



TANF and the First Year of Life Making a Difference at a Pivotal Moment

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Introduction

Poverty is bad for children, and particularly bad for the youngest children. Poverty affects children is through direct material hardships such as food insecurity and hunger, inadequate clothing or diapers, lack of health care, living in overcrowded or substandard housing, or being homeless. But poverty also harms children by imposing high levels of stress on their parents, which impairs their capacity to give children the care and attention they need to thrive.¹ The harsh realities of today's low-wage labor market—with the norm being little paid leave and unpredictable and unstable schedules—ratchet up the stress and make it harder for parents to fulfill their dual roles as wage-earners and caregivers. As a result, poor parents, however loving, often struggle to meet their children's needs. At the same time, children's needs are a major source of motivation for parents, as well as sometimes a cause for economic vulnerability and stress.

Public policies and programs have an important role to play in both reducing the harmful effects of poverty and in providing opportunities for families to escape poverty. But too often, these programs are not provided in a coordinated manner and do not address the needs of the whole family. In recent years, a growing number of health and human services policymakers, practitioners and researchers have promoted “two-generational” approaches that bring together worlds that are often separated (focusing only on children or only on parents) to modify or create new policies that focus on the needs of parents and children together.

Two-generation policies reflect strong research findings that the well-being of parents is a crucial ingredient in children's social-emotional, physical, and economic well-being.² Children, particularly very young children, are dependent on parents to meet their physical, material, and emotional needs. At the same time, parents' ability to succeed in school and the workplace is substantially affected by how well their children are doing. Despite the strong evidence that both generations benefit when their needs are considered together, neither the economic circumstances of poor families nor the characteristics of low-wage work support this connection between child and adult well-being. More often, the conditions that low-income families live under may in fact do just the opposite. The nature of employment among the working poor can make it difficult to raise children, creating great hurdles for parents who are trying to better their lives and their children's.³

Thoughtful public policy approaches would create systems that reach out to poor families at this pivotal moment during the first year of life and provide the income and other supports to assist parents in meeting their babies' needs and helping them thrive. It would also allow parents to both care for and economically support their families—to be the parents they want to be. This paper explores what could be done under the Temporary Assistance for Needy Families (TANF) block grant to use policy to support parents and children during pregnancy and the first year of life. We now know far more about how infants' brains and bodies are affected by poverty and parental stress than we did when TANF was first created, nearly 20 years ago. While many programs and policies impact young families, TANF offers an important, large-scale, high-impact opportunity to achieve two-generational goals for parents and infants, for several reasons:

- TANF already reaches about a quarter million of the poorest families with infants or pregnant women,⁴ about half of the deeply poor families with infants in the U.S.⁵ Even compared to other poor children, children in families eligible for TANF cash assistance are particularly vulnerable. This is because states have set eligibility limits such that only the lowest-income families can receive benefits—in most states parents do not qualify for TANF if they earn even half the amount that would lift them out of poverty.⁶
- By its design, TANF is inherently a two-generational program, in that it is explicitly aimed at serving low-income families with children. All TANF recipients must be members of needy families with children.
- TANF is a block grant that gives states a great deal of flexibility in deciding which needy families to serve, what services to provide, and what to expect of recipients.

This paper focuses on the opportunities to improve benefits and services for families with pregnant women and infants, because of the vulnerability of this population and the strong and growing research base showing the importance of this developmental period. And children who are born into poverty are at extremely high risk for persistent poverty, which further reduces their life prospects. Therefore, interventions at this point, with this population, are likely to have particularly high payoffs. However, 12 months is not a magical transitional point, and many of the services discussed in this paper would also benefit families with older children.

Pregnancy and the First Year of Life: High Needs, High Impact

In the United States, young children are more likely to be poor than any other age group. In 2013, nearly one-quarter of infants under the age of 1 were poor. This varied by race with more than half of Black babies and one-third of Hispanic babies experiencing poverty.⁷ This poverty has real and immediate consequences. Poor children are more likely than other children to experience every sort of hardship—from food insecurity to living in overcrowded or substandard housing, from having heat or electricity cut off for non-payment to reusing diapers.⁸

Similarly, pregnant women are far more likely to be poor than the overall population of women of childbearing age.⁹ Being poor and living in a high-poverty community are both associated with higher risks of pre-term birth.¹⁰ The poor nutrition and high levels of stress that poverty induce have also been shown to have lasting negative effects on the developing fetus, leading to increased rates of high blood pressure, diabetes, and heart disease years later.¹¹

As painful as the immediate consequences of pre-natal and early childhood poverty are, they are only the start. A large and growing body of research has shown that infancy is a particularly critical period for children's development, with implications for lifelong physical and emotional well-being. The earliest years of life are a period of incredible growth. To properly shape their brains and build a healthy foundation for life, infants need a number of important inputs including consistent relationships with caring adults and adequate health and developmental supports. Experiences during the infant and toddler years shape the architecture of the brain—including cognitive, linguistic, social, and emotional capacities—at a phenomenal rate and lay the foundation for future growth and learning.¹²

Across the country, large numbers of young children are affected by one or more risk factors that have been linked to academic failure and poor health.¹³ Chief among them is family economic hardship, which is consistently associated with negative outcomes in these two domains.¹⁴ Many low-income children also experience other risk factors, including living with a teen mother, in a household without English speakers, or with parents who lack a high school diploma. Children affected by several adverse circumstances—three or more risk factors—are the most likely to experience school failure and other negative outcomes, including maladaptive behavior.¹⁵

Family income during the pre-natal period and early childhood is particularly critical to healthy development and positive outcomes in later life. Expectant mothers' stress, which can be elevated by low income, can influence the developing fetus through both reduced blood flow and transmission of stress hormones, with consequences for brain development as well as overall health.¹⁶ However, public programs can reduce these harms. For example, a study that looked at the effects of the phased implementation of the food stamp program found that adults had lower rates of "metabolic syndrome" (including obesity, diabetes, high blood pressure and heart disease) when their families had access to food stamps from the time of conception when compared with those who did not have access to food stamps during early childhood.¹⁷

A number of studies have attempted to answer the question of what is the effect of income, independent of the many other family and neighborhood factors that influence child well-being. Holding all else equal, for families with early childhood (prenatal to age 5) incomes below \$25,000, a \$3,000 annual boost to family income during that period is associated with a 17 percent increase in adult earnings when that child grows up.¹⁸ Family income

during the first years of life has a stronger impact on adult outcomes, including earnings and hours of work, than income later in life.¹⁹

But all else is not equal. Children who are born into families experiencing poverty are far more likely than other children to spend more than half of their childhood in poverty. Nearly half of children born to poor parents over the past four decades were persistently poor over the course of their childhoods, compared to just four percent of those whose parents were not poor at the time of their births. Of Black children born to poor parents, two-thirds were persistently poor during their childhood. In turn, persistent poverty is associated with significantly lower rates of high school graduation and higher rates of teenage pre-marital childbearing.²⁰ This suggests that poverty during the first year of life is a very strong indicator of children who are at risk, and whose families may need additional support, beyond income supplements, in order to succeed.

The birth of a child can be a pivotal moment for families. Regardless of income, it can be exhausting and overwhelming, in addition to joyous. In some cases, having a child can be the stressor that puts a family that is just scraping by over the edge into poverty. In some cases this may be due to the direct costs of having a baby, including buying diapers or formula, or the collapse of a fragile housing arrangement. More often, it results from the loss of earnings due to an inflexible workplace in which the need to care for a sick child leads to missed pay—possibly even the loss of a job—or the high cost of child care makes it impossible for a parent to work. At the same time, the addition of a child can be a “magical moment” when mothers and fathers are particularly motivated to make changes, such as getting a better job or going back to school.²¹

TANF: A Missed Opportunity

TANF was created as the result of the 1996 welfare reform law, replacing Aid to Families with Dependent Children (AFDC). AFDC was a cash assistance program that provided monthly benefits to very poor families with children. TANF is a block grant, administered at the federal level by the U.S. Department of Health and Human Services (HHS), but with most spending and policy decisions left to the states, and in some cases counties. TANF was designed to give states flexibility to offer families a customized package of services and benefits in addition to—or instead of—ongoing cash assistance. All states do provide time-limited cash assistance to some very poor families with children. Moreover, for parents receiving TANF, child care assistance is typically guaranteed. Child care subsidies are an enormous benefit for TANF families with infants, often more valuable than the cash assistance itself.²² In some states, receiving TANF assistance is the only way to access child care subsidies without a waiting list. States may use the federal funds they receive under TANF on any activity aimed at one of the four statutory purposes of TANF.²³ This means that almost any component of a two-generational strategy for low-income families is an allowable use of funds.²⁴ States do use TANF funds to support a range of two-generation services such as child care, early childhood home visiting programs, and job training, both for families receiving TANF cash assistance and for other low-income families with children.

TANF policies do not account for unpredictable and unstable low-wage jobs

TANF work requirements make little accommodation for the reality that the low-wage hourly jobs typically available to TANF recipients and other young parents are characterized by unpredictable and unstable schedules, meaning that workers frequently do not know the days or hours they are scheduled to work until a few days in advance and may experience significant fluctuations in number of hours and timing of shifts from week to week.²⁵ Even once schedules are posted, workers may be sent home, or required to work longer hours with no advance notice. Many workers, particularly in the retail industry, are assigned to call-in shifts, providing no guarantee of work, but preventing them from scheduling other work or activities.²⁶ Workers who do not make themselves available for a wide range of possible hours are often assigned fewer hours; those who ask for schedule changes may experience retaliation. These unpredictable and unstable schedules are a hardship for most workers. They make it difficult to stitch together multiple jobs to make ends meet, to go to school, even part time, while working, and to meet caregiving responsibilities. But they are particularly challenging for parents of infants. Moreover, most low-wage hourly level jobs do not provide any form of paid leave (neither sick days nor family leave) and it is not uncommon for workers who miss work to be fired. One survey found that nearly one in five low-wage working mothers reported having been fired due to sickness or caring for a family member.²⁷ These rigid policies are particularly problematic for parents of infants, who get sick often, and require frequent “well-baby” visits even when healthy. These jobs also rarely provide the flexibility and privacy needed for mothers to pump breastmilk for their babies.

