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RECENT STUDIES INDICATE THAT MANY PARENTS WHO ARE CURRENT OR FORMER WELFARE RECIPIENTS HAVE DISABILITIES OR OTHER MEDICAL CONDITIONS

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Introduction

Over time, there have been many indications that some parents who are current or former recipients of Temporary Assistance for Needy Families (or, formerly, Aid to Families with Dependent Children) have disabilities and other medical conditions.² A number of recent studies and reports contribute to a clearer understanding of the characteristics of parents who have a connection to the TANF program, either as current or former recipients.

TANF programs, as implemented in most states, pursue “work first” strategies that emphasize moving parents to work as quickly as possible, often under the threat of benefit termination if parents do not comply. There is a growing understanding that modifications are needed to “work first” models if they are to assist parents with disabilities to move successfully into work. Understanding the characteristics of parents with disabilities and other health conditions who have a connection to TANF will assist policy makers as well as people with disabilities and those who work with or represent them to understand the types of modifications and supports that state

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² For earlier estimates or reviews of the literature and studies, see the reports listed in Appendix G.

TANF programs need in order to help parents with disabilities find and retain jobs. This also is important to state officials as they assess the scope of the needs they must address in their TANF programs – through policies, procedures, and individualized plans – to meet the non-discrimination requirements of the Americans with Disabilities Act as well as Section 504 of the Rehabilitation Act of 1973.³

This paper summarizes recent research about parents with disabilities and other health conditions who have a connection to TANF. The growing body of research makes clear that a significant portion of parents who receive TANF or who have left TANF have disabilities or health conditions that may affect their ability to succeed in the workplace if they are not provided with appropriate supports and services to help them succeed. Because the studies provide different types of information, often look at slightly different populations, and cover different time periods, there are limits to the conclusions that can be drawn across the studies.⁴ Nevertheless, it is possible to draw some general conclusions:

Mental impairments, generally: There is a high incidence of mental impairments among parents who receive TANF. Roughly one-fourth to one-third of current TANF recipients have a serious mental health problem. Approximately one-fifth of those who have left TANF and are not working also have mental impairments.

- In its national survey, the Urban Institute found that over one-third of current recipients scored low on a standard mental health scale while close to one-fourth scored as having very poor mental health. The survey also found that approximately one-fifth of former recipients who were not working scored very poorly on the mental health scale, placing them in the bottom 10 percent nationwide.

Mental impairments, specifically: Two studies, in Michigan and Utah, did in-depth diagnostic questioning of TANF recipients. The Michigan study focused on a sample of all TANF recipients in one urban county while the Utah study looked at those who had received welfare for at least three years. They found:

³ Section 408(c) of Public Law 104-193, establishing TANF, specifically states that the provisions of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as well as the Age Discrimination Act of 1975 and Title VI of the Civil Rights Act of 1964 “shall apply to any program or activity which receives funds provided under this part.” See also *Guidance on Civil Rights Laws and Welfare Reform*, Office for Civil Rights, U.S. Department of Health and Human Services, August 1999, <http://www.hhs.gov/progorg/ocr/octanfpr.html>.

⁴ For an in-depth discussion of the limitations upon drawing conclusions across the state studies of people who have left TANF, see *Welfare Reform: Information on Former Recipients’ Status*, General Accounting Office, April 1999, GAO/HEHS-99-48, <http://www.gao.gov>.

- *Major or clinical depression:* In Michigan, one-quarter suffered from major or clinical depression while in Utah over two-fifths did.
- *Post-traumatic stress disorder:* In both states, about one-seventh of the recipients had post-traumatic stress disorder.
- *General anxiety disorder:* About seven percent of recipients in both studies had general anxiety disorder.

Physical disabilities: While less research is available, it appears that upwards of one-fifth of current recipients have physical impairments that limit their ability to work.

Learning disabilities: Three states – Kansas, Washington, and Utah – undertook significant efforts to determine the extent of learning disabilities among current TANF recipients. The three studies found that somewhere between one-fifth to one-third have learning disabilities while the Washington study also suggested that up to one-half may have learning disabilities.

Low IQs: Two states – Kansas and Washington – also tested the IQs of current recipients. About one-fifth to one-quarter of the recipients had IQs of less than 80.

Substance abuse problems: An estimate on the extent of substance abuse problems is more difficult. The figures appear to range from about two percent to 20 percent and may turn on how the question is asked, ranging from those who are asked to report use of drugs or alcohol to those who are asked if they sought substance abuse treatment in the past year.

Table 1 notes the impairments or health conditions found to exist in the TANF population in each state mentioned in this paper. While the exact proportions of parents who have each impairment or medical condition vary in the state studies (this information is provided in Appendices B through F), the studies reflect that, both nationally and in individual states, significant numbers of parents with disabilities and health conditions are involved with the states' TANF programs.

The studies provide additional perspectives regarding parents with disabilities and TANF:

- Among parents who are current TANF recipients who are not working, generally at least one-fifth but possibly as high as one-half in some states have health problems that they believe prevent them from working.
- Among parents who no longer receive TANF and are not working, one-fifth to two-fifths indicate that they are not able to work due to disability, health condition, or illness.

Table 1
Disabilities or Health Conditions Identified Among Parents
Connected to TANF* in Studies Referred to in this Paper.**

	General Disability	Mental Disability	Physical Disability	Substance Abuse	Learning Disability	Low IQ (less than 80)
National	✓	✓	✓			
Arizona	✓					
California		✓				
Colorado	✓			✓		
Connecticut		✓				
Florida	✓	✓				
Idaho	✓					
Illinois	✓					
Indiana	✓	✓	✓	✓		
Iowa	✓	✓	✓	✓	✓	
Kansas		✓	✓		✓	✓
Massachusetts	✓					
Michigan		✓	✓	✓		
Minnesota		✓	✓	✓		
Mississippi		✓	✓			
New Jersey	✓	✓	✓	✓		
North Carolina	✓	✓	✓		✓	
Oklahoma	✓	✓				
South Carolina	✓	✓	✓			
Tennessee	✓					
Texas	✓	✓				
Utah	✓	✓	✓		✓	
Washington	✓	✓	✓	✓	✓	✓
Wisconsin/Milwaukee	✓					
Wyoming	✓					

* As current or former recipients.

** Information from some states listed was more general than from others. As a result, the fact that one state has several categories checked reflects that more detailed information is available, not that parents in one state have certain impairments while those in another state do not. Similarly, the absence of a state from the list does not mean it does not have parents with disabilities connected to its TANF program, only that a state study with relevant information was not available. All studies are listed in Appendix A.

- As many as one-fourth to one-half of the parents who are no longer receiving TANF due to a sanction for failure to comply with the state’s welfare rules indicate that they were unable to comply with the rules because of their disability, health condition or illness. In addition, studies suggest that others who experience learning disabilities or have low intelligence find it difficult to understand and comply with the often-complicated program rules.

