life to meet the child's needs than she ever expected. Finally, because participation in government programs may entail stigma costs, we include a variable that describes the caregiver's attitude toward welfare programs. This variable is an indicator equal to one depending on whether the caregiver agrees or disagrees with three statements about welfare recipients. The three statements are “welfare encourages young women to have babies before marriage” and “welfare makes people work less than they would if there wasn't a welfare system” and “welfare helps people get on their feet when facing difficult situations such as unemployment, a divorce, or a death in the family.”

3.3. Analysis

We begin by describing the children and caregivers in private kinship care arrangement with a particular focus on the degree to which these families are disadvantaged. We continue by describing the children and caregivers who do and do not receive cash assistance, focusing on the ways in which the two groups differ. Next, we turn to the receipt of cash assistance itself and estimate the take-up rate for all private kinship care families and for a number of specific groups. Lastly, we conduct a multivariate analysis using logistic regression to examine the correlates of cash assistance receipt. In this analysis, we control for state fixed effects to capture time-invariant, unobservable state-specific factors that influence the receipt of TANF child-only grants. These may include unchanging state kinship care or welfare policies or attitudes toward

welfare programs. We also control for year fixed effects to represent national trends in variables, such as economic conditions, which may be correlated with trends in participation in assistance programs. Results are presented in the next section.

4. Results

4.1. Description of private kinship care families

Descriptive statistics for the weighted sample of children in private kinship care and their caregivers are presented in Table 1, Table 2, respectively. Table 1 reveals that close to one-half of children in private kinship care arrangements are African–American; one-third are white, and approximately one-sixth are Hispanic. In addition, 12% of children in private kinship care have some disability that limits their participation in the usual kinds of activities done by most children; 7.3% are in fair or poor health; and 10% exhibit behavioral problems. Lastly, the average child is almost 10 years old.

Table 1. Characteristics of children in private kinship care

Gender female	0.474
Ethnicity	
White	0.332
Hispanic	0.158
African American	0.475
Other	0.035
Disability	0.120
Fair or poor health	0.073
Behavioral problems	0.100
Age groups	
Infant	0.084
Preschool	0.151
Preteen	0.408
Teenager	0.357
Age in years	9.897
Sample size	2,094
Average annual population	1,234,655

Table 2 indicates that 50% of caregivers are age 50 or older. In addition, 27.8% have less than a high school education, and 39.6% have more than a high school education. The large majority of private kinship caregivers are grandparents. Only half are married, and 89.8% are female. Many face economic insecurities. For instance, only half are employed, almost one-third have received AFDC in the past, and more than one-third report incomes below 100% of poverty. Lastly, a sizeable proportion of private kinship caregivers fare negatively across the various coping characteristics. More than one-third is in fair or poor health; approximately one-fourth reports a housing insecurity; more than one-sixth skips or cuts meals due to a lack of money; and more than one-fourth reports having to give up more of their lives than expected to care for the child.

Table 2. Characteristics of caregivers in private kinship care

<i>Demographic characteristics</i>	
Age groups	
Age less than 30	0.078
Age 30–40	0.132
Age 40–50	0.288
Age 50–60	0.332
Age 60–70	0.132
Age greater than 70	0.038
Age in years	49.698
Highest education level	
Less than high school	0.278
High school	0.325
More than high school	0.396
Relationship to child	
Grandparent	0.711
Aunt/Uncle	0.244
Other relative	0.045
Married	0.507
Female	0.898
<i>Economic characteristics</i>	
Employed	0.508
Has ever received AFDC	0.325
Income < 100% of poverty	0.365
<i>Coping characteristics</i>	
Fair or poor health	0.339
Housing insecurity	0.236
Skips or cuts meals	0.165
Runs out of food often	0.079
Gives up more than expected	0.271
Stigma	0.814
Sample size	2094
Average annual population	1,234,655

4.2. Description of private kinship care families by the receipt of cash assistance

We now seek to understand the characteristics of families that take-up cash assistance and the extent to which they are similar to or different from families that do not receive assistance. Table 3 presents the characteristics of children in families that do and do not receive cash assistance. These statistics reveal that children who live in families that take-up cash assistance are more likely to be African American and less likely to be white or Hispanic. The results further indicate that children who live in families that take-up cash assistance are on average 1.3 years younger than those who live in families that do not. The primary difference in the age categories is for teenagers, where recipients are less likely than non-recipients to be teenagers.