Irregular and unpredictable schedules present particular challenges for child care. Parents who work highly variable schedules typically rely on a patchwork of child care providers, with many using multiple caregivers in a single week.²⁸ This is particularly harmful to infants for whom stability is so important. Finding affordable, high-quality child care is challenging in the best of circumstances. But for workers whose jobs are marked by volatile or nonstandard work schedules, child care access becomes extraordinarily difficult. These working parents, who often earn low wages and cannot rely on a consistent schedule (or paycheck) or who work nights or weekends, have few child care options available to them. They often scramble to cobble together multiple care arrangements and rely on friends and family to care for their children. Moreover, TANF policies aimed at increasing employment among recipients may force parents to accept job offers with little notice, forcing them to use whatever child care is available at that time.²⁹

As researchers Susan Lambert and Julia Henly have noted, TANF recipients whose hours fall below the required levels—whether because of employer scheduling practices or because of family needs—may face a double jeopardy of loss of earned income and TANF sanctions for non-compliance with work requirements.³⁰ Variable hours of employment can also generate requirements from welfare programs for recipients to produce documentation of hours and earnings; recipients who fail to keep up with the constant paperwork demands may lose child care subsidies and nutritional supports as well as cash assistance.³¹

In 2013, the most recent year for which data are available about the characteristics of families receiving TANF cash assistance, about 15 percent of families receiving cash assistance included a child under age 1 or a pregnant woman.³² This works out to slightly more than a quarter million families. In spite of the flexibility of TANF funding, states have rarely used these funds to provide targeted supports for TANF families with young children. An early study of TANF and families with infants found that, while parents of infants reported greater strain in attempting to meet both the intensive care needs of infants and the TANF work requirements, state policy and practice did not treat them as a group needing special attention or services.³³ All too often, state TANF policies create additional hardships for families with infants, making it harder for both parents and children to thrive. Rather than relieving the toxic stress that families face, they add to it.

Too many of today's state TANF programs represent a missed opportunity to ensure that poor children have a healthy start in life, with their physical, cognitive, and social and emotional needs met, and that their parents receive support in their roles as both caregivers and breadwinners. Multiple factors contribute to this failure.

First, narrow eligibility criteria and burdensome requirements have combined to limit the share of poor children that TANF reaches. Overall, in 2013, for every 100 poor families in the U.S., only 26 received TANF assistance.³⁴ Families with infants appear to participate in TANF at about the same rate.³⁵ Even for those poor families who receive cash assistance, TANF provides an income inadequate to meet basic needs. In 2014, a family with no other income would receive from TANF an amount less than 50 percent of the poverty line in every state. In two-thirds of the states, such a family would qualify for benefits worth less than 30 percent of the poverty line.³⁶

Second, the widespread focus on immediate employment for parents receiving TANF assistance (often referred to as “work first”) ignores the conflicts between the needs of young children and their parents and the realities of today's low-wage labor market. While state policies vary somewhat, TANF recipients are generally expected to search for employment, and to accept the first job offer they receive. Recipients who fail to attend required programs, or who turn down or quit jobs without good cause, are faced with penalties that often include loss of the entire families' cash assistance benefits. In order to be counted toward the federal work participation rate (WPR), single parents with young children (under age 6) must participate for at least 20 hours per week in one of a limited set of countable activities, and other parents must participate at least 30 hours per week.³⁷ While states can require recipients to participate for fewer hours (or for more), the financial penalties on states associated with failing to meet the required WPR targets mean that the federal rules often drive state policy.

Third, families receiving cash assistance have limited access to high-quality child care, even when they receive child care subsidies. Although families who receive TANF cash assistance typically have priority for child care subsidies, too often states focus exclusively on enabling parental work, and not on the critical developmental role of high-quality child care. Research is clear that high-quality child care with warm, responsive, and skilled

caregivers; healthy and safe environments; and linkages to community supports help promote healthy development for infants and create a strong base for the future.³⁸ However, state child care subsidy policies often restrict access to high-quality care for low-income families. For example, only one state pays child care providers at the federally recommended level and in 30 states, rates for center care for a 1-year-old in 2014 were at least 20 percent below the recommended level.³⁹ Without decent rates, providers can't meet the high costs of providing quality infant care and families are unable to access higher-quality options. In addition, the requirement to accept jobs with unpredictable and unstable hours often forces families to use whatever care is available, without regard to quality. Families may also lose their child care subsidies if they are sanctioned for non-compliance with TANF requirements, or once they exhaust temporary transitional benefits after leaving TANF.

Finally, TANF programs rarely look at the holistic needs of families with infants and connect them to the full range of services that both parents and children might benefit from, including health and nutrition programs, home visiting, and quality employment and training opportunities. Even when these programs are funded, in whole or part, from the TANF block grant, there is rarely a systemic effort to connect families receiving cash assistance to these services. TANF caseworkers spend much of their time enforcing and documenting participation, and have very little opportunity to engage parents in a deeper conversation about what they need to help their children thrive.

Vision for a Two-Generational TANF Program for Families with Infants

States have many policy levers already available to them that could change this picture drastically. These choices are consistent with the federal TANF framework as it is today. In this paper, we set out a core vision for TANF that takes a true two-generational approach to meeting the needs of pregnant women and families with infants. Our vision is that:

- TANF provides adequate income support to enable pregnant women and parents of infants to meet their basic needs, and is available and accessible to all who need it.
- TANF recognizes the realities of today's low-wage labor market, including variable and unpredictable hours, and does not force parents of infants to take jobs that are incompatible with their parenting responsibilities. TANF allows parents to take the time needed to develop secure attachments with their infants, recover from childbirth and to establish a breastfeeding relationship when appropriate.
- When parents work or participate in employment-related activities, they have access to affordable, high-quality child care that supports the developmental needs of infants.

- TANF connects families with infants to other needed services that support long-term success for both children and parents, including health and nutrition programs, early childhood education, and quality employment and training opportunities.

We then identify a series of specific policy choices that contribute to this vision. We have divided these policies into two groups. The first, foundational, group (see table 1) includes large-scale core policy opportunities to change current TANF policies in ways that stabilize families' lives and reduce damage to and risk for pregnant women, infants, and their families. All of these policies are in place in some states—but no state has enacted all of them. Because of the crucial importance of these core policy elements to the stability of vulnerable babies and their families, we believe all states should assess their TANF policies in these areas to determine whether they are promoting or undermining the well-being, stability, and development of vulnerable babies and their families, and states should make changes where they fall short.

The second set of policies builds on this foundation and is more innovative. We recommend these policies as options to states that are committed to making strong progress on the foundational policy elements in the first group and also wish to explore innovative approaches to actively supporting poor families with infants, including those who are not already connected to TANF. While it may be tempting to jump directly to these models, trying to improve the well-being of deeply poor infants and families without having assessed and corrected deficiencies in the first category is a bit like trying to accelerate a car while still stepping on the brakes.

While research evidence offers good grounds for considering these approaches, none are currently in effect at a large scale. Some states have established pilot projects in these areas, and we look forward to learning from them. Among the models discussed in this section are:

- Expanded cash assistance for poor families with infants, including enhanced benefits and targeted outreach to potentially eligible families who are not receiving assistance;
- Expanded home visiting services to serve a greater share of poor families with infants;
- Coordinated workforce training for parents and early childhood services, such as Tulsa's CareerAdvance program;
- Use of subsidized jobs programs to create part-time jobs with predictable hours for parents of infants; and
- Development of holistic service packages to meet the full range of families' needs and reduce duplication and confusion for families now receiving services from multiple providers.

Table 1: Checklist of Foundational Policies

TANF provides adequate income support to enable pregnant women and parents of infants to meet their basic needs and stabilize their lives, and is available and accessible to all who need it.

- Pregnant women with no other children are eligible for TANF cash assistance.
- Work requirements, including up-front job search, are waived for pregnant women in order to avoid creating a barrier to participation.
- All needy babies are eligible for benefits; no “family cap” policies that deny benefits based on parents’ history of welfare receipt.
- Pregnant women and parents of infants may receive benefits even if they would otherwise be denied benefits due to time limits.
- State has reviewed implementation of minor parent requirements to ensure they do not prevent needy young families from receiving assistance.

TANF recognizes the realities of today’s low-wage labor market, including variable and unpredictable hours, and does not force parents of infants to take jobs that are incompatible with their parenting responsibilities. TANF allows parents to take the time needed to develop secure attachments with their infants, recover from childbirth, and establish a breastfeeding relationship when appropriate.

- Parents of infants are exempted from mandatory TANF work requirements (or engaged in appropriate services that recognize their unique circumstances) until babies are 12 months old.
- Policies are in place to protect parents of infants from sanctions, particularly full-family sanctions.
- Exemption policies do not inadvertently deny access to child care.

When parents work or participate in employment-related activities, they have access to affordable, high-quality child care that supports the developmental needs of infants.

- TANF recipients who work or participate in employment-related activities are provided with child care subsidies at the 75th percentile of the current market rate, ensuring access to high-quality child care.
- Parents receive good cause exemptions from work requirements if high-quality child care is not available.
- Parents are given time to locate and obtain high-quality child care before they are required to participate in work activities.
- State applies new CCDBG rules, as the result of the 2014 reauthorization, regarding quality and continuity of care to TANF-funded child care in order to provide infants with stable, nurturing care.

TANF connects families with infants to other needed services that support long-term success for both children and parents.

- TANF families with infants are referred to home visiting programs and Early Head Start, and receive credit toward their TANF work requirements for participating in such programs.
- TANF recipients with infants are screened for mental health needs and provided with supportive services needed for treatment
- Families with infants are enrolled in other safety net programs including Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, and housing, with a minimum of additional paperwork.

Now is the Time to Make These Changes.

There are several reasons why this is a good moment to revisit TANF programs. First, as discussed above, we now know far more than previously about the importance of the first years of life—and the cumulative threat to the long-term well-being of babies who face multiple risk factors, such as those who are eligible for TANF. The emerging evidence offers the opportunity to build a much stronger case than even just a few years ago for redesigning TANF programs to meet the developmental needs of infants in TANF families. Some states have already started to adopt more evidence-based and positive policies for TANF families and to revisit harsh choices that were made years ago. Others have begun to recognize that it is not possible to address parents' employment issues without considering the needs of other family members.

Second, there is increased understanding that parents need the same underlying skills, sometimes referred to as “executive function,” such as goal setting and planning, emotional self-regulation, and time management, both for success in the workforce and for effective parenting. Some programs are beginning to coach participants explicitly in the development of these skills.⁴⁰

Third, there is heightened awareness of the nature of low-wage work, and of the growing prevalence of unpredictable scheduling practices that are particularly burdensome to parents of infants.⁴¹ However, policymakers have paid little attention so far to the implications for welfare policy.⁴²

Finally, many states are recognizing that they are overdue to update their TANF policies to reflect today's economic and policy environment. If Congress passes a TANF reauthorization, it is likely that all states will revisit their TANF programs. However, even in the absence of federal legislation, states have a great deal of flexibility to set their TANF policies. In particular, federal law already gives states the option to exempt single parents of a child under 12 months from work requirements and to exclude such parents from the work participation rate calculation for up to 12 months in a client's lifetime.⁴³ Moreover, both the Child Care and Development Block Grant (CCDBG—see box on page 20) and the Workforce Innovation and Opportunity Act (WIOA—see box on page 32) were recently reauthorized, requiring states to make a number of changes to how they deliver the services funded by these programs, and how they relate to TANF. This makes it an opportune time for states to think holistically about how these multiple programs serve the same families.