Many parents with disabilities, both current and former TANF recipients, face multiple barriers to work. These multiple barriers include having more than one health condition as well as the types of barriers faced by other low-income parents as they attempt to work: lack of child care, inadequate or nonexistent transportation, limited education or skills. A few studies have shown that as the number of barriers a parent faces increases, the chance that the parent will be working decreases.

In thinking about the supports and services low-income parents with disabilities need in order to work, it is helpful to focus separately on what is known about the health characteristics of recipients and former recipients, particularly as states consider the need for services for those who have left TANF, the need for longer term services for people with the most serious impairments, and the effect that disabilities may have in causing inappropriate sanctioning of families. As a result, this paper attempts to sort the research in terms of current and former recipients as well as the nature of the impairments identified. A section addresses the research related to parents who have multiple barriers to work. A final section briefly discusses some of the implications of these findings for state TANF programs.

Parents Who Receive TANF

Mental and Physical Impairments

Most studies find that substantial numbers of recipients have disabilities or other medical conditions that affect their ability to work. There is a high incidence of mental impairments among parents who receive TANF. Probably fewer parents have disabling physical conditions, but the numbers are significant. Based on its National Survey of American Families, the Urban Institute has reported that almost half of parents receiving TANF either said that they were in poor general health or scored low on a standard mental health scale. One-third either said that their health limits their ability to work or scored as having very poor mental health.⁵ One-quarter of former recipients characterized themselves similarly.⁶

⁵ Zedlewski, *Work Activity and Obstacles to Work Among TANF Recipients*, page 2, Figure I. (Complete citations for studies relied upon in this paper are set forth in Appendix A.) “The mental health scale was developed from a five-item scale that asked parents to assess their mental health along four dimensions: anxiety, depression, loss of emotional control, and psychological well-being (Ehrle and Moore 1999). Poor mental health indicates those falling in the bottom 20th percentile nationally, and very poor mental health indicates those falling in the bottom 10th percentile.” *Id.*

⁶ Loprest, Zedlewski, *Current and Former Welfare Recipients: How Do They Differ?* page 6, Figure 1.

In January 1999, the Kansas welfare agency estimated that 80 percent of the state's TANF recipients had a disability.⁷ A study of TANF parents residing in one urban county in Michigan in 1997 found that health problems, especially mental health problems, were common among the women. Thirty-six percent of respondents met the criteria for at least one of five key psychiatric disorders: major depression, post-traumatic stress disorder, generalized anxiety disorder, alcohol dependence, and drug dependence.⁸

The authors of the Michigan study assessed the impacts of each barrier upon the likelihood that a woman would work 20 hours or more per week.⁹ They concluded that, among the barriers, being depressed, drug dependent, or in poor health significantly reduces the chances of working at least 20 hours per week.¹⁰

A study in Utah focused on TANF recipients who were about to reach the state's three-year time limit, asking them questions designed to elicit information about the recipients'

⁷ Gerry, Shively, *The Kansas Learning Disabilities Initiative*. In January 1999, approximately 8,750 parents received TANF in Kansas, down 49 percent from October 1, 1996. The parents remaining on the caseload "include a large number of long-term recipients with significant, and often multiple barriers to employment and self-sufficiency. Many of these people are adults with disabilities." The state agency estimated that 16 percent (1,400) are "adults with documented physical and mental disabilities who were exempt from work requirements." [As the authors note, Kansas later eliminated exemptions from work requirements, effective April 1, 1999.] In addition, of the 7,350 recipients in the non-exempt group, the agency estimated that 76 percent (5,586) parents had disabilities: 30 percent (2,205) had learning disabilities, an additional 26 percent (1,911) had IQ's below 80, and approximately 20 percent (1,470) had substance abuse problems.

⁸ Danziger, Corcoran, et al., *Barriers to the Employment of Welfare Recipients*. The criteria are based upon the Diagnostic and Statistical Manual, revised third edition, DSM-III. Questions used were from the Composite International Diagnostic Interview (CIDI) used in the National Co-Morbidity Survey (NCS). Among the 36 percent of respondents who met the criteria for at least one of the DSM-III diagnoses, 26.7 percent had experienced a major depression within the past year, 14.6 percent met the criteria for post-traumatic stress disorder, and 7.3 percent met the criteria for generalized anxiety disorder. *Id.* at 32, Table 3. Smaller percentages of 2.7 percent and 3.3 percent respectively were alcohol or drug dependent. In addition, 19.4 percent of the parents had either "poor" or "fair" health and scored in the lowest quartile of the physical functioning scale. The sample of parents interviewed included both recipients who were working and those who were not. Of the sample, 62 percent were employed: four percent worked less than 20 hours per week; 28 percent worked 20-34 hours per week; and 30 percent worked 35 or more hours. [For additional information about the Diagnostic and Statistical Manual of Mental Disorders, now in its fourth edition, see *Fact Sheet: Psychiatric Diagnosis and the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition), DSM-IV*, American Psychiatric Association, September 1997, available at <http://www.psych.org>.]

⁹ In the Michigan study, 30 percent of the parents were working 35 or more hours per week, while a comparable percentage (32 percent) were working fewer hours and 38 percent were not employed at all.

¹⁰ *Id.* at 20 and 35, Table 6. The other barriers that made it significantly less likely that a parent would be working at least 20 hours per week included: low education, few work skills, lack of work experience, poor access to transportation, and experiences of perceived workplace discrimination. *Id.* at 23.

Table 2
Information About the Nature of the Impairments That
Current TANF Recipients Face

Impairment	National ^a	Michigan ^b	Utah ^c (longer term recipients)	Kansas ^d	Washington ^e
Generally, has a disability	*	*	*	80%	*
Physical disability	*	19.4%	53.2%	*	12.2%
Either poor general or mental health	48%	*	*	*	*
– poor general health	25%				
– poor mental health	35%				
Either health limits work or very poor mental health	32%	*	*	*	*
– health limits work	18%				
– very poor mental health	22%				
Mental disability (overall)	*	36%	*	*	25.8%
Mental disability: major or clinical depression	*	26.7%	42.3%	*	*
Mental disability: post-traumatic stress disorder	*	14.6%	15.1%	*	*
Mental disability: general anxiety disorder	*	7.3%	6.7%	*	*
Substance abuse problems	*	*	*	16.8%	*
Alcohol problems	*	2.7%	20.1%	*	*
Drug problems	*	3.3%	19.6%	*	*
Learning disability	*	*	22.9%	25.2%	32 to 49%
Low IQ (less than 80)	*	*	*	21.8%	27%

Sources: see next page

Sources of information in Table 2:

a. Zedlewski, Figure 2, page 9, and Loprest and Zedlewski, Figure 1, page 6. “The mental health scale was developed from a five-item scale that asked parents to assess their mental health along four dimensions: anxiety, depression, loss of emotional control, and psychological well-being (Ehrle and Moore 1999). Poor mental health indicates those falling in the bottom 20th percentile nationally, and very poor mental health indicates those falling in the bottom 10th percentile.”

b. Danziger, Corcoran, et al., see text at page 6 and footnotes 8 - 10.