Table 3. Characteristics of children in private kinship care by whether they take-up cash assistance

Characteristic	No cash assistance	Cash assistance
Gender female	0.469	0.492
Ethnicity		
White	0.349	0.269*
Hispanic	0.173	0.101**
African American	0.441	0.600**
Other	0.037	0.030
All categories jointly		$F = 3.40, p = 0.017$
Disability	0.117	0.130
Fair or poor health	0.075	0.068
Behavioral problems	0.095	0.117
Age groups		
Infant	0.085	0.079
Preschool	0.138	0.200
Preteen	0.390	0.475
Teenager	0.387	0.246**
All categories jointly		$F = 3.46, p = 0.016$
Age in years	10.173	8.871**
Sample size	1679	415
Average annual population	972,634	262,021

Table 4 reports the characteristics of caregivers based on the receipt of cash assistance. Caregivers who receive cash assistance are less educated than caregivers who do not. In addition, caregivers who take-up cash assistance are less likely to be married and are more likely to be female. They are also more likely to be economically disadvantaged. For instance, compared to non-recipients, caregivers who take-up cash assistance are less likely employed, more likely to have received AFDC before, and more likely to report incomes less than 100% of poverty. Finally, caregivers who receive cash assistance fare less favorably in terms of most “coping” measures. A greater percentage of recipients are in fair or poor health, and recipients are more likely to report having to give up more than expected to care for the child.

Table 4. Characteristics of caregivers in private kinship care by whether they take-up cash assistance

Characteristic	No cash assistance	Cash assistance
<i>Demographic characteristics</i>		
Age groups		
Age less than 30	0.075	0.088
Age 30–40	0.141	0.097
Age 40–50	0.289	0.284
Age 50–60	0.364	0.324
Age 60–70	0.133	0.126
Age greater than 70	0.038	0.037
All categories jointly		$F = 0.37, p = 0.869$
Age in years	49.687	49.739
Highest education level		
Less than high school	0.252	0.375**

Characteristic	No cash assistance	Cash assistance
High school	0.313	0.371
More than high school	0.435	0.254**
All categories jointly		$F = 8.78, p = 0.00$
Relationship to child		
Grandparent	0.705	0.731
Aunt/Uncle	0.244	0.243
Other relative	0.050	0.026
All categories jointly		$F = 1.20, p = 0.300$
Married	0.561	0.306**
Female	0.886	0.940**
<i>Economic characteristics</i>		
Employed	0.546	0.366**
Has ever received AFDC	0.243	0.627**
Income < 100% of poverty	0.316	0.550**
<i>Coping characteristics</i>		
Fair or poor health	0.315	0.428*
Housing insecurity	0.231	0.252
Skips or cuts meals	0.164	0.170
Runs out of food often	0.066	0.131
Gives up more than expected	0.227	0.435**
Stigma	0.820	0.789
Sample size	1679	415
Average annual population	972,634	262,021

Table 5. Take-up rates by select caregiver characteristics

[Empty cell]	Take-up rate
Full sample	0.212
Less than high school education	0.286
High school	0.242
More than high school education	0.136
Married	0.128
Single	0.298
Female	0.222
Male	0.124
Employed	0.153
Not employed	0.273
Has ever received AFDC	0.410
Has not ever received AFDC	0.117
Income < 100% of poverty	0.319
Income \geq 100% of poverty	0.151
Fair or poor health	0.268
Good or better health	0.184
Gives up more than expected	0.341
No gives up more than expected	0.164

4.3. Analysis of take-up rates

The analysis above suggests that private kinship caregivers who take-up cash assistance are more disadvantaged than those who do not in several dimensions (e.g., less educated, less likely to be married, less likely to be employed, more likely to be poor, and more likely to be in fair or poor health). This suggests that being in a vulnerable situation is associated with an increased likelihood of receiving cash assistance. We explore this issue directly by examining how take-up rates differ by individual characteristics. For brevity, Table 5 reports instances in which take-up rates are statistically significantly different across characteristics.

Table 5 shows that only 21.2% of all private kinship care families take-up the cash assistance for which they are eligible. The results also show that 28.6% of families in which the caregiver has less than a high school education take-up cash assistance compared to only 13.6% of those in which the caregiver has more than a high school education. In addition to being the means for the two groups, these take-up rates can be thought of as participation probabilities. That is, the probability of receiving cash assistance for a randomly selected person with less than a high school education is 0.286, and the probability for someone with more than a high school education is 0.136. In this case, having more than a high school education compared to less than a high school education is associated with a reduction in the probability of receiving cash assistance of 0.15 ($0.15 = 0.286 - 0.136$). This interpretation will be helpful in comparing these results with the multivariate results below.