Foundational Policies

TANF provides adequate income support to enable pregnant women and parents of infants to meet their basic needs and stabilize their lives, and is available and accessible to all who need it.

The first statutory purpose of TANF is to “provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.”⁴⁴ However, too many states have adopted policies that make it difficult for pregnant women and parents of infants to access cash assistance. Without this support, parents may be unable to meet basic needs for food, clothing, and shelter, may stay in domestic violence situations, or may turn to illegal activities to provide for their children. In this section we focus on removing policies that act as barriers to assistance for these families. When we address ways to build on these foundational policies, we also discuss increasing benefit levels and expanding coverage to more families.

- **Pregnant women with no other children are eligible for TANF cash assistance**

As discussed earlier, stress and nutrition during the pre-natal period have a significant impact on future outcomes. States have the flexibility to decide whether a pregnant woman with no other children is eligible for assistance under TANF. In 26 states and the District of Columbia, eligibility for such women begins as early as the first month or as late as the seventh month of pregnancy. In 5 states, pregnant women with no other children do not qualify until the final month of pregnancy and in 19 states they are not eligible for cash assistance at all. (See Appendix Table A.1) States should make pregnant women eligible for cash assistance and take advantage of this opportunity to both help them meet their basic needs and connect them to services, as appropriate.

- **Work requirements, including up-front job search, are waived or modified for pregnant women in order to avoid creating a barrier to participation.**

The majority of states require pregnant women (whether they have other children or not) to comply with work participation requirements. Only 11 states provide an automatic exemption from work requirements for pregnant women, and two of these states do not provide an exemption until the ninth month. (See Appendix Table A.2) Other states may still provide exemptions to pregnant women if they have a doctor's note documenting they are unable to participate in welfare-to-work activities. However, low-income women may find it burdensome to obtain such a note, particularly if they do not have a doctor who is providing ongoing care. While many women work until the very end of their pregnancies, the low-income women who qualify for TANF are disproportionately likely to be employed in physically demanding jobs that are harder to continue without modification.

Pregnancy discrimination laws do not require employers to provide pregnant women with accommodations or light duty unless similar accommodations are made for other workers who are similar in their “ability or inability to work.” Low income women frequently report being denied even modest work modifications (such as the ability to use a stool rather than to stand, or taking more frequent breaks) or even being fired because employers feared legal liability if expectant mothers continued to work.⁴⁵

States should modify or waive work participation requirements for pregnant women, based on their own statement that they are unable to meet the requirements, without demanding additional documentation. Similarly, states should not deny benefits to pregnant women who have quit a job because they were unable to work and should not require medical documentation for such a good cause waiver. (People who quit jobs without good cause are typically ineligible for cash and nutritional assistance, as well as unemployment benefits.⁴⁶) Finally, states should exempt women in late pregnancy from “up-front job search” requirements, meaning that applicants for cash assistance must prove that they have applied for a certain number of jobs before their application can be processed or approved. When these policies are applied to women in late pregnancy, when finding a job is particularly challenging, they are likely to deter receipt of benefits.

□ **All needy babies are eligible for benefits; no “family cap” policies that deny benefits based on parents’ history of welfare receipt.**

States should eliminate “family cap” policies that deny benefits to babies conceived and born while their parents are receiving cash assistance (also known as “maximum family grant” or “child exclusion” policies). The research evidence shows these caps do not change behavior and, indeed, can lead to deeper family poverty at a particularly vulnerable time. For this reason, six states have repealed their family cap policies since 2002.⁴⁷

Sixteen states currently have some form of family cap policy. (See Table A-3) Lifting a family cap is an important component of making TANF more supportive of families with infants. The Administration for Children and Families (ACF) reports that 58,000 families receiving TANF had their benefits reduced in 2013 due to a family cap policy.⁴⁸ These families are highly likely to have infants or young children. Families affected by the benefit cap have received an average of 20 percent less in cash assistance than they would have otherwise received.⁴⁹

Family cap policies were promoted based on the hypothesis that welfare recipients might intentionally conceive a child to receive an increased benefit, to become exempt from mandatory work requirements

or activities, or to remain eligible for the program.⁵⁰ However, studies of family cap policies have found no evidence of such effects. There is little evidence of any reduction in birth rates among women receiving TANF benefits when compared to non-TANF recipients in states with such policies.⁵¹ The main effect of family caps is to increase poverty among families with young children. One study found that the family cap significantly increases deep poverty (income less than 50 percent of the poverty level) among single mothers and their children.⁵²

Minnesota Eliminates Family Cap

Minnesota was the most recent state to eliminate its family cap policy, as part of the 2013 budget package. Advocates estimated that the repeal would increase benefits by \$74 a month for approximately 4,100 families.⁵³

The family cap repeal was supported by a broad coalition of advocates across the political spectrum, with strong support by both anti-poverty and anti-abortion organizations (who fear that family cap policies encourage women to terminate their pregnancies because they will not be able to support their children.)

This broad alliance led to bi-partisan support for the repeal.⁵⁴ The main concerns expressed about the repeal related to the cost in the context of a tight budget. For this reason, the implementation of the repeal was postponed until 2015.

□ Pregnant women and parents of infants may receive benefits even if they would otherwise be denied benefits due to time limits.

Receipt of cash assistance under TANF is time-limited, meaning that families may only receive benefits for a limited number of months, unless they qualify for an exemption or an extension. Time limit policies vary greatly by state, with nearly half the states setting limits shorter than the 60-month federal limit.⁵⁵ It becomes increasingly likely that pregnant women and families with infants will be unable to access benefits in states with short time limits. Thirteen states have initial time limits of 24 months or less, with Arizona imposing a lifetime limit of just 12 months for benefit receipt. (In some of these states, families may have eligibility restored and receive benefits for an additional period of time after remaining off for a specified number of years.)⁵⁶ These short limits fundamentally undermine TANF's role as a safety net, as they mean that families who experience life challenges such as job loss, a health crisis, or domestic violence may have already exhausted their months of benefits and find themselves unable to access TANF cash assistance. If states have adopted such restrictive policies, at a minimum, they should provide an exception so pregnant women and infants may receive benefits even if they have already reached the time limit.

- **State has reviewed implementation of minor parent requirements to ensure that they do not prevent needy young families from receiving assistance.**

Under federal law, states are required to impose two additional rules on minor parents (under age 18) who receive federally funded TANF assistance. Unmarried minor parents must live in an approved setting, typically with their parents, adult relatives or guardians, although the state has discretion to approve other living arrangements when they are determined to be in the best interest of the family. The other rule requires that minor parents who have not graduated high school (or the equivalent) must participate in educational activities once their baby is 12 weeks old. However, states have a great deal of flexibility in how they implement these rules, particularly about circumstances when an “alternative living arrangement” (other than living with the minor’s parents) can be approved.⁵⁷

Studies from the early years of TANF implementation found that many teen parents were told at the welfare office that they were not eligible for TANF benefits, were not informed about the options for requesting approval of an alternative living arrangement, or that they could receive assistance if they returned to school.⁵⁸ While these policies have not been formally studied in recent years, informal conversations and email communications with caseworkers continue to report similar stories. To improve stability for teen parents and their children, states can adopt “transitional compliance” policies, similar to those adopted by Illinois in response to one of those studies, that allow teen parents to temporarily receive assistance even if they are not living in an approved setting, and provide them with support that enables them to meet both the residential and educational requirements. States should also conduct outreach to young parents at risk of sanction and identify whether they have unmet needs that are preventing them from coming into compliance.⁵⁹

TANF recognizes the realities of today’s low-wage labor market, including variable and unpredictable hours, and does not force parents of infants to take jobs that are incompatible with their parenting responsibilities. TANF allows parents to take the time needed to develop secure attachments with their infants, recover from childbirth, and establish a breastfeeding relationship when appropriate.

As noted previously, work participation requirements are one of the central features of the TANF program. While the specific rules vary by state, in general, nearly all adult recipients of cash assistance are required to participate in assigned work activities and can be punished by a reduction in their benefits if they fail to do so. Most states have adopted “work-first” policies that provide very limited opportunity for TANF recipients to meet their participation requirements through education and training activities, and instead assign most non-

employed recipients to "job club," a structured job search activity, and require them to accept the first job they are offered.⁶⁰

The penalties for non-compliance are severe. Nearly half of states now impose "full-family sanctions" or close TANF cases even for the first instance of non-compliance with work activities, and all but four states impose such sanctions for repeated non-compliance.⁶¹ This means that a parent can lose her entire family's TANF assistance benefits—in some cases permanently—if she is unable to meet the participation requirement. Depending on state choices, she may also lose child care subsidies and some of her family's SNAP benefits.

- **Parents of infants are exempted from mandatory TANF work requirements (or engaged in appropriate services that recognize their unique circumstances) until babies are 12 months old.**

It is important to realize that many of these parents will still choose to work, even if they are not required to participate. This is both because many TANF recipients value work highly, and because they value the additional income that work provides. Without a mandate, parents of infants will have the option to work part-time, or wait for a job with a schedule that matches the availability of high-quality child care. A cross-state study of exemption policies suggests single mothers of infants are no more likely to be out of the labor force in states with more baby-friendly exemption policies than in those with narrower policies—but are more likely to work part-time.⁶² Others will opt to engage in education or training activities that prepare them for better future jobs. And some, particularly those with children who are in poor health or have other challenges, will focus full-time on caregiving.

States' focus on work participation is significantly driven by the federal WPR. However, under federal law, states have the option to exempt single parents of a child under 12 months from work requirements, and may also exclude them from the WPR calculation for up to 12 months in a client's lifetime.⁶³ The federal provision gives states a great deal of flexibility to exempt the parents of infants from participation requirements or to modify the requirements, such as by assigning them to activities that are not countable toward the federal rate.