c. Barusch, Taylor, et al., see text at pages 8 - 9 and 11 and footnotes 11-12, 14-15, 20. The sample of 325 recipients included 87 percent who had received welfare for at least three years, the remainder had received welfare for less than one year. The percentages are based on the 87 percent who were long term recipients. Note on physical disability: while 53.2 percent said they had a physical condition or health problem, 34.9 percent of those who reported having the condition said it prevented them from working. *Id.* at 44, Table 13. While 42.3 percent scored positively for clinical depression using the scale based upon the DSM-III, a majority (56.7 percent) measured at risk for clinical depression using the CES-D. (See footnote 12 in text.)

d. Gerry and Shively, see text at pages 6 and 11 and footnotes 7 and 21. Note that the percentages in the chart may be low. For example, the report found that 30 percent of the non-exempt population had learning disabilities. This is reflected in the chart as 25.2 percent of the full population, including those who were exempt due to disability. There may be additional parents among those who were exempt at the time of the study who also have learning disabilities.

e. The information on learning disabilities and IQ are from *Learning Disabilities: A Report by the State of Washington Department of Social and Health Services*. The general physical and mental disability information is from *A Baseline Analysis of TANF One-Parent Families: Findings from the 1997 Client Survey*. Note that the mental impairment figure is probably low, as it is based upon the percentage of recipients who sought treatment in the last year.

physical and mental health and their capacity to work. Over half reported they had a physical disability or health problem and, of that number, almost three-fifths reported they were taking medication for their condition. Of the half who reported having a physical disability, over one-third reported that their condition prevented them from working.¹¹ There was a high incidence of mental health problems. Over half were at risk of clinical depression while over two-fifths scored positively for clinical depression, close to seven percent scored positively for the presence

¹¹ Barusch, Taylor, et al., *Understanding Families with Multiple Barriers to Self Sufficiency: Final Report*. This study was commissioned by the Utah Department of Workforce Services in response to state legislation, HB 0269, 1997 General Session of the Utah State Legislature, requiring “a study regarding the characteristics of families receiving cash assistance...who face severe, persistent, and multiple barriers to self sufficiency.” The legislation then detailed the scope of the study and required that the state agency contract with an organization selected from a nationwide pool that had expertise in evaluating large and complex social policy issues. The precise statutory language is available in the “background” section of the study. They interviewed a sample of 325 recipients, 87 percent of whom had received cash assistance for at least three years. *Id.* at 33 and 44, Table 13.

of generalized anxiety disorder, 15 percent suffered from post-traumatic stress disorder, and almost one-fifth reported having a drug problem.¹²

A study in California, Connecticut and Florida assessed the emotional health of mothers receiving TANF who had young children and found that over 15 percent of the women in Connecticut displayed severe levels of clinical depression while 48 percent of the mothers in California and 52 percent of the mothers in Florida exhibited a significant incidence of depressive symptoms.¹³

Less has been written about the nature and extent of recipients' physical impairments than their mental impairments. It appears that about one-fifth of current TANF recipients have physical impairments that limit their ability to work. Among current recipients who are not working, about one-third have physical problems. The Utah study suggests that the figure may be even higher among longer term recipients. Parents were asked to identify the ways in which their impairments limited their ability to work; the questions related to function and exertion, such as ability to lift, stoop, walk, and climb stairs. The results suggest that there are significant numbers of parents who receive TANF and have physical impairments that functionally limit their ability to perform certain work tasks with as many as two in five parents falling into this category.¹⁴ The Utah researchers also found that physical health was an important predictor of work and welfare outcomes.¹⁵

¹² *Id.* at Table 52, 53, and Table 17. The interviewers applied two scales for clinical depression: the Center for Epidemiological Studies Depression Scale (CES-D) which measures risk of clinical depression, and a series of questions based upon the DSM-III. *Id.* at 52, 53, and Table 17.

¹³ Bruce Fuller, Sharon Lynn Kagan, *Remember the Children: Mothers Balance Work and Child Care under Welfare*, at 62-63. “[M]aternal depression consistently leads to a variety of negative outcomes for children, from less secure attachment between mother and toddler, to highly constrained parent-child interactions that impede early cognitive and social development.” In California and Florida, parents resided in San Francisco or San Jose and had been receiving benefits for six months. The researchers used the CES-D in these two states. In Connecticut, parents were surveyed 18 months after they entered either an experimental or control welfare group. Both the CES-D and the CIDI, testing for clinical depression, were used in Connecticut.

¹⁴ Barusch, Taylor, et al., at 44-45, Table 14. “When asked if their health interfered with specific activities, 38.4 percent answered that their health interfered a lot with vigorous activities, 12.0 percent reported that their health interfered a lot with moderate activities, 27.5 percent reported a lot of difficulty climbing several flights of stairs, and 26.9 percent reported a lot of difficulty walking more than one mile.” For example, 38.4 percent said they had a lot of difficulty running and lifting heavy objects; 12 percent said they had a lot of difficulty moving a table or pushing a vacuum; 13.8 percent said they had a lot of difficulty lifting or carrying groceries; 8.8 percent said they had a lot of difficulty climbing one flight of stairs; and 16.9 percent said they had a lot of difficulty bending, kneeling, and stooping.

¹⁵ *Id.* at 45. “For example, self-reported health status (ranging from ‘poor’ to ‘excellent’) was associated with working 20 or more hours per week. Among respondents who described their health as poor, only nine percent were working, compared to 50 percent of those reporting excellent health and 40 percent of those who described their health as ‘very good.’”

In New Jersey, half of those who received TANF and were not currently working reported a health problem and two-fifths of the same group reported being seriously ill in the past year. About one in four of this group indicated that they could not work because of health problems, while one-third indicated that their health limited their ability to work.¹⁶ One-fifth required treatment for a substance abuse or mental health problem. Significant percentages of TANF recipients who were working also faced these problems: one-fifth had been seriously ill and over one-tenth required treatment for a substance abuse or mental health problem.¹⁷

Current recipients in Minnesota who were not working were asked to rate their barriers to finding a job. Almost one-third said that their physical or mental condition was a “big problem” or “at least somewhat of a barrier” to working while close to five percent rated their substance abuse problems similarly.¹⁸

An Idaho study of current recipients who were required to work, look for work, or prepare for work in order to receive TANF, found that 132 of 183 parents surveyed were not working. Of that group, when asked why the parent was not working, 32.8 percent answered “illness,” and 2.2 percent said that they “can’t read/write.”¹⁹

Other state studies provide more limited information about the existence of physical and mental disabilities. This information is incorporated into Appendix B for current recipients who said health was a key reason they were not working and Appendices C and D for parents no longer receiving TANF who are not working.

Learning Disabilities; Low IQs

Very few of the studies have attempted to determine the extent to which parents connected to TANF as either current or former recipients have learning disabilities, nor is there extensive research on the extent to which parents may be facing work-related problems due to low IQs. Parents often will not know they have a learning disability and may never have been diagnosed as having one during their school years.