There are a number of other interesting differences between groups. Take-up rates are much higher for single caregivers compared to married caregivers, and for female caregivers compared to male caregivers. Furthermore, caregivers who are employed are less likely to receive benefits than those who are not. Past AFDC receipt is strongly related to participation: 41% of caregivers who report ever having received AFDC take-up cash assistance, compared to only 11.7% of caregivers who have not previously received AFDC. In probability terms, this suggests that the likelihood of a past AFDC recipient receiving cash assistance is almost 30 percentage points higher than it is for someone who has not previously received benefits. Poor caregivers, caregivers who are in fair or poor health, and those who give up more than expected to care for the children are all more likely to receive cash benefits than their counterparts.

It is widely known that take-up rates among eligibles for social programs are substantially lower than 100%: Bitler, Currie, and Scholz (2003) report a participation rate for pregnant women in the WIC program of 66.5%; Blank and Ruggles (1996) report participation rates between 62 and 70% for AFDC and between 54 and 66% for Food Stamps; and McGarry (1996) reports SSI take-up among the elderly at 56%. While less than 100%, these estimates are all significantly higher than the rates documented in Table 5. To illustrate this point, Fig. 1 depicts the take-up rate for the full sample of private kinship care families in addition to the take-up rates for two particular groups of disadvantaged private kinship care families: families in which the caregiver is a past AFDC recipient and families in which the caregiver reports an income below 100% of poverty. For comparison purposes, the estimated take-up rates described above for WIC, AFDC, Food Stamps, and SSI are also shown.⁷ This figure illustrates that the fraction of private kinship families that receive assistance, even families in which the caregiver is poor or has received assistance in the past, is low compared to similar measures for other programs.

⁷ We use the midpoints of the ranges for AFDC and Food Stamps.

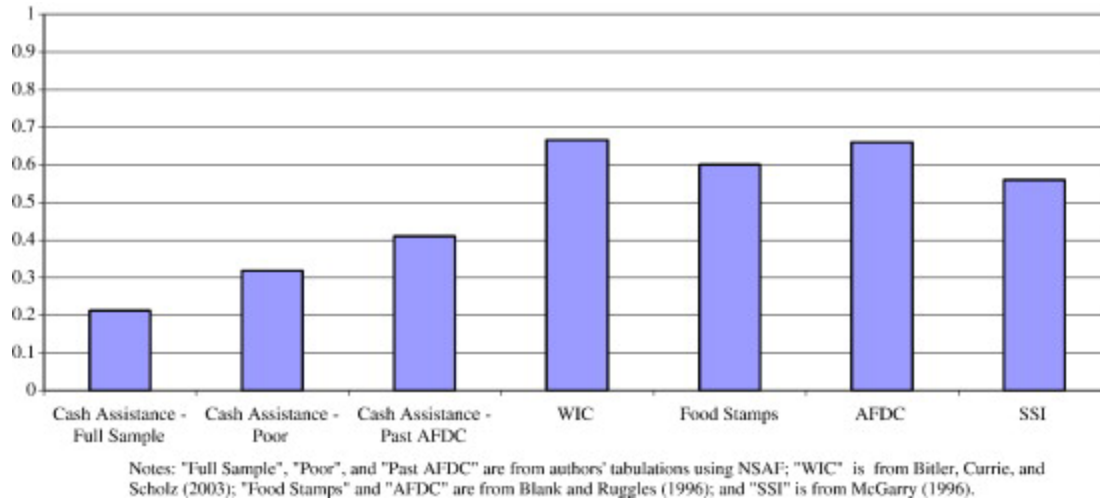


Fig. 1. Comparison of take-up rates.

4.4. Multivariate analysis of receipt of assistance

The bivariate analysis presented in Table 5 suggests that a number of child and caregiver characteristics may be related to the probability that a private kinship care family takes up cash assistance. However, the comparisons in Table 5 consider only one variable at a time and may therefore lead to incorrect interpretations. For example, consider the large effect of past AFDC receipt described above. Because we have not controlled for other variables, it may be that past AFDC receipt itself explains take-up of cash assistance or it may be that past AFDC receipt is correlated with other characteristics that explain take-up (perhaps income less than the poverty line) and is thus acting as a proxy for these characteristics. In this section we address this issue by using standard multivariate techniques to identify how each of the child and caregiver characteristics introduced above is related to the take-up of cash assistance among private kinship care families while simultaneously controlling for other characteristics.