Most, but not all, states do provide some exemptions for single parents of infants from work requirements. According to the Urban Institute's Welfare Rules Database, as of 2014, half of the states and the District of Columbia offered at least 12 months of exemption, including two that offered 24 months. Of the remaining states, three exempt parents for less than 12 but more than 3 months and ten exempt parents for 3 months or less. Twelve states provide no formal exemption for parents of infants, although in these states caseworkers are often allowed to exempt recipients on an individualized basis. (See Table A-3) While most states only require 20 hours per week of participation for parents of young

children, a few set the participation requirement for all recipients at 30 or even 40 hours per week, regardless of the age of the children.

There is ample reason to believe that very short exemptions for parents of infants threaten the well-being of already vulnerable poor families with infants, particularly when they are enforced by full-family sanctions. For example, one study found that low-income mothers of infants were somewhat less likely to experience material hardship in states with longer exemptions from work requirements.⁶⁴ Another study found that shorter exemptions from work requirements increased the prevalence of maternal depression among welfare recipients with young children.⁶⁵ This is alarming because depression is already widespread among poor and low-income mothers, including mothers with young children.⁶⁶ Untreated maternal depression is damaging to children, particularly young children, placing at risk their safety and cognitive and behavioral development. Moreover, depression and poverty appear to have additive harmful effects, given that depression hampers mothers' ability to engage with their babies and to buffer them from the negative effects of poverty. A different study found that TANF work requirements for parents of infants were associated with a 22 percent decline in breastfeeding rates at the six-month point among low-income mothers receiving WIC nutritional benefits.⁶⁷ Given the significant health benefits of breastfeeding, this is a finding of some concern.

The research evidence does not tell us the optimal duration for a work exemption. None of the programs rigorously evaluated prior to welfare reform required work for parents under the age of 2. However, the evidence based on cross-state variation in policies is strong enough that we are confident in recommending that states should exempt single parents of infants from participation requirements at least until the children are 12 months, as allowed under federal law. In the next section, where we address a more comprehensive package of services, we discuss an alternative approach, in which states do not exempt parents of infants from participation requirements, but rather assign them to services designed to meet both parents' and children's needs. However, such comprehensive services are not currently available in most states, and it will require both effort and investment to develop them. In the absence of such two-generational services, an exemption from work requirements seems the best way to avoid harming these vulnerable families.

□ **Policies are in place to protect parents of infants from sanctions, particularly full-family sanctions.**

Studies have shown that TANF sanctions are harmful to parents and children. A recent review of the literature found studies showing associations between sanctions and increased economic hardships, higher levels of stress and depression or other mental health problems, increased risk of child maltreatment and lower cognitive achievement scores and greater behavior problems among low-income children and youth.⁶⁸ While these studies did not distinguish between partial and full-family sanctions, it

seems highly likely that full-family sanctions are more damaging. Moreover, there is little evidence that sanctions encourage parents to engage in work activities—as one study concluded, "Sanctions, it appears, are not primarily working to bring about behavioral changes among welfare recipients, but to penalize those who do not follow the rules."⁶⁹

Given the great risk of harm to this very vulnerable population, states should take steps to ensure that parents of infants are not subject to sanctions. Recommended steps include:

- Forgoing full-family sanctions for families with infants, even in states that otherwise impose such sanctions.
- In states that do not exempt parents of infants from work requirements, requiring in-person assessments to identify the underlying causes of non-participation (such as logistical issues including lack of transportation or child care as well as depression or other mental health challenges) before any sanctions are imposed, and allowing parents the opportunity to come into compliance.
- In states that exempt parents of infants from work requirements, reviewing sanctioned cases to ensure that these exemptions are correctly applied and that parents of infants are not in fact sanctioned for non-compliance. The importance of such reviews is highlighted by recent Minnesota data finding that, in spite of exemption policies, 126 mothers receiving TANF were sanctioned by employment services in the month they gave birth, and 1,345 people were in sanction status while a child in the case was under 1 year of age.⁷⁰

□ **Exemption policies do not inadvertently deny access to child care.**

At the same time, it is important to make sure that exemption policies do not have the perverse effect of *reducing* families' access to child care. Parents of infants who voluntarily work or engage in education and training, even if they are not required to do so, should be provided child care assistance comparable to mandatory participants.

This issue came up in Oregon, during the 2011-2013 period when the state exempted parents of children under 24 months from TANF participation requirements as part of a temporary package of cost-cutting measures adopted in response to the greater need for cash assistance during the recession. At a time when child care funding was under great pressure, the state calculated it would save money by not requiring such families to participate. Under the initial implementation, these exempt families were not eligible for child care assistance. However, staff reported that many of the parents wanted to get back to work and were frustrated at being denied child care. Therefore, in November 2011, Oregon modified its policies to allow such exempt families to receive child care assistance.⁷¹

Similarly, older siblings who are enrolled in child care should not lose their child care subsidies while parents are exempted due to caring for a newborn. Otherwise, it is likely that the older children will lose their child care slots (as the provider will not be able to afford to forgo payment) and the parents will have to find new care for the older children when they return to work or other activities. States already have the option to continue coverage in these circumstances under current child care policy and may be encouraged by new CCDBG continuity provisions (discussed below) to exercise this policy choice.

When parents work or participate in employment-related activities, they have access to affordable, high-quality child care that supports the developmental needs of infants.

It is important for young, vulnerable families to be connected to high-quality child care experiences so parents can go to work and so children can have enriching experiences and stable environments to help them succeed in life. Studies have shown that families receiving child care subsidies are not only more likely to be employed in general, but also more likely to have greater employment stability.⁷² Parents with access to affordable and dependable child care are less likely to face child care interruptions that can result in absences or other schedule disruptions in the workplace. When parents do better economically, their children do better as well. Parental employment not only improves the economic circumstance of a family, but also has been shown to improve a child's social and emotional well-being.⁷³

Decades of research show that access to high-quality child care and early education experiences benefits all children, particularly low-income children. And child care subsidies make higher-quality child care programs more affordable for low-income families.⁷⁴ High-quality child care for infants is expensive and unaffordable without subsidies for most low-income families. Child care is often one of the highest budget items for families. In 2013, the average annual cost for an infant in center-based care was higher than a year's tuition and fees at a four-year public college in 31 states and the District of Columbia.⁷⁵ All states provide child care subsidies to families who are receiving TANF cash assistance and are required to participate in work activities. However, restrictive TANF and child care policies may inhibit the ability of families to access high-quality care or may interfere with the stability of child care services. States should adopt policies that ensure that TANF recipients have access to high-quality, stable care.

- **TANF recipients who work or participate in employment-related activities are provided with child care subsidies at the 75th percentile of the current market rate, ensuring access to high-quality child care.**

A key component of high-quality child care is reimbursement rates that are sufficient to cover the costs of high-quality child care providers. States set reimbursement rates for child care providers serving children who are receiving subsidies, and they vary depending upon many factors including age,

geography, and type of care. States are not required to set their reimbursement rates at any certain level, but it is federally recommended that rates be set at the 75th percentile of the current market rate. However, in 2014, only two states (Montana and Oregon) were reimbursing at the recommended rate for infants in center based care, with the remaining states below that amount.⁷⁶ Sufficient reimbursement rates allow programs and providers to run and maintain their businesses, offer rates that are competitive and attractive to retain staff and maintain stability for children, and set policies (such as low ratios and group sizes) that ensure children's needs are being met and they are able to develop and grow. States should set reimbursement rates at the 75th percentile to ensure that more children have access to higher quality care.

□ **Parents receive good cause exemptions from work requirements if high-quality child care is not available.**

Under federal TANF law, states are prohibited from sanctioning a parent for non-participation in a work activity if child care is not available, as determined by the state; however, it is rare for states to actually grant good cause for non-participation on this basis. Thus, families may be forced to accept child care that may be low quality and not what is best for their children or the families' long-term success. In addition, lack of information may weaken the protections; a study undertaken in the early days of TANF found that many caseworkers reported deliberately not informing parents about the availability of good cause exemptions unless the parent stated that she was unable to find child care.⁷⁷ States should tell parents of infants that they will grant good cause for failure to participate if high-quality child care is not available.

□ **Parents are given time to locate and obtain high-quality child care before they are required to participate in work activities.**

Moreover, many TANF programs grant parents minimal time to obtain child care before they are required to participate in work activities. Finding child care that is high quality and meets the needs of families is not easy and may take time. The pressure to find care quickly can drive families to rely on informal care, which is often unpaid and unregulated so quality is unable to be guaranteed.⁷⁸ One study from the early 2000s noted the wide variation in TANF practice in this regard, with some sites requiring recipients to begin participating in work activities within a few days, while other sites provided more flexibility. Clients in the sites that required participation right away reported that it was difficult to arrange child care that met their needs.⁷⁹ Moreover, the changes in the federal WPR as part of the Deficit Reduction Act of 2005 put a great deal of pressure on states to increase the share of clients who were engaged in federally countable activities. In response, many states adopted policies that allow clients less time before they are required to participate, or require up-front job search before their application can be approved. For TANF families, having lead time to find high-quality child care before they are

required to participate can support more stable employment and long-term success. Moreover, states can use the exemption for parents of infants to exclude them from the work participation rate while they are seeking high-quality care. Therefore, there is no excuse for requiring parents of infants to participate without giving them the time needed to identify and obtain high-quality care.

Child Care and Development Block Grant

The federal government provides states with funds to support child care subsidies under the Child Care and Development Block Grant (CCDBG). States also contribute their own funds to the CCDBG and may transfer a portion of their block grant funds. States have a great deal of flexibility in setting eligibility rules and program guidelines. However, state subsidy policies are constrained by costs. In 2013, the most recent year that data is available, overall federal and state spending for child care was at an 11-year low. In 2014, participation in the program was at a 16-year low.

In FY 2014, about 394,000 infants and toddlers received child care assistance through the Child Care and Development Block Grant (CCDBG) in an average month, comprising approximately 28 percent of all children receiving CCDBG. Due to limited funding, only 12 percent of eligible infants are currently being reached through subsidies.⁸⁰

The recent CCDBG reauthorization, enacted in November 2014, included important improvements to the health and safety of child care, as well as enhancements to the stability of child care subsidies to support parental employment and more continuity of care for children, which is especially important for infants. To support the goals of improving the quality of care and increasing the number and percentage of low-income children in high-quality child care settings, the CCDBG Act of 2014 increases the amount of funds states are required to spend on quality improvement activities. The law also drives quality funds toward improving the supply and quality of care for infants and toddlers. High-quality infant-toddler care is among the least available and affordable care for families, despite the critical importance of nurturing care during the earliest years. The reauthorization also requires that once a child has been determined eligible for child care assistance, states must consider the child eligible for a minimum of 12 months regardless of temporary changes in a parent's work, education or training activities, or family income, as long as income does not exceed 85 percent of state median income (SMI). Those improvements, however, did not come with sufficient funding and will require additional resources to realize the goal of improving infant-toddler care and to expand access for parents.