¹⁶ Rangarajan, Wood, *Work First New Jersey Evaluation: How WFNJ Clients are Faring Under Welfare Reform: An Early Look*, at 28-29.

¹⁷ *Id.* at 37-38.

¹⁸ *Minnesota Family Investment Program Longitudinal Study: Baseline Report* at 23, Table 9. The 399 current recipient parents who were not working were asked to rate their barriers on a scale of 1 (not a problem) to 3 (big problem). On the scale, 2 meant that the barrier identified was “at least somewhat of a barrier.” Of the adults who said they had a physical or mental condition, the mean response was 1.5. However, 31.1 percent chose “2” or “3.” The mean response for substance abuse was 1.1, but 4.3 percent chose “2” or “3.”

¹⁹ *Family Review*, at 18, Figure 18.

Studies in Kansas and Washington State have found that substantial portions of their current TANF populations have learning disabilities while other TANF parents have low IQs. A study in Utah raises similar concerns. Researchers in Iowa, looking at the circumstances of parents assigned to the state's Limited Benefit Plan a second time (as the result of failure to comply with program rules), found that nearly half of the second assignments were caused by the failure to attend scheduled appointments. While the parents often cited a reason such as a conflict in scheduling or lack of transportation, the researchers believe that "beneath these immediate reasons often lie one or more fundamental barriers to compliance, such as inadequate communication or problem-solving skills."²⁰ In other words, the parents may not have been able to understand the instructions related to the time or place of the appointments or may not have been able to organize the necessary child care or transportation services as a result of their impairments.

The Kansas Department of Social and Rehabilitative Services estimated that one-quarter of its TANF population had learning disabilities and another one in five parents had an IQ of less than 80.²¹ In the pilot study, three-quarters of the parents diagnosed as having a learning disability had never been identified before the assessment done in the pilot study.

In a Washington State study, the state determined that between 32 percent and 49 percent of the study participants had learning disabilities, depending on the diagnostic tool used. In addition, almost three out of ten project participants scored 79 or below on IQ tests.²²

Researchers in Utah tested to identify whether a recipient had a potential learning disability. Using the Payne scale of nine questions about problems "such as 'working with numbers in a column,' 'filling out forms,' 'mixing up arithmetic signs,' and 'difficulty spelling words you know,'" the researchers determined that "nearly one-fourth of the group (22.9 percent) scored in the range that suggests they should be screened for learning disabilities."²³

²⁰ Lucia Nixon, et al., *Second Assignments to Iowa's Limited Benefit Plan*, August 1999, at 47-48.

²¹ Martin Gerry, Candace Shively, *The Kansas Learning Disabilities Initiative*, January 1999. Of 7,350 recipients in its non-exempt group, 76 percent (5,586) of parents had disabilities, including 30 percent (2,205) with learning disabilities and an additional 26 percent (1,911) with IQ's below 80. The agency defined a learning disability as "a chronic disorder in the primary information processing system involved in perceiving, understanding, and/or using concepts through verbal (spoken or written language) or nonverbal means. This disorder manifests itself across the life span in a significant difference between a person's abilities and performance in one or more of the following areas: listening, speaking, word recognition, reading comprehension, writing, and math calculation."

²² *Learning Disabilities: A Report by the State of Washington Department of Social and Health Services, Economic Services Administration, WorkFirst Division*, September 1998.

²³ Barusch, Taylor, et al., *Understanding Families with Multiple Barriers to Self Sufficiency: Final Report*, at 51.

Mental Impairments and Functioning

Mental disorders are “health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning.” Three mental disorders are mentioned frequently in this report – clinical depression, general anxiety disorder, and post-traumatic stress disorder. Women are twice as likely as men to experience general anxiety disorder and post-traumatic stress disorder.

Clinical depression “is far more serious than normal sadness or ‘the blues.’ It is a chronic condition of abnormal sadness which causes marked functional impairment, disabling physical symptoms, and disabling psychological symptoms.” It can include psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, and indecisiveness.

General anxiety disorder is defined by a protracted (six months or longer) period of anxiety and worry, accompanied by symptoms such as muscle tension, easy fatigability, poor concentration, insomnia, and irritability. GAD causes clinically significant distress or impairment in social, occupational, and other important areas of functioning.

Post-traumatic stress disorder results from an extreme trauma such as rape or other severe physical assault, near-death experiences in accidents, witnessing a murder, or combat. The symptom of dissociation is a key feature of PTSD. This means that there is a “perceived detachment of the mind from the emotional state or even the body.” The person may have difficulties with memory and “persistent, intrusive recollections of the event via flashbacks, dreams, or recurrent thoughts or visual images.” Substance abuse often develops.

These disorders can make it difficult for a parent to understand and comply with welfare agency instructions or to find and keep a job. It also can be difficult for the parent to make all of the related decisions, such as securing a child care provider, delivering children to the provider each day, and securing appropriate transportation for her children and herself. If she does secure a job, it may be difficult for her to keep it unless her employer is aware of her problem and makes accommodations for her. For example, a parent who has one of these mental illnesses may find it difficult to block out distractions and remain focused on tasks. She may have difficulty concentrating and have trouble remembering verbal instructions; may not be able to handle time pressures or be able to juggle multiple tasks; and may have difficulty being flexible and in getting along with coworkers and responding appropriately to suggestions for change from supervisors.

The fact that a person has one of these mental disorders does not mean that she can not work. However, it does mean that she need ongoing medical treatment, and may also need accommodations on her job if she is to succeed in the workplace. For additional information, see the fact sheets designed for lay persons on the websites of the American Psychiatric Association (http://www.psych.org/public_info/overview.html) and the Center for Psychiatric Rehabilitation at Boston University (<http://www.bu.edu/sarpsych/reasaccom>) as well as the Surgeon General’s Report, cited below.

Sources: *Mental Health: A Report of the Surgeon General*, U.S. Department of Health and Human Services, U.S. Public Health Service, 1999, at 5, 225, 235-237, 245, <http://www.surgeongeneral.gov/library/mentalhealth/index.html>; Barusch, Taylor, et al., at 52

Parents Who No Longer Receive TANF

Some parents with disabilities that inhibit their ability to work already have left TANF. While there may be greater percentages of parents with disabilities still receiving TANF, recognition that some parents with disabilities already have left TANF – often without employment and sometimes due to inability to comply with or understand the state’s work requirements – should be incorporated into states’ decisions about how best to design programs and services to address their needs. In addition, the studies make clear that at least some of the parents who have a job at the time they leave TANF, later lose their jobs due to their poor health or disability. Designing programs that assist parents with disabilities to secure and retain work is essential.

The appendices to this report categorize the factual circumstances of various groups of respondents in the studies. Appendices C through E provide information from state-based research regarding parents who are no longer receiving cash welfare benefits who said their health was a key reason why they were not working (Appendix C); parents who left welfare, worked, but then stopped working due to health reasons (Appendix D); and parents who were sanctioned for not meeting the state program’s work rules (Appendix E).