Table 6 presents results from a logistic regression model in which the dependent variable is equal to one if the family receives cash assistance and equal to zero if they do not. This model controls for the explanatory variables presented in the bivariate analysis with child's age interacted with the behavioral problems indicator and caregiver's relationship to the child interacted with both marital status and gender. These two expansions allow for nonlinearities in the effects of these variables. In addition, each model controls for both state and year fixed effects.⁸

Table 6 reports both marginal effects and odds ratios.⁹ We report marginal effects in addition to odds ratios because we have a particular interest in understanding how child and caregiver characteristics affect the *probability* that a family receives cash benefits. The marginal effect is the difference in the probability when the variable under consideration equals one minus the

⁸ We also conducted a stepwise analysis in which we used hierarchical procedures to build the models in Table 4 so that caregiver economic and coping characteristics could be viewed separately from child and caregiver demographic characteristics. However, the results from this analysis did not reveal substantial differences in terms of marginal effects, odds ratios, significance, or overall explanatory power. Thus, we only report results from the full version of this model.

⁹ Long (1997) provides a discussion of marginal effects and odds ratios in logistic models.

probability when the variable equals zero. For instance, the probability of taking up cash assistance is 5.9 percentage points lower for a Hispanic child compared to a white child (the base group). Unlike a regression coefficient in an OLS model, the value of the marginal effect depends on the values of the other variables in the model. We follow standard procedures and report marginal effects holding all other variables at their means. For reference, the probability of receiving assistance when all variables are at the (weighted) means is 0.116.¹⁰

The odds ratios provide an alternative way of indicating how strongly each independent variable is associated with the take-up of cash assistance. Odds ratios less than one indicate that a one unit change in the independent variable is associated with a decrease in the odds of receiving assistance, and odds ratios greater than one indicate that a one unit change in the independent variable is associated with an increase in the odds of receiving assistance. For example, preschool aged children are 3.213 times more likely than infants to live in families that take-up cash assistance. We report odds ratios in addition to marginal effects to facilitate comparison to other estimates. However, in what follows we discuss only the marginal effects.

The multivariate results indicate that the probability of receiving cash assistance is 5.9 percentage points lower for a Hispanic child compared to a white child. The probability of taking up benefits is also a statistically significant 11.2 percentage points higher among preschool age children than infants. Furthermore, the logit results show that the magnitude of the effect of behavioral problems depends on the child's age group.¹¹ Preteens without behavioral problems have a probability of taking up assistance that is 7.8 percentage points higher than infants while preteens with behavioral problems have a probability that is a much larger 20.7 percentage points higher.

A number of demographic characteristics are also related to receipt of cash assistance. First, we find that the relationship between caregiver's age and the probability of receiving cash assistance is nonlinear. The probability increases with caregivers' age until the age 60–70 bracket and declines thereafter. Second, consistent with the bivariate results, we find that the probability of taking up benefits is declining in the caregiver's education; caregivers with more than a high school education are 5.8 percentage points less likely than caregivers with less than a high school education to live in families that receive assistance. Note that this result is only about one-third as large as the 15.1 percentage point difference described above in the bivariate analysis. The smaller result in the multivariate analysis occurs because caregivers with less than a high school education also have other characteristics that increase take-up (e.g., low income), and the effects of these other characteristics are attributed to low education in the bivariate model. Lastly, the logit model results show caregiver's gender and relationship to the child to be significant predictors of benefit receipt. Compared to married caregivers, single aunts are 14.3 percentage points more likely to be in families that take-up benefits and single grandmothers are 6.1 percentage points more likely.

¹⁰ The average, over individuals, of predicted take-up probabilities is 0.211. This value differs from the predicted probability of receipt evaluated at the sample means (0.116) because the logit transformation is non-linear. The model correctly predicts 89% of the take-up decisions.

¹¹ As discussed in Section 3, infant and preschool are not interacted with the behavioral problem indicator because behavioral problems were not recorded in the data for children under the age of 6.