For more information, visit www.clasp.org/ccdbg

- **State applies new CCDBG rules, as the result of the 2014 reauthorization, regarding quality and continuity of care to TANF-funded child care in order to provide infants with stable, nurturing care.**

Children benefit from continuity when they participate in early childhood experiences that support their development. Providers and caregivers who regularly care for very young children can have a positive impact on child development by forming continuous, strong attachments with children. When a baby's needs are met, the infant forms a secure attachment—or “base”—that creates a foundation for healthy development in early childhood and beyond. Research has found that infants with secure attachment relationships with their care providers are more likely to play, explore, and interact with adults in their child care setting. This relationship between infants and their child care providers can complement the relationship between parents and young children and facilitate early learning and social development. A “continuity of care” approach can enhance the relationship between caregivers and young children by keeping young children within the same setting and with the same team of providers for an extended period, usually for the first three years of their lives.

However, TANF policies that closely tie receipt of child care assistance to participation in, and documentation of, countable work activities can have the effect of destabilizing children's access to child care settings and disrupting their continuity of care. One study of client-caseworker interactions found that caseworkers used the threat of revoking child care sanctions as a way to force clients to report on their hours of work, even though doing so could cost the client her job.⁸¹ The stability of a trusted child care provider may be even more important when a family is experiencing upheaval, such as a job loss. Therefore, states should also apply these CCDBG reauthorization provisions regarding quality and continuity of care to TANF-funded child care to ensure that TANF families have access to these important improvements.⁸²

TANF connects families with infants to other needed services that support long-term success for both children and parents.

TANF programs should connect families with infants to early childhood programs, to mental health services, and to other safety net programs, and should ensure that these connections are not disrupted if families stop receiving cash assistance.

- **TANF families with infants are referred to home visiting programs and Early Head Start, and receive credit toward their TANF work requirements for participating in such programs.**

Home visiting

Home visiting is a proven way to support young children’s healthy development and family success. It connects parents and families with nurses, social workers, or other professionals who provide guidance, advice, and coaching to help empower parents to nurture children’s success. Home visiting programs also link families to other vital services, such as health care or community resources.⁸³

Research shows that evidence-based home visiting programs—which have been evaluated and have a proven record of effectiveness—can reduce health care costs, improve education outcomes, and increase family self-sufficiency and economic security.⁸⁴

The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV), program has supported high-risk families in communities across the country by funding intensive home visiting services since 2010. All states operate home visiting programs under MIECHV, and many states direct additional state dollars to home visiting. However, home visiting programs only reach a small share of the families that could potentially benefit. In 2014, MIECHV served 115,500 parents and children (from birth to kindergarten entry) in 787 counties (which represents 22 percent of all U.S. counties), selected based on high rates of infant mortality, children living in poverty, low-weight births, and teen births⁸⁵. At least 26 states currently support or recently supported early childhood home visiting programs

Washington Targets TANF Recipients for Home Visiting

In 2014, Washington State set aside nearly \$1 million from the TANF block grant to fund a pilot home visiting project targeting TANF recipients. Five community-based organizations were selected through a competitive process to deliver home visiting services. These grantees are expected to serve approximately 175 TANF recipients with these funds.

The grantees were selected by an objective review panel convened by Thrive Washington, which also holds the local contracts for Washington’s MIECHV-funded home visiting programs on behalf of the state’s Department of Early Learning. Only evidence-based home visiting programs already operating in Washington State, including the Early Head Start Home-Based Program (EHS), Parents as Teachers (PAT), and Nurse-Family Partnership (NFP), were eligible to apply.

Grantees had to agree to expand services using these funds, demonstrate need in their community and commit that only families receiving TANF cash assistance could be served. At least 75 percent of the slots had to be designated to serve TANF parents who were pregnant, had a child under 12 months, or enrolled in rapid rehousing programs for families experiencing homelessness or at imminent risk of homelessness. The request for proposals stated that in 2013 more than 5,600 TANF participants in Washington had at least one child under 12 months of age, and more than 1,900 TANF participants were pregnant women with no other children. In addition to the new funding, four other counties also volunteered to participate in a community-driven process to strengthen their referral systems and connect more eligible TANF families to home visiting programs.

For more information see:

<https://thrivewa.org/pilot-project-brings-home-visiting-services-states-vulnerable-families>

with federal or state TANF funds.⁸⁶ However, even when states use TANF to support home visiting programs, this does not necessarily mean that TANF recipients are given priority in these programs.

States should ensure that TANF recipients are informed about the availability of home visiting programs, and should prioritize TANF recipients for home visiting services, particularly when funded by TANF dollars. Programs should work together to align their expectations, such as by offering home visiting services during evenings or weekends if clients are assigned to work activities during the day.

States should also consider counting participation in home visiting activities towards TANF recipients' work requirements. For example, Minnesota has recently begun a pilot program in several counties that allows home visiting programs to count as the required TANF activity for teen parents who choose to participate in such programs.⁸⁷ In 2013, California passed legislation that would allow up to 10 hours per week of home visiting activities to count as TANF work activities.⁸⁸ This provision did not take effect, as it was conditional on California receiving a federal waiver allowing these activities to be counted for purposes of the federal work participation rate, which did not occur. However, states could still give parents of infants credit towards state requirements for home visiting activities, while excluding them from the federal rate, as discussed above.

Early Head Start

States should also refer TANF families with infants to Early Head Start (EHS), a federal early childhood education program that funds local grantees to provide comprehensive child and family development services to low-income pregnant women and families with children under the age of three. Families receiving TANF are automatically eligible for EHS. The mission of EHS is to support healthy prenatal outcomes and enhance the intellectual, social, and emotional development of infants and toddlers to promote later success in school and life. Research shows that EHS positively impacts children's cognitive, language, and social-emotional development; family self-sufficiency; and parental support of child development.⁸⁹ EHS is delivered through a variety of program options; nearly half (49 percent) of EHS participants are served in center-based programs, while 46 percent participate in the home-based EHS model.

While children receiving TANF are categorically eligible for EHS, enrollment occurs at the local program level and access is not guaranteed to all eligible children. Therefore, states will have to work with TANF families to find EHS programs that may have space to enroll families. EHS only serves 4 percent of eligible infants and toddlers.⁹⁰ Seventeen percent of EHS families receive TANF.⁹¹

- **TANF recipients with infants are screened for mental health needs and provided with supportive services needed for treatment**

TANF can also be an important gateway to mental health services. While depression is highly treatable, many low-income mothers do not receive treatment—even for very severe levels of depression. Indeed, more than one-third of low-income mothers with major depressive disorder get no treatment at all as reported in a 2013 Urban Institute report.⁹² Virtually all TANF recipients are eligible for health insurance under Medicaid, but TANF can play a critical role in connecting people to treatment.

Kentucky's Targeted Assessment Program

In 1999, Kentucky implemented the Targeted Assessment Program (TAP), a pilot project designed to address barriers to self-sufficiency and safety—including substance use disorders, mental health disorders, intimate partner violence, and learning disabilities/deficits—among the state's low-income populations including the Kentucky Transitional Assistance Program (K-TAP, Kentucky's name for TANF) participants. To achieve this goal, the Kentucky Cabinet for Health and Family Services' (CHFS) Department for Community Based Services (DCBS) collaborated with the University of Kentucky's Institute on Women and Substance Abuse, a division of the university's Center on Drug and Alcohol Research to co-locate full-time Targeted Assessment Specialists at many of the states' DCBS Division of Family Support and Division of Protection and Permanency offices. Since its creation over a decade ago, the program has grown multiple times and currently operates in 35 counties throughout the state.⁹³

In the participating counties, when a case manager identifies a K-TAP recipient as having multiple barriers, or “hard to serve,” she is referred to a TAP specialist for assessment. The TAP specialists seek to identify client strengths and also assess for difficulties with housing, transportation, and child care as well as the targeted barriers. They provide a summary report to the case manager/case worker, but also continue to work hand-in-hand with them to assist with client engagement and follow through. When treatment is not immediately available, the TAP specialists also assist with pre-treatment such as counseling, education, and support, until treatment is available. Kentucky has found that identifying where clients are in the stages of change and using motivational interviewing to assist with moving them forward to the stage where they are ready to engage with needed services is extremely important to client progress.⁹⁴

Screening for mental health needs should be built into TANF programs, particularly for parents of infants. Postpartum depression is more likely to affect mothers who are low-income, younger, less educated, and never married than other new mothers.⁹⁵ Such screenings should be incorporated into both initial assessments and into reviews before any sanctions are imposed. Recipients who are identified as at risk of depression or other mental illness should be connected to mental health services through active

referrals, so that the individual is not left on her own to obtain services. TANF agencies should also ensure that recipients have the supportive services, such as transportation or child care, needed to actually get care. Implementation of this support will require careful planning within TANF agencies and coordination with Medicaid rules to ensure that those conducting screenings have the appropriate training and that those mothers identified for treatment are connected to services through trusted intermediaries.

- **Families with infants are enrolled in other safety net programs including SNAP, WIC, Medicaid and housing assistance with a minimum of additional paperwork and retain these benefits even if they leave cash assistance.**

TANF recipients are generally eligible for a number of other benefit programs, including Medicaid, SNAP, and WIC. In most states, families applying for and receiving TANF are likely to be enrolled in SNAP and Medicaid and to receive priority for child care assistance in order to participate in work activities. However, in some states, applying for all of these programs requires meeting with multiple caseworkers, often in different offices, and resubmitting similar or identical documents multiple times. Other states have adopted streamlined processes that take advantage of existing data to enroll families in the full package of benefits for which they are eligible.⁹⁶ While such processes benefit all recipients, families with infants may find them particularly helpful.

Three points at which states might particularly examine their policies and processes are:

- When a child is born. Because Medicaid is highly likely to pay medical fees for the birth of a child in a family receiving TANF, the state already has information about this child. This information can be used to pre-populate forms to allow families to receive additional SNAP and TANF benefits with a minimum of paperwork.
- When a baby turns 1. Because infants are eligible for Medicaid under different rules than older children, the first birthday can be a moment when children inadvertently are dropped from coverage (See box below). States should use information they have about other family members to provide continuous coverage and align renewal periods. Similarly, WIC participation falls off for older children.
- When families leave TANF, or exhaust transitional benefits. Some families may not realize when they leave TANF that they remain eligible for other programs. Others may fail to submit income reports or other forms that are needed to continue coverage. States should review their notices for clients who exit TANF—whether through increased income, time limits, or sanctions—to make sure they clearly state what families must do to continue other benefits. States should also use any data they already have to continue eligibility for other services.