In a national study of people who have left TANF, the Urban Institute found that of the 2.1 million adults who report they left welfare for at least a month between 1995 and 1997, almost a third (29 percent) had returned to welfare and were receiving benefits in 1997. Among those who left TANF and had not returned to it, more than one-third were not working. When asked the open-ended question why they were not working, 27 percent reported “they are ill or disabled and unable to work. This includes people who have a health problem that makes work impossible. It could also include those whose health problem would only limit the amount or type of work possible but who have been discouraged from searching by an inability to find appropriate work.” The author notes that half of those who said they can not work due to a disability reported they received SSI in 1996.²⁴

Significant numbers of parents who have left TANF continue to struggle with physical and mental impairments. Studies from New Jersey, North Carolina, and South Carolina help to fill in this picture, while numerous other studies confirm that this problem exists in many – and probably all – states.

In New Jersey, among those who had left TANF but were not working, over one-quarter had been seriously ill while 14 percent required treatment for a substance abuse or mental health problem. Among those who were working and no longer receiving TANF, almost one-quarter reported health problems and over one-tenth indicated that their health limits their ability to work. And, while these parents faced “serious hardship” at lower rates than those who had left

²⁴ Loprest, *Families Who Left Welfare: Who are They and How are They Doing?* at 5, 15, 16. See box on page 14.

Is SSI the Answer?

Some low-income parents who are disabled receive Supplemental Security Income while their children generally receive TANF assistance. The parents with disabilities who are generally the focus of the studies in this paper do not receive SSI, but instead receive TANF along with their children. While it is likely that some of these parents may be eligible for SSI — and some states are assisting some parents to apply for SSI and secure the medical evidence needed to establish eligibility — most of the parents with disabilities described in this paper do not meet the stringent tests of the SSI program. Yet, they have impairments that, either singly or in combination, affect their ability to function in daily life.

Failure of a parent to qualify for SSI should not be taken as an indication that a parent is free of disabilities and health barriers to employment. The SSI program uses a restrictive definition of disability — one that basically was designed to serve those who have the most severe disabilities that are expected to last at least twelve months or result in death and which prevent substantial gainful activity. In a context such as TANF, where the goal is to move all parents in to work settings and to help them to succeed, the definition of disability included in the Americans with Disabilities Act provides better guidance: a physical or mental impairment that substantially limits one or more major life activities of the person. As the federal welfare law expressly provides that the ADA applies to all activities funded with TANF funds, this is the disability standard that should be applied in determining whether parents — both those receiving TANF and other low-income parents with disabilities that the state makes eligible for TANF services — should be provided the services and supports they need to succeed in a work setting.

TANF and were not employed, 15 percent had been seriously ill and seven percent required treatment for a substance abuse or mental health problem. Among parents who were working at the time of the survey — in contrast to those who had worked since leaving TANF but were not working at the time of the survey — two in ten said they had a physical health problem while one in ten had a mental health problem. And, among those who had left TANF and had worked but were not working at the time of the survey, close to three in ten had a physical health problem while 14 percent had a mental health problem.²⁵

A North Carolina study of those who have left TANF as a result of the state's two-year time limit on receipt of assistance found that over one-third were unemployed.²⁶ Of that group, almost three in ten indicated that the reason they were not working was that they were disabled or ill. This smaller group was then asked to spell out the nature of their health problem. All of the families studied were no longer receiving TANF and also were *not* receiving SSI. While the information is anecdotal, it is included in Appendix F because it sheds some light on the nature of the impairments, particularly the physical impairments, that current and former TANF parents

²⁵ Rangarajan, et al., at 28; 38; Figure III.13; 54, Figure V.4.

²⁶ *Evaluation of the North Carolina Work First Program: Status of Families Leaving Work First After Reaching the 24-Month Time Limit*, at III-17, III-19.

Table 3
Unemployed Former TANF Recipients and
Physical or Mental Illness in South Carolina

Closure period	Percentage of those unemployed and not receiving TANF who cited physical or mental illness or injury
October - December 1996	21.6%
January - March 1997	18.4%
April - June 1997	37.4%
July - September 1997	36.1%
October - December 1997	50.0%
January - March 1998	31.4%

Source: *Survey of Former Family Independence Program Clients: Cases Closed During January through March, 1998*, South Carolina Department of Social Services Division of Program Quality Assurance, June 1999, page 11.

may face which impair their ability to work but may not render them eligible for SSI disability benefits. As it reflects conditions that are self-reported, it will not reflect those that often go undiagnosed, such as learning disabilities, nor is it likely to correctly reflect the number who have mental health or substance abuse problems.

Table 3 shows the percentage of parents in South Carolina families whose TANF cases have been closed, who are no longer working, and who cited their physical or mental illness as the reason they could not work.²⁷ This information is particularly interesting because it provides parallel information from six quarterly surveys that asked parents whose cases had been closed during that quarter about the reasons they were not working. The proportions of unemployed former TANF recipients citing disability or health problems as a reason for not working vary from 18.4 percent to 50 percent in the different time periods, and with the exception of the most recent period reported, appear to have been trending higher over the period. The data clearly indicate that significant percentages of parents who no longer receive TANF believe their health conditions are sufficiently severe to inhibit their ability to work.

Findings from studies in several other states support the conclusion that states should be concerned about parents with disabilities who already have left TANF. For example:

- In Colorado, 35 percent of the former recipients surveyed were not working at the time of the survey. The survey excluded former recipients who returned to the

²⁷ *Survey of Former Family Independence Program Clients: Cases Closed During January through March, 1998*.

program within nine quarters. 32.7 percent said that personal health problems or other personal problems such as substance abuse prevented them from working.²⁸

- In a Mississippi survey of people who left TANF early in 1998, 65 percent were not currently working. Of that group, 27 percent reported they were physically or mentally ill.²⁹
- Among Oklahoma families who had left TANF or been denied TANF, of those who were not working, 21.1 percent cited the parent's long-term disability as the reason and 4.9 percent cited mental health problems, while another 15.5 percent cited "short-term incapacity."³⁰
- A study of Milwaukee families who were involved in the conversion of the Wisconsin welfare plan from AFDC to Wisconsin Works (W-2), found that among those who reported a personal disability or health problem *or* the disability or health problem of a family member, 23 percent were not employed, were not in a W-2 work training placement and did not receive either SSI or a kinship care payment.³¹
- In a Wyoming survey of those who had left TANF in the state, "[t]hirty-three of the 200 survey families had a disabled person in the household. In many cases the head of household was disabled. In other cases, someone else in the household was disabled and the head of the household was required to provide care. Many respondents from these households said they left the POWER [Wyoming's TANF] program because they could not comply with employment and work search requirements." (This survey had a low response rate but provides useful anecdotal information.)³²

Among former TANF recipients who find they must return to TANF, health problems are one important reason cited for their return. For example, in Illinois, among TANF leavers who had returned to cash assistance by the time they were interviewed five to eleven months after

²⁸ *Evaluation of the Colorado Works Program: First Annual Report*, at 29, Figure 2-4.