As with the bivariate analysis, caregiver economic characteristics are strongly associated with take-up. Receiving AFDC/TANF in the past is estimated to increase the probability of receiving cash benefits by a large 24.3 percentage points (compared to 41 percentage points in the bivariate analysis). The probability of taking up assistance is also 6.4 percentage points higher for poor caregivers compared to caregivers with family incomes above the federal poverty line. Finally, food insecurities are also significantly related to take-up, and caregivers who report feeling like they give up more than expected to care for the child are 6.5 percentage points more likely to live in families that receive assistance than those who do not.

5. Discussion

Children in private kinship care families are a particularly vulnerable group. Already dealing with the stress of being separated from their parents, many of these children also live in families that endure financial hardships. Cash assistance, the largest single source of which is TANF child-only grants, is available to private kinship care families to help mitigate such hardships. Even though all private kinship care families are eligible for TANF child-only grants, our estimates suggest that only 1 in 5 private kinship care families take-up cash assistance.

We explore the relationships among individual and family characteristics on the one hand and the receipt of cash assistance on the other and provide evidence that the more disadvantaged families in private kinship care arrangements are receiving cash assistance. For instance, behavioral problems among children (particularly preteens) are associated with an increased probability of take-up. Among caregivers, being older, less educated and single are all related to an increased likelihood of receiving cash assistance. Lastly, we find that the probability of taking up cash assistance is higher for poor families, for caregivers who have received welfare in the past, and for caregivers who feel that they give up more than they expected as caregivers. The one exception to this pattern is that we find that skipping or cutting meals due to lack of money is associated with a reduced probability of receiving cash assistance.

On one level, these findings may be seen as promising. Poor families and families that are disadvantaged in a number of other ways are more likely to receive cash assistance than are other families. Thus, these results suggest that families with greater needs are more likely to receive benefits. However, the overall take-up rate for cash assistance is much lower among private kinship care families than take-up rates for other social programs. Even the more disadvantaged groups, such as past AFDC recipients, have relatively low rates of receipt compared to other programs.

Understanding why take-up rates are low is critical to ensuring that children in private kinship care are protected and receive adequate care. Unfortunately, our data only allow us to make a limited exploration of the reasons why most private kinship care families do not take-up the benefits for which they are eligible. Having additional information on these families would help improve our ability to understand their reasons for non-participation. Nonetheless, our results call attention to a number of issues.

Both the bivariate and multivariate results show that participation rates are highest among families headed by single female caregivers. This may reflect a greater need for cash assistance

by these families. It may also be due in part to the fact that AFDC/TANF has historically served female-headed households. Consequently, married caregivers and single male caregivers may not view themselves as eligible for TANF.

Our results also indicate that families headed by caregivers who have received welfare in the past are more likely to take-up cash assistance than families headed by caregivers who have not previously received welfare. Again, this result may indicate a greater underlying need for assistance by these families. However, it may also reflect that previous welfare recipients are more likely to take-up cash assistance because they are more familiar with the application process or may experience less discomfort from receiving benefits from a “welfare” program.

These two findings point to the possibility that many private kinship care families do not take-up cash assistance simply because they do not know that they are eligible for it through the TANF program. Because over half of caregivers are either married or are single males, outreach to these groups may improve participation. It may also be helpful to improve training for TANF caseworkers because there is some evidence that many workers are unfamiliar with the eligibility rules for kinship care families (Bissell and Allen, 2001, McLean and Thomas, 1996).

In addition, our findings raise the issue of whether the receipt of cash assistance could be improved if the benefits were provided by a program other than TANF. Although this would require large changes, there has been increasing interest in alternatives to TANF and traditional foster care for kinship care families. A recent report for the Department of Health and Human Services (Geen et al., 2001) identified over 50 alternative foster care programs for kinship care families. Such programs, or collaborations across programs, could also help address concerns raised by Gibbs et al. (2006) who note that the current TANF system is not designed to adequately meet the service needs of children in kinship care.

Finally, it is important to note that our study is limited by a lack of data on a child's family of origin, reason for placement, and out-of-home care history. Perhaps the most important missing piece is information on the caregivers' knowledge of eligibility because it seems likely that a significant fraction of families may not know that taking care of kin makes them eligible for assistance through TANF. It would also help to have more detailed information on expected living arrangements. For example, a family that only expects to care for children for a few months may be reluctant to participate in any program if there are even small participation costs whereas caregivers who expect to receive benefits for a substantial period of time may be more likely to participate. Being able to integrate these more detailed variables into the analysis of this issue would help improve our understanding of this important decision.

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