States should adopt policies to ensure that families continue coverage, and should also review data to ensure these policies and practices are effective.

Medicaid coverage for 12-month-olds in Connecticut

Under federal law, babies born to mothers who were Medicaid-eligible at the time of the birth are automatically eligible for Medicaid coverage. Because Medicaid usually pays for the medical costs of their births, these babies are easy for states to identify, and are typically enrolled in Medicaid quickly and with minimal paperwork. Moreover, federal law guarantees that these babies are covered for the first year of life, regardless of changes in the mother's income. For this reason, some states have created a separate eligibility code for these babies in their Medicaid systems, to ensure that they are not dropped from Medicaid if their family income increases.

However, in some cases, this separate code may result in these babies being dropped from Medicaid when they reach 12 months of age, and are no longer covered under this special category – even though the overwhelming majority of these babies remain eligible. In 2011, Connecticut Voices for Children analyzed a longitudinal database of Medicaid coverage in Connecticut and discovered that *more than 40 percent* of all infants who had been enrolled under the special eligibility category for newborns lost Medicaid coverage in the month following their first birthday.⁹⁷ This was true even though the state already had information for other family members that in many cases would have allowed it to pre-populate renewal notices, or even to automatically determine eligibility.

In response to this report, Connecticut improved its notices and procedures for re-determining eligibility at 1 year of age, and began holding case workers accountable for these renewals. Connecticut Voices for Children also alerted a range of community partners, including WIC and early childhood program directors and health centers, about this issue and worked with the state chapter of American Academy of Pediatrics to design a poster for pediatricians' waiting rooms to educate parents about redetermination of eligibility. In a follow-up study, Connecticut Voices for Children found that in 2012, the share of babies enrolled under the newborn category that lost coverage after their birthday fell to 23 percent.⁹⁸ While this figure remains unacceptably high, the dramatic improvement in a short period of time is evidence of the impact that attention to data, processes and outreach can make.

Housing costs are a challenge for many TANF recipients, as the maximum grant in every state is less than the Fair Market Rate for a rental two-bedroom apartment.⁹⁹ Rental assistance is not an entitlement, however, and only about one in four eligible households actually receive housing assistance. In most places, housing vouchers are only available through a waiting list, or the housing agency has simply

stopped accepting applications.¹⁰⁰ This means a family with a baby that newly seeks help with housing costs is unlikely to receive immediate assistance. However, TANF agencies can still help families get on waiting lists and identify any priorities for which they qualify.

When TANF families with infants are homeless, TANF agencies should connect them to any rapid rehousing programs in the area. Rapid rehousing is a service model that helps homeless families exit shelters and get back into permanent housing quickly, provides short-term help with housing expenses (e.g., rent arrears, ongoing rent assistance, moving costs) and case management focused on housing stability. Rapid rehousing is both better for families than staying in an emergency shelter, and less expensive.¹⁰¹ National data found that more than 30,000 infants under the age of 1 stayed in a homeless shelter or transitional housing in 2013¹⁰² and many more are unstably housed, such as "couch surfing" or doubled up with family and friends. Homelessness puts young children at increased risk of being hospitalized, having fair or poor health, and experiencing developmental delays compared to children who were never homeless, and the longer the exposure to homelessness the worse the effects.¹⁰³

Building on the Foundation: Enhanced Programs for Vulnerable Families with Infants

The second set of policies builds on the foundation that has been described thus far. In this section we outline some innovative approaches of actively supporting poor families with infants, including those who are not already connected to TANF. While research evidence offers good grounds for considering these approaches, none are currently in effect at a large scale. Some states have established pilot projects to gauge the effectiveness of these approaches, and we look forward to learning from them.

Expand cash assistance for vulnerable families with infants

As discussed above, there is strong evidence that additional income early in a child's life contributes to long-term improvements in children's health and educational success, through pathways including increased stability, reduced stress, and improved nutrition. Income support through TANF can be a powerful "treatment" with lasting impact. But too many families, including those with infants, are receiving an insufficient dose of this treatment, or even missing out entirely. Nearly half a million infants live in deeply poor families with incomes under *half* of the federal poverty level.¹⁰⁴

In the "foundational policies" section, we discussed ways that states could remove barriers to participation in TANF. However, there is far more that states could do to actively encourage and support deeply poor families to enroll in TANF. States, even those with conservative governors and legislatures, have embraced the idea that

all eligible children should be enrolled in public health insurance, because policymakers recognize that it is so important for their future well-being. Cash assistance is just as essential for deeply poor families with infants, but states have not yet set goals to increase coverage in this program.

Enroll more poor families in TANF

Many families who are eligible for TANF benefits do not receive them. The most recent estimate from HHS is that only 33.9 percent of individuals who are eligible for TANF cash assistance receive it.¹⁰⁵ However, states are highly likely to have existing relationships with these families through other programs including SNAP, Medicaid or WIC. This creates an opportunity to expand coverage of these families. For example, in 2012, WIC reached 71 percent of eligible pregnant women and 85 percent of infants.¹⁰⁶ Participation is even higher for the poorest families. A study of 9-month-old infants of severely depressed mothers living in poverty found that 96 percent of these families received WIC, and 82 percent included a family member receiving Medicaid. But only 31 percent of these families received TANF cash assistance.¹⁰⁷

In some cases, it may be possible to determine families eligible for TANF based solely on information the state agency already has. For example, SNAP administrative data indicates that in 2012, 166,000 parents of a child under age 1 were in households that received SNAP, but had no reported income (meaning no earnings), and no TANF or other cash benefits.¹⁰⁸ States could automatically make these families eligible for TANF since they already have the necessary information about both income and family composition.

In other cases, states could use the administrative data available under other programs, such as Medicaid and WIC, to identify and conduct targeted outreach to pregnant women and parents of infants who appear likely to be eligible for TANF. States could also streamline eligibility processes for these families, or send them pre-populated application forms.

Selectively raise the income limits for TANF cash assistance

In addition to those families who are eligible for TANF benefits but not receiving them, there are also many families who are poor, but not poor enough to qualify for cash assistance. In more than half the states, a family of three with earnings at half of the federal poverty level earns too much to qualify for cash assistance under TANF. In all but nine states, a family of three with earnings at three-quarters of the poverty level could not qualify for cash assistance.¹⁰⁹ However, even families with incomes above the poverty threshold often have trouble making ends meet and experience material hardships.¹¹⁰

States have great flexibility to determine both eligibility rules and the structure of TANF benefits. Nothing prevents states from allowing parents of infants to qualify at higher income levels than other recipients. States could also provide short-term financial assistance to low-income parents as a form of paid maternity leave. If benefits were provided for less than four months, such payments could be counted as "short-term, non-recurrent

benefits" and the families would not need to be counted as TANF recipients for the purposes of caseloads, time limits, or the work participation rate.

Increase benefits for TANF families with infants

TANF benefits are also extremely low in all states. The maximum grant amount for a family of three in the median state is just \$428 a month.¹¹¹ In 2014, every state's TANF benefits for a family of three with no other income were below 50 percent of the poverty line. In 34 states, such a family would qualify for benefits worth less than 30 percent of the poverty line. Even when combined with SNAP benefits, TANF still leaves families below 60 percent of the poverty line in at least 36 states.¹¹²

Ideally, states would raise benefit levels for all TANF recipients. However, the track record on this offers little basis for optimism. While a few states have raised benefits in the past years, for 99 percent of TANF recipients across the country, the real value of the maximum TANF grant in their state is lower than it would have been in 1996 when TANF began.¹¹³ Therefore, if budgetary or political constraints make a significant across-the-board increase impossible, it is worth considering raising benefit levels just for families with infants, in recognition of their increased costs. In fact, some states already have, or are considering, such policies. Massachusetts provides parents of newborns (up to 6 months old) who are receiving TANF cash assistance with a one-time supplemental payment of up to \$300 to help defray the costs of a crib and clothing.¹¹⁴ In 2014, California considered a bill that would have provided an \$80 monthly supplement to CalWORKs families with children under age 2 to cover the cost of diapers. Diapers are a major expense for poor families, and parents may delay changing soiled diapers or re-use disposable diapers due to the cost. Moreover, lack of diapers could prevent families from using child care because many centers require parents to provide a sufficient supply of disposable diapers.¹¹⁵

In addition, TANF agencies should consider providing flexible funding for caseworkers to use in paying for individualized interventions that can avert crises that may lead to homelessness or child welfare involvement. Such activities should be coordinated with and supplement existing rapid rehousing¹¹⁶ and child abuse and neglect prevention activities. While TANF funds are currently used to support child welfare related activities in many states, these are often uncoordinated with the TANF cash assistance program. However, there are examples of the two systems working together to address families' financial and service needs in a coordinated fashion.¹¹⁷

Develop holistic service package to meet both parents' and children's needs

In the previous section, we argued that given the harsh realities of today's low-wage jobs, TANF parents and their infants would be better off exempted from participation requirements than required to search for and

accept any job they can find. We also suggested that TANF parents would likely benefit from participating in existing early childhood programs aimed at parents of infants. However, a better alternative would be to provide these vulnerable families with a package of services designed both to meet children's immediate needs and to develop parents' capacities as both caregivers and wage earners. Because such programs only exist as small pilots and are often not connected to TANF agencies, we have placed this recommendation in the more intensive services package. In most cases, these recommendations would require the development of new partnerships and services.

For example, a TANF agency might partner with a home visiting program, an Early Head Start provider, or a child care program that may offer home-based and/or center-based services, or a combination of services, depending on the parent's needs. Parents could meet TANF participation requirements by engaging in services such as parenting education, literacy services, mental health services, etc. offered through the site or within the community.

Programs may also want to consider a higher level of coordination, such as sharing assessments or case management duties across programs. This can both reduce duplication and ensure that needs do not go unmet because only one program knows about a need while another has the services to address it. However, sharing these responsibilities would require TANF workers to be encouraged to respond to their clients' full needs, and not merely to ensure compliance with work requirements. This would require much smaller caseloads than is typical under TANF and a significant culture change in many offices.

One possible model is the Utah Next Generation Kids pilot, which is providing a select group of TANF families with intensive case management and services, including child

Camden TANF Initiative for Parents

Camden County, New Jersey has combined TANF Initiative for Parents (TIP) funding with additional N.J. Department of Labor funds to create an innovative center-based program for parents of infants that allows them to fully meet their 35-hour-per-week TANF work participation requirement, while also developing parenting and employment-related skills. Unlike traditional TANF work activities, TIP participants bring their babies to their activity instead of placing the infant in child care.