²⁹ Beeler, et al., *Tracking of TANF Clients, First Report of a Longitudinal Study: Mississippi's Temporary Assistance for Needy Families Program*, at 12, Table 8.

³⁰ Williams, *Family Health and Well-Being in Oklahoma: An Exploratory Analysis of TANF Cases Closed and Denied October 1996 - November 1997*, at 10, Table Work3. As the author notes, the overall response rate of 53.3 percent suggests that the data should not be heavily relied upon. However, for purposes of establishing that there are parents with disabilities among those who have left TANF and are not employed, the report is informative.

³¹ Swartz, Kauff, Nixon, et al., at 37-38, Table 6-4.

³² *A Survey of Former POWER Recipients* at 16, Finding 6.

leaving the program, 20 percent of the respondents had returned to TANF at least once. In response to an open-ended question asking why the person had returned to TANF, 12.5 percent of those who had returned to the program reported that “health/injury to the respondent” was the reason.³³

Sanctioned Families

Most states impose severe sanctions on families receiving welfare when parents fail to comply with TANF work requirements. More than two-thirds of the states impose full-family sanctions, stopping aid to children as well as parents. Nearly half of these states impose this full-family sanction at the first instance of noncompliance.

This approach assumes both capacity to understand the rules and ability to comply with them. Data from several recent studies, however, suggest that there are some parents whose physical and mental disabilities reduce either their ability to appreciate what is required of them or their ability to secure and retain a job, or both. In addition, many of the parents are not working after being sanctioned. These findings are particularly concerning because a state generally loses its link to vulnerable families when they are sanctioned, unless it takes steps to ensure an ongoing connection to the families.

For example, one-third of the families who had been sanctioned in Utah, thereby losing their family’s entire cash benefit, cited an individual health condition as the reason for their failure to participate; one-fifth cited mental problems. For these same families with mental or physical health problems, lack of education and employment experience were also substantial deficits. After case closure for noncompliance, only 16 percent of the parents found work and half of those were in a unique subgroup who had just completed their college degrees. Most of the jobs were part-time and low-wage. Only two of the parents were working full-time. The author reported that very few of the parents with mental health problems were working after they had been sanctioned.³⁴ It seems likely that some parents facing sanctions also had learning

³³ Julnes, Halter, et al., *When Families Leave Welfare Behind: First Survey Findings*, at 9-10, Table 8.

³⁴ Derr, *The Impact of Grant Sanctioning on Utah’s TANF Families*. Effective December 1995, all TANF recipients in Utah “are required to participate in self-sufficiency activities, but a provision was built into the state plan to exempt 20 percent of the caseload from mandatory participation for those who can prove they face a legitimate hardship. Those clients who choose not to participate in employment or job search enter the conciliation process, which includes a \$100 deduction in their welfare grant. Caseworkers must complete a three-step conciliation process with clients to determine why they are not participating. Every effort is made to assist clients in meeting the requirements of their self-sufficiency plan. After the 2-month conciliation process has been completed, the nonparticipating client will be fully sanctioned by financial case closure.” *Id.* at 5. Many of the parents had been denied SSI. “Their disability affected their ability to work, but it was not severe enough to access other types of assistance. For this group, grant sanctioning had very negative consequences.” *Id.* at 13-14, 16-17.

disabilities, possibly making it more difficult to understand the often-complex program requirements or to comply with scheduling tasks and appointments.³⁵

Appendix E provides additional information about the connection between sanctions and disabilities for some parents and raises additional questions about the impact of learning disabilities and low IQ in the context of sanction policies. These include:

- In Delaware, sanction rates were higher for those with the least work experience and the least education. Sanctioned individuals were more likely to have trouble understanding TANF rules and the consequences of not participating.³⁶
- Among those who were not employed after leaving TANF in Arizona, health issues were cited as the primary reason for not working slightly more often by people who had left due to sanctions than those who left for other reasons.³⁷
- In Iowa, one-fifth of parents who were placed in the state's limited benefit plan a second time – resulting in a reduced benefit for failure to follow the requirements – said that their disability/health contributed to their being returned to the sanction status, while almost three out of ten cited their lack of understanding of program rules.³⁸

Multiple Obstacles or Barriers to Work, Including Disability

In its Second Annual Report to Congress, the Department of Health and Human Services stated that, “[a]lthough there have been dramatic gains in work for many TANF families, too

³⁵ Barusch, Taylor, et al., at 51, 22.9 percent of Utah's long-term recipients were found to have learning disabilities. In addition, 21.8 percent of the sample of current recipient parents reported that they had \$100 deducted monthly from their cash assistance because they were not participating in self-sufficiency activities. These activities included job search, personal/family counseling, college program, job training program, GED, parenting classes, alcohol/drug treatment, and English as a Second Language. “When the respondents were asked to describe reasons for their non-participation, the most common one was ‘other’ which for the most part, were clients who ‘had not turned their paperwork in.’ This was the reason given by over half (66.7 percent) of those responding. The second most common reason, given by 14.5 percent, was a mental health problem.” *Id.* at 41. In other words, the parent's learning disability, mental health problem, or other related health problems may be a factor in the number of cases where parents are in sanction status.

³⁶ Fein, Lee, *Carrying and Using the Stick: Financial Sanctions in Delaware's A Better Chance Program*, at 13, 22.

³⁷ *Arizona Cash Assistance Exit Study: First Quarter, 1998 Cohort*, 26 percent compared to 23 percent.

³⁸ Lucia Nixon, et al., *Second Assignments to Iowa's Limited Benefit Plan*, at 19, 23. Chronic health conditions identified as contributing to being placed in the program included drug addiction, manic depression, and chronic asthma. *Id.* at 23.

many families with multiple barriers to success are at risk of being left behind.”³⁹ Many parents with disabilities may have more than one impairment. In addition, parents with disabilities also often face the same obstacles to work that other low-income parents face – such as lack of child care, unreliable or nonexistent transportation, and/or lack of a high school diploma. A few studies have established that a parent with multiple obstacles or barriers to work is less likely to be working than a parent with one or no barriers to work, underlining the importance of considering each parent, and especially a parent with disabilities, in terms of the totality of her circumstances.

The Urban Institute has found that “[p]erhaps the strongest predictor of not participating in work activity is the presence of multiple obstacles.”⁴⁰ The study compared current and former welfare recipients and found a much higher incidence of multiple obstacles among families remaining on TANF than among families that had left TANF. Looking at six obstacles that they established significantly depressed work activity among current recipients – education less than high school, never worked or last worked three or more years ago, child under age one, reports either very poor mental health or health limits work, caring for a child on SSI, and English-language limitation – they found that while 17 percent of current recipients had three or more obstacles, only seven percent of former recipients did. Similarly, while 27 percent of current recipients had two obstacles, 17 percent of former recipients had two. And, at the other extreme, only 23 percent of current recipients did not have any of the six obstacles while 42 percent of former recipients were obstacle-free. Moreover, the study found that 70 percent of parents with multiple obstacles were not involved in any work activity – such as school or looking for a job – regardless of whether they received TANF.⁴¹

The Michigan study similarly found that the more barriers a woman has, the less likely it is that she is working. The authors predicted that women with four to six barriers had only 41.4

³⁹ *Temporary Assistance For Needy Families (TANF) Program: Second Annual Report to Congress*, August 1999, at 140, <http://www.acf.dhhs.gov/programs/opre/tanifreports/tan19995.pdf>. And, while noting that “there are no completely reliable estimates of specific family needs among welfare families,” HHS indicated that “recent studies suggest that as many as 27 percent of adults in the caseload have a substance abuse problem; up to 28 percent have mental health issues; up to 40 percent have learning disabilities or low basic skills; and up to 32 percent are current victims of domestic violence.”

⁴⁰ Loprest and Zedlewski, at 7.

⁴¹ For example, among current recipients who had three or more obstacles, two percent were working, five percent were in school, 22 percent were looking for work, and 71 percent were not involved in any work activity. Among former recipients with three or more obstacles, while nine percent were working, a statistically significant difference from current recipients, only five percent were in school, 16 percent were looking for work, and similar to the current recipients with three or more obstacles, 70 percent were not involved in any work activity. *Id.* at 10, Table 2.

percent probability of working at least 20 hours per week and women with seven or more barriers had only 5.6 percent probability of working at least 20 hours per week.⁴²

Researchers in Utah found that the most common constellation of barriers that parents face, experienced by two out of five respondents, was a combination of personal health or mental health barriers and family problems. Another one out of five faced barriers from *all three* constellations: work/education, health/mental health, and family barriers. In the third most common pattern, more than one-tenth reporting having a personal health and/or mental health problem.⁴³

Studies in Kansas, Indiana, New Jersey, and Minnesota provide additional support for the Utah and Michigan findings that many parents who are not working face multiple barriers, including mental or physical impairments.

The authors in the Kansas study indicated that the Kansas caseload “include(s) a large number of long-term recipients with significant, and often multiple barriers to employment and self-sufficiency. Many of these people are adults with disabilities.”⁴⁴

In Indiana, among those who had not worked since being assigned to the welfare reform program, 36.3 percent reported one barrier, while 48.4 percent reported more than one. Many parents who had worked since being assigned to the welfare reform program also cited barriers: 29 percent cited one barrier and 40.5 percent cited more than one barrier.⁴⁵ The authors found that, “The pattern of barriers is fairly similar for the two groups, with the biggest difference being that clients who have not worked are twice as likely to report being hindered by health problems,

⁴² Danziger, Corcoran, et al., at 23. Overall, the authors identified 14 barriers as having a negative and significant impact on work: low education (lack of high school diploma or GED); low work experience (worked less than 20 percent of the years since she turned age 18); fewer than four job skills; know five or fewer work norms; previous incidents of perceived discrimination in the workplace; lack of transportation; major depressive disorder; post-traumatic stress disorder; generalized anxiety disorder; alcohol dependence; drug dependence; physical impairment; child has a health problem; and victim of domestic violence. The study found that the probability of working decreases sharply for women with more than one barrier. The authors also predicted the probability of working, given each barrier. Women with a health problem were 11.5 percent less likely to work than women without a health problem. *Id.* at 36, Table 7.

⁴³ Barusch, Taylor, et al., at 57.

⁴⁴ Gerry and Shively at 1.

⁴⁵ Fein et al., and Holcomb et al., *The Indiana Welfare Reform Evaluation* (1998), Exhibit 4.9, page 100. The following barriers were identified: lack of adequate child care, lack of adequate transportation, health problem or disability, health problem or disability of a family member, drug use or excessive use of alcohol, and other family problems.

either their own or those of a family member. This suggests that health problems may pose more severe barriers than factors such as transportation.”⁴⁶

Close to three out of five current and former TANF recipients in New Jersey faced at least one of five serious hardships in the year prior to being interviewed: extreme poverty (below 50 percent of the poverty level), serious illness, an extreme housing crisis (defined as being evicted, living in an emergency shelter, or being homeless), being the victim of a violent crime including domestic violence, and requiring mental health or substance abuse treatment. The most common serious hardships were extreme poverty (almost three out of ten) and serious illness (one-quarter). Almost one-quarter experienced two or more of the hardships in the past year and almost one-tenth faced three or more of these hardships during the past year.⁴⁷

In Minnesota, non-working recipients rated an average of seven out of 19 items as a “at least somewhat of a barrier to getting a job” or “a big problem” in getting a job, while working recipients identified an average of four of the items that made it hard to keep a job.⁴⁸ In addition to the physical or mental condition of the adult and substance abuse, the other 17 barriers listed were: transportation to work, education or training, local wages, child care availability, child care cost, work experience, health insurance availability, job skills, local job availability, child care reliability, child care quality, normal childhood illnesses, children with special needs, ability to speak English, adult in trouble with the law, violence in the home, and juvenile in trouble with the law. Non-working *applicants* reported that an average of six out of the 19 items were at least somewhat of a barrier to find a job or a big problem, while working applicants cited an average of four items that made it hard to keep a job.⁴⁹

⁴⁶ The Indiana 1998 study looked at whether parents reported more than one barrier to employment. Fein et al. and Holcomb et al., at 100-101, Exhibit 4.9. The authors identified the following barriers: lack of adequate child care, lack of adequate transportation, health problem or disability, health problem or disability of a family member, drug use or excessive use of alcohol, and other family problems. Also included in the Indiana report, a statewide survey of local welfare directors in June 1997 asked the directors to rank the degree to which potential barriers to employment were a problem in their community for their clients. Over three-quarters said that “significant mental and physical health problems, domestic abuse, substance abuse, etc. among clients” was either a “very serious problem” or a “definite problem.” *Id.* at 46, Exhibit 2.6.

⁴⁷ Rangarajan, Wood, at 36, Figure III.12. The study relied upon the 1998 federal poverty guidelines. For a family of three in 1998, the federal poverty level was \$13,650. The average amount of TANF received by families in the survey of all sizes was \$326 per month, or \$3,912 annually. Income calculations included food stamps and child care subsidies. Of the families surveyed, 25 percent had incomes less than 50 percent of the federal poverty level for their family size. *Id.* at 22-23, Figure III.2.

⁴⁸ *Minnesota Family Investment Program Longitudinal Study: Baseline Report*, Minnesota Department of Human Services, page 23, Table 9, page 24, Table 10.

⁴⁹ *Id.* at 64-65, Tables 22 and 23.

Implications for State Welfare Policy and Program Design

Both the national and state-based data now available clearly reflect that significant numbers of parents receiving TANF have one or more disabilities or health conditions. In addition, many parents who no longer receive TANF cash assistance – many of whom are not working – are disabled. Questions about how best to serve parents with disabilities are relevant in all aspects of program policy and design. Generally, if appropriate services and accommodations are in place, parents with disabilities should be able to succeed in the workplace. However, for parents and states to accomplish this goal, states will need to consider modifying their TANF programs – both their policies and procedures – to address the reality that parents who are disabled or have medical conditions may need additional help and may need assistance for longer periods of time.