The TIP-Camden program is operated by the Center for Family Services, a large nonprofit human services agency, and is co-located at the Camden One-Stop Career Center, where participants can access a range of employment and training services. TIP parents receive home visiting services that begin while pregnant (and continue throughout their program participation), but typically start to engage in center-based services when their infant turns 12 weeks and they are no longer exempted from TANF work participation requirements. Participation may continue until the child reaches 12 months. The Camden TIP program serves about 20-25 parents at any given time. This is only a fraction of the TIP eligible families in Camden County.

TIP program activities include educational workshops, parent support groups, life skills counseling, career exploration, and employment coaching, as well as work experience assignments in activities such as child care, food prep, and facility maintenance. Participants have the opportunity to learn good parenting skills and to receive encouragement and feedback from staff as they put these skills into practice. Because the program is co-located at the One-Stop Career Center, participants who are identified as in need of basic education or vocational training are able to receive these services on site.

For more information, contact the Center for Family Services, <http://www.centerffs.org/programs/tip-camden-county>

care, education, financial literacy, and nutrition and health care. Case managers help families address issues from criminal records to homelessness. While these families are selected based on geography and the parents' history of receiving public benefits when they were children (rather than on the basis of the children's age), the concept of the TANF agency providing comprehensive services for all family members, not just aimed at immediate labor force participation, is similar.¹¹⁸

It is important to note that research suggests that the effectiveness of case management strategies depends on the availability of services—that is, case managers succeed by providing a trusting relationship that helps families choose, access, and succeed in services, not by substituting for services.¹¹⁹

Home visiting expansion

As discussed above, home visiting is a proven way to support young children's healthy development and family success, but only serves a small share of the children and families who could benefit. States are working through the federal MIECHV program to set up statewide systems of home visiting services. Given the recent extension of MIECHV funding through 2017, states could use this opportunity to bring home visiting to more families. States could use a mixture of MIECHV, TANF, and other state funds to commit to expanding home visiting services to all TANF families to help ensure they are supported and connected to resources.

Another opportunity is to reduce duplication and strengthen alignment of services by using home visitors to provide TANF case management or employment-related services. Since 2002, Ramsey County, Minnesota has integrated TANF (MFIP) program monitoring requirements into the Public Health visiting home nurse model for teen parents. In addition to their regular health and wellness-oriented home visits, nurses became responsible for linking disconnected teen parents with school, identifying and helping overcome barriers to attendance, monitoring school attendance and high school graduation, and imposing sanctions when teen parents failed to cooperate. While not all home visiting programs will be interested in providing mandatory services or taking on such responsibilities, such alignment can streamline and enhance services for a group with very complicated lives.¹²⁰

One model for offering employment-related services through home visiting is Building Nebraska Families, which used home visits to TANF recipients to deliver a curriculum to improve life skills and job readiness through individualized services, mentoring, and coaching. While the program had limited impacts for the full population served, it was effective in increasing employment and earnings, and reducing poverty for the most disadvantaged participants.¹²¹ A survey of parents receiving more traditional early childhood home visiting services found that an overwhelming majority (85 percent) wanted the program to provide referrals to job training or job opportunities, but only 35 percent reported that the program completely or partially met that need.¹²²

Develop employment programs that will lead to economic security and that take into account parents' caregiving responsibilities.

Many TANF recipients, even with infants, will want to focus on job skills and employment. New parents are often highly motivated by their love for their children to make changes in their lives and improve their economic situation. States should provide parents with the opportunity to participate in employment-related activities. However, rather than work-first programs that push parents into the first available job, these activities should reflect the realities of today's labor market, take into account caregiving responsibilities, and lead to economic security.

As discussed previously, the unpredictable hours of low-wage work are particularly challenging for parents of infants. Education and training programs may be able to offer parents more predictable schedules, enabling them to participate in work-related activities. It may be helpful to change the delivery of education and training programs away from the traditional semester model to be more responsive to the needs of participants who have parenting responsibilities. For example, courses can be broken down into smaller modules so people can start at any time, without losing a whole semester if they have to miss a week or two of classes. Courses could be offered at repeated times that allow flexible attendance. Community colleges and training providers have made progress in this direction, but TANF agencies may be able to leverage additional improvements.

If TANF programs allow young parents to focus on education and training, they are more likely to be able to obtain jobs that are both higher paying and more stable over time. TANF parents of infants are highly likely to be young adults, with a lifetime of work ahead of them. By 2018, 60 percent of all U.S. jobs will require some level of postsecondary education.¹²³ Unemployment levels are also much higher for people with only a high school diploma—or without even that—than for people with postsecondary credentials.

The July 2014 Workforce Innovation and Opportunity Act (WIOA) reauthorized the nation's employment, training, adult education, and vocational rehabilitation programs. WIOA improves connections to employment and training opportunities that lead to economic prosperity for workers and their families. It increases the focus on serving the most vulnerable workers—low-income adults and youth who have limited skills, lack work experience, and face other barriers to economic success. TANF is a mandatory partner in the one-stop career systems under WIOA, unless governors opt out. This creates an opportunity to rethink TANF employment programs in light of current labor market conditions and best practices for workforce programs.

WIOA provides approximately \$3 billion in annual grants to states and local areas for workforce development and employment services to adults, disadvantaged youth, and dislocated workers, as well as adult basic education for individuals with low literacy and basic skills, and vocational rehabilitation services to help individuals with disabilities succeed in the workforce. WIOA programs are delivered through the American Job Center network of local one-stop career centers.

For more information, visit:

<http://www.clasp.org/wioagameplan>

A few places have begun to operate two-generational programs that combine high-quality early childhood programs with education and training to promote workforce success. For example, *CareerAdvance* in Tulsa, Oklahoma is a two-generation program providing training and support for parents leading to a degree in the health field. While focusing on skills that will lead to family-supporting jobs, the program also offers support in balancing child care and transportation.¹²⁴ The *CareerAdvance* program links Head Start with intensive parental support. This includes education and training to help parents build careers in nursing or other related health care fields, with the added support of life coaches and financial bonuses. The recently passed Connecticut budget created two-generational pilots in six cities modeled on the Tulsa program to combine early learning programs, adult education, child care, housing, job training, transportation, financial literacy and other related support services offered at one location, wherever possible.¹²⁵

Some elements of the career pathways framework for employment and training are particularly relevant for parents of young children. First, child care and other supportive services are critical to enable young parents who are workers to participate and succeed. Second, young parents are likely to benefit from multiple articulated steps that allow them to obtain an initial credential, focus on employment for a period, and then return for additional education that builds on the original credential. Young parents are likely to only receive TANF cash benefits for a limited period of time, so it is helpful if the training opportunities offered are connected to a broader training system that they can continue to access in the future as their needs and family circumstances allow. Additionally, career pathways organized for acceleration allow individuals to build foundational skills like English language proficiency or high school equivalency completion concurrently with occupational skills training, again allowing an individual with limited time to learn more efficiently and effectively. Career pathway partnerships that have co-enrollment strategies and include an integrated resource team concept allow individuals to have a combined education/employment plan rather than disconnected plans from multiple systems.

Some participants want to work as soon as possible and would value job search assistance that actually connects them to employment opportunities they could not find on their own. To the extent that TANF agencies are able to build relationships with employers that offer jobs with paid sick days and predictable schedules, this could be of real value to recipients. In some cases, even modest changes to hiring practices could make a difference in parent and child well-being. For example, some employers give new workers the least desirable and least predictable shifts, which are most difficult for parents of infants to manage. Employers willing to waive this requirement could be given priority for customized training or case management to support retention.¹²⁶ Alternatively, TANF agencies could partner with employers to *create* subsidized part-time, predictable jobs that would be feasible for parents of young children.

Of course, parents receiving TANF, like all workers, would benefit from a comprehensive package of improvements in labor policies, including an increase in the minimum wage, advance notice of job schedules, the right to request and receive flexible and predictable job schedules, minimum hours, paid family and medical leave, and paid sick days.

Conclusion

Investing in pregnant women and infants will produce long-term benefits. We recognize that the agenda outlined here requires new investments in cash assistance, in child care, and in other services. How much these proposals will cost varies greatly from state to state, depending on both the number of families with infants served—or potentially served—by TANF programs, and on how many changes the state would need to make in order to put the foundational policies into place.

It is always politically challenging to find money for new investments. The TANF block grant has not been adjusted for inflation since it was created in 1996, and it has thus lost more than 30 percent of its real value.¹²⁷ In recent years, some states, in search of short-term budget savings, have taken steps in the wrong direction, threatening the well-being of poor children and families. The very flexibility that makes TANF an attractive source of funding for two-generational programs also means there are many demands upon it. Child care funding is also under pressure, as the recent reauthorization of CCDBG did not come with sufficient funding and will require additional resources to realize the goals of improving infant-toddler care and expanding access. By focusing on just families with infants, it may be possible to make improvements that would not be affordable if applied to the full range of TANF families. In some cases, these policy changes may actually save states money in the short term. For example, exempting parents of infants from mandatory work requirements can lower costs by reducing the need for infant child care. (California and Oregon both adopted such policies as cost-cutting measures during the Great Recession period.) Similarly, preventing homelessness and foster care placements can both improve child well-being and save government money, as our crisis responses are very expensive. An emergency shelter bed costs, on an annual basis, an average of \$8,000 more than providing a federal housing subsidy.¹²⁸

However, the strongest case for these investments is that promoting economic security and combating the intergenerational transmission of poverty is the central purpose of TANF, and these investments will bring both short- and long-term benefits that greatly outweigh their costs.

In the short term, providing income supports and child care to needy families stabilizes their lives and enables them to work. In a research study of single mothers, women were more likely to be employed when receiving child care subsidies and their employment was more likely to be full time. Single mothers receiving child care assistance worked, on average, 9.4 hours per week more than single mothers who didn't get such subsidies.¹²⁹ Enhanced

services could also be expected to reduce the risks of homelessness, hospitalization, remedial education, and child welfare involvement.¹³⁰

However, these investments can also bear results for years to come, showing continued effects as the children become adults, enter the labor market, and have their own families. As mentioned earlier, adults had better health outcomes when their families had access to food stamps from the time of conception.¹³¹ Other studies found that, holding all else equal, for families with young children (prenatal to age 5) and incomes below \$25,000, a \$3,000 annual boost to family income during the early childhood period is associated with a 17 percent increase in adult earnings when the children grow up, as well as in additional hours of work.¹³² Similarly, home visiting programs and high-quality child care have been shown to lead to improved educational performance, higher graduation rates, and improved employment outcomes when the children grow up and enter the workforce. Research shows that home visiting programs can save taxpayer money by reducing health care cost and the need for remedial education, and by increasing family self-sufficiency.¹³³ Additionally, rigorous studies of leading early childhood programs found that they have increased employment by 1.3 to 3.5 percent, enough to fully pay for their own costs. “High-quality, affordable child care can help parents balance work and family responsibilities. Studies show that providing better access to and lowering the cost of high-quality care can significantly increase mothers’ employment rates and incomes. This increase in family income has been shown to improve children’s outcomes as well.”¹³⁴

Americans overwhelmingly agree that children’s fate in life should not be determined by the circumstances in which they are born. This principle lies at the very core of TANF and is the reason it exists. But too often, TANF programs fail to make this principle a reality. Barriers to access, underfunded services, and work requirements that do not take the needs of infants into account hold parents back and make it harder for them to lift themselves and their infants out of poverty. This report suggests a new framework for thinking about TANF in the context of the first year of life, a vision for what a reformed TANF might look like and concrete steps that states can begin taking right now to move their programs in this direction.

Appendix

Table A.1 Eligibility of Family Units with Pregnant Women with No Other Children

STATE	Eligible for Benefits:			Eligible in Which Month of Pregnancy
	Mother	Father	Unborn Child	
Alabama	No	No	No	—
Alaska	Yes	No	No	7
Arizona	No	No	No	—
Arkansas	No	No	No	—
California	Yes	No	No	7
Colorado	Yes	No	No	From month of verification
Connecticut	Yes	No	No	1
Delaware	Yes	No	No	9
District of Columbia	Yes	No	No	5
Florida	Yes	No	No	9
Georgia	No	No	No	—
Hawaii	Yes	No	No	9
Idaho	Yes	No	No	7
Illinois	Yes	Yes	No	1
Indiana	No	No	No	—
Iowa	No	No	No	—
Kansas	Yes	Yes	No	1
Kentucky	No	No	No	—
Louisiana	Yes	Yes	No	6
Maine	Yes	No	No	7
Maryland	Yes	No	No	1
Massachusetts	Yes	No	No	6
Michigan	Yes	Yes	No	1
Minnesota	Yes	No	No	1
Mississippi	No	No	No	—
Missouri	No	No	No	—

STATE	Eligible for Benefits:			Eligible in Which Month of Pregnancy
	Mother	Father	Unborn Child	
Montana	Yes	No	No	7
Nebraska	Yes	Yes	Yes	6
Nevada	Yes	No	No	6
New Hampshire	No	No	No	—
New Jersey	No	No	No	—
New Mexico	Yes	No	No	7
New York	Yes	Yes	No	From month of medical verification
North Carolina	No	No	No	—
North Dakota	Yes	No	No	6
Ohio	Yes	No	No	6
Oklahoma	No	No	No	—
Oregon	Yes	Yes	No	One month before due date
Pennsylvania	Yes	No	No	From month of medical verification
Rhode Island	Yes	No	No	7
South Carolina	No	No	No	—
South Dakota	No	No	No	—
Tennessee	Yes	No	No	6
Texas	No	No	No	—
Utah	Yes	No	No	6
Vermont	Yes	No	No	9
Virginia	No	No	No	—
Washington	Yes	No	No	1
West Virginia	No	No	No	—
Wisconsin	Yes	No	No	6
Wyoming	No	No	No	—
Total States Providing Benefits	32	7	1	

Source: Erika Huber, David Kassabian, and Elissa Cohen, Welfare Rules Databook: State TANF Policies as of July 2014, "Table I.B.1 Eligibility of Units with Pregnant Women with No Other Children, July 2014," Urban Institute, September 2015, <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000420-Welfare-Rules-Databook-State-TANF-Policies-as-of-July-2011.pdf>.

Table A.2			
Work-Related Activity Exemptions for Pregnant Single-Parent Head of Unit			
STATE	Head of Unit Exempt if:	STATE	Head of Unit Exempt if:
	<i>In which month of pregnancy (or later)</i>		<i>In which month of pregnancy (or later)</i>
Alabama	No exemption	Montana	No exemption
Alaska	No exemption	Nebraska	No exemption
Arizona	No exemption	Nevada	No exemption
Arkansas	7	New Hampshire	No exemption
California	No exemption	New Jersey	7
Colorado	No exemption	New Mexico	No exemption
Connecticut	No exemption	New York	9
Delaware	No exemption	North Carolina	No exemption
District of Columbia	4	North Dakota	No exemption
Florida	No exemption	Ohio	No exemption
Georgia	No exemption	Oklahoma	No exemption
Hawaii	No exemption	Oregon	9
Idaho	No exemption	Pennsylvania	No exemption
Illinois	No exemption	Rhode Island	7
Indiana	7	South Carolina	7
Iowa	No exemption	South Dakota	No exemption
Kansas	No exemption	Tennessee	No exemption
Kentucky	No exemption	Texas	No exemption
Louisiana	No exemption	Utah	No exemption
Maine	No exemption	Vermont	No exemption
Maryland	No exemption	Virginia	No exemption
Massachusetts	No exemption	Washington	No exemption
Michigan	No exemption	West Virginia	No exemption
Minnesota	No exemption	Wisconsin	No exemption
Mississippi	No exemption	Wyoming	No exemption
Missouri	7		

Source: *Welfare Rules Databook: State TANF Policies as of July 2014*, "Table III.B.1 Work-Related Activity Exemptions for Single-Parent Head of Unit, July 2014."

Table A.3
Work-Related Activity Exemptions for Single-Parent Head of Unit

STATE	Head of Unit Exempt if: <i>Caring for child under age of X months</i>	STATE	Head of Unit Exempt if: <i>Caring for child under age of X months</i>
Alabama	12	Montana	No exemption
Alaska	12	Nebraska	No exemption
Arizona	No exemption	Nevada	12
Arkansas	3	New Hampshire	12
California	24	New Jersey	3
Colorado	No exemption	New Mexico	No exemption
Connecticut	12	New York	3
Delaware	12	North Carolina	12
District of Columbia	12	North Dakota	2
Florida	3	Ohio	12
Georgia	12	Oklahoma	4
Hawaii	6	Oregon	6
Idaho	No exemption	Pennsylvania	12
Illinois	12	Rhode Island	12
Indiana	3	South Carolina	No exemption
Iowa	No exemption	South Dakota	3
Kansas	3	Tennessee	12
Kentucky	12	Texas	12
Louisiana	No exemption	Utah	No exemption
Maine	12	Vermont	24
Maryland	12	Virginia	12
Massachusetts	No exemption	Washington	12
Michigan	2	West Virginia	No exemption
Minnesota	12	Wisconsin	2
Mississippi	12	Wyoming	3
Missouri	12		

Source: *Welfare Rules Databook: State TANF Policies as of July 2014*, "Table III.B.1 Work-Related Activity Exemptions for Single-Parent Head of Unit, July 2014."

Table A.4
State Family Cap Policies

STATE	<i>Special Treatment of Additional Children in Family Unit</i>	STATE	<i>Special Treatment of Additional Children in Family Unit</i>
Alabama	No	Montana	No
Alaska	No	Nebraska	No
Arizona	Yes	Nevada	No
Arkansas	Yes	New Hampshire	No
California	Yes	New Jersey	Yes
Colorado	No	New Mexico	No
Connecticut	Yes	New York	No
Delaware	Yes	North Carolina	Yes
District of Columbia	No	North Dakota	Yes
Florida	Yes	Ohio	No
Georgia	Yes	Oklahoma	No
Hawaii	No	Oregon	No
Idaho	No	Pennsylvania	No
Illinois	No	Rhode Island	No
Indiana	Yes	South Carolina	Yes
Iowa	No	South Dakota	No
Kansas	No	Tennessee	Yes
Kentucky	No	Texas	No
Louisiana	No	Utah	No
Maine	No	Vermont	No
Maryland	No	Virginia	Yes
Massachusetts	Yes	Washington	No
Michigan	No	West Virginia	No
Minnesota	Yes	Wisconsin	No
Mississippi	Yes	Wyoming	No
Missouri	No	Total States with Any Caps	17

Source: *Welfare Rules Databook: State TANF Policies as of July 2014*, "Table IV.B.1 Family Cap Policies, July 2014."

Endnotes

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⁴ Office of Family Assistance, *Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2013*, Administration for Children and Families, U.S. Department of Health and Human Services, July 2015, http://www.acf.hhs.gov/sites/default/files/ofa/tanf_characteristics_fy2013.pdf. According to Table 9, the youngest child in a TANF case was under 1 in 13.6 percent of cases, and an unborn child in 1 percent of cases. Gene Falk, *Temporary Assistance for Needy Families (TANF): Size and Characteristics of the Cash Assistance Caseload*, Congressional Research Service, August 2014, <http://fas.org/sgp/crs/misc/R43187.pdf>. Falk notes that this figure is higher if child-only cases are excluded.

⁵ 456,208 infants (or 12.4%) fell under 50% of the FPL averaged over 2009-2013, using the public use microdata of the American Community Survey, extracted via DataFerrett.

⁶ Elizabeth Lower-Basch, *TANF 101: Cash Assistance*, CLASP, May 2015, <http://www.clasp.org/resources-and-publications/publication-1/TANF-101-Cash-Assistance.pdf>. Note that this is the eligibility level for initial receipt of benefits – in most states, families can continue to receive benefits if their earnings rise; however, due to time limits and other factors, few families take advantage of these “earning disregard” policies to continue to receive cash assistance.

⁷ Current Population Survey 2013 Annual Social and Economic (ASEC) Supplement, “Table 34: Single Year of Age—Poverty Status”, United States Census Bureau, U.S. Department of Commerce, http://www.census.gov/hhes/www/cpstables/032014/pov/pov34_000.htm.

⁸ Godwin S. Ashiabi and Keri K. O’Neal, “Children’s Health Status: Examining the Associations among Income Poverty, Material Hardship, and Parental Factors,” *PLOS ONE* 2 (2007).

Megan V. Smith, Anna Kruse, Alison Weir, and Joanne Goldblum, “Diaper Need and Its Impact on Child Health,” *Pediatrics* 132 (2013), <http://pediatrics.aappublications.org/content/early/2013/07/23/peds.2013-0597.full.pdf+html>.

⁹ Lindsay M. Monte and Renee R. Ellis, *Fertility of Women in the United States: 2012*, United States Census Bureau, U.S. Department of Commerce, <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p20-575.pdf>; American Community Survey 2012 1-Year Estimates data. In 2012, 27.9 percent of women who gave birth in the previous year were poor, compared to 19 percent of all women ages 18 to 44.

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