Questions that states and others concerned about assisting low-income parents with disabilities to be able to work and support their families should consider include the following:

- Careful consideration should be given to the nature of the individualized assessment that the state agency uses. Is it designed to capture both strengths and barriers? Is it sufficiently refined to sort out whether a person has a learning disability or a low IQ? Is it administered by a person with the expertise to identify limitations and who is authorized to seek additional, outside assessments and diagnostic testing?
- Once a parent's needs are identified, are the state's programs designed to address those needs? What additional steps are needed to ensure that the state's procedures do not frustrate the well-intentioned parent whose disabilities make it more difficult to comply with complex rules and procedures?
- What recognition is there that parents with disabilities, in addition to facing the barriers resulting from their impairments, often also face the same barriers that other TANF parents commonly face, such as lack of child care, access to transportation, and low educational and skill levels? Is there a recognition that the interplay of these various barriers can create even greater obstacles for the parent who is disabled to overcome? Are the state's programs designed to coordinate the services and supports to assist the parent who is disabled?
- What steps is the state taking to identify and recruit employers whose jobs are well-suited to parents with different disabilities, what steps have been taken to match parents with these jobs, and what steps are being taken to help employers understand the important role that accommodations can serve in ensuring that a person who is disabled will succeed in the workplace? Has consideration been given to consulting with experts in the state's nonprofit community as well as in other state agencies who regularly provide these services for other people with disabilities?

- Is flexibility built into the state’s process so that later-identified barriers can be addressed? This could greatly help the parents with learning disabilities, and other health conditions, whose problems have never been diagnosed but which may manifest themselves once the parent is placed in a work setting.
- Does the state have conciliation procedures in place that help to identify parents with disabilities before they are sanctioned? Are these parents provided with the ongoing services and supports they need in order to comply with the state’s requirements and prevent the sanction?
- Does the state have a mechanism for tracking parents with disabilities who have left TANF in order to ascertain that they have the services and supports they need to be able to retain their jobs or, if they are not working, to secure a job? Is the system designed so that there is a state employee or contractor who has the affirmative responsibility to contact these parents periodically, in some cases as often as every week or two, to check in and learn how they are doing?
- Is the state thinking broadly about who best can provide the range of services and supports – often intensive in nature and of a longer duration than other parents require – for parents with disabilities? While not always the case, many of the supports and services parents with disabilities need already are being provided under contracts with other state agencies for other people with disabilities. Rather than thinking of these services as “new” under TANF, states may want to look to current contractors with strong success records for helping people with disabilities successfully move to work.
- There may be some parents with disabilities for whom remunerative work at levels that allow one to support a family will not be possible or will not be possible in the near future. A state will need to consider what steps it plans to take to supplement the efforts of these families.

Conclusion

States have the flexibility and the resources to design or modify their welfare programs in ways that will assist many parents with disabilities who are not working to secure the services and supports they need in order to work.⁵⁰ Given the significant numbers of parents with

⁵⁰ For a discussion of ways in which states can use their TANF and state maintenance of effort funds to provide supports to low-income working parents as well as parents who have barriers to employment, see Eileen Sweeney, Liz Schott, Ed Lazere, Shawn Fremstad, Heidi Goldberg, et al., *Windows of Opportunity: Strategies to Support Families Receiving Welfare and Other Low-Income Families in the Next Stage of Welfare Reform*, Center on Budget and Policy Priorities, January 2000, <http://www.cbpp.org/1-12-00wel.pdf>. For information about the

(continued...)

disabilities – often in combination with other barriers – states’ success in welfare reform is likely to hinge on the steps they take to address the needs of this population.

⁵⁰(...continued)

amounts of funds states have to spend, see Ed Lazere, *Welfare Balances After Three Years of TANF Block Grants: Unspent TANF Funds at the End of Federal Fiscal Year 1999*, Center on Budget and Policy Priorities, January 2000, <http://www.cbpp.org/1-11-00wel.pdf>. In addition, other sources of state and federal funding are available to serve people with disabilities, both adults and children. These funds and the programs they support also may be available to serve TANF parents with disabilities. States may find that many of the services TANF parents with disabilities need can be secured through contracts with nonprofits and state agencies that already are providing similar services to other people with disabilities in the state.

Appendix A

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Appendix B

Parents Who Are Current Recipients Who Said Their Health Was a Key Reason Why They Were Not Working

State	Study	Q/A	Percentage
National	<i>Work Activity and Obstacles to Work Among TANF Recipients</i> Urban Institute September 1999	<ul style="list-style-type: none"> – reported in poor general health or scored low on standard mental health scale – poor general health – poor mental health – said their health limits their ability to work or scored very poor on standard mental health scale – health limits work – very poor mental health 	<ul style="list-style-type: none"> 48% 25% 35% 32% 18% 22%
Florida	<i>The Family Transition Program: Implementation and Three-Year Impacts</i> April 1999	<p>among those not currently employed, percentage who agreed or agreed a lot that they could not work part time right now for the following reason: a health or emotional problem, or a family member with a health or emotional problem</p> <ul style="list-style-type: none"> – of those who had not reached time limit – of those who had reached time limit 	<ul style="list-style-type: none"> 21.2% 22.2%
Idaho	<i>Family Review</i> Winter 1998	<p>what reason does the participant give for not working?</p> <ul style="list-style-type: none"> – illness – can't read/write 	<ul style="list-style-type: none"> n = 132 32.8% 22%
Illinois	<i>Living with Welfare Reform</i> January 2000	<p>reasons for not working...among TANF recipients</p> <ul style="list-style-type: none"> – health or dental problem – active substance abuse 	<ul style="list-style-type: none"> n = 473 6% 2%
Indiana	<i>The Indiana Welfare Reform Evaluation: Who is On and Who is Off?</i> September 1997	<p>said ability to work/learn was limited by:</p> <ul style="list-style-type: none"> – own health/disability – drug/alcohol use 	<ul style="list-style-type: none"> n = 752 23.1% 2.2%

Indiana	<i>The Indiana Welfare Reform Evaluation: Program Implementation and Economic Impacts After Two Years</i> November 1998	Of those who had not worked since being placed in the welfare reform group, percentage who said their ability to work was limited by: – health problem or disability – drug use or excessive use of alcohol Those who said the main reason they were not working was their disability	n = 279 35.5% 2.9% 20.2%
Minnesota	<i>Minnesota Family Investment Program Longitudinal Study</i> August 1999	asked to rate their barriers to finding a job, scale 1 (not a problem) to 3 (big problem). 2 = at least somewhat of a problem. – physical or mental condition of adult (rated 1.5 as mean) – substance abuse (rated 1.1 as mean)	n = 399 31.1% chose 2 or 3 4.3% chose 2 or 3
New Jersey <i>The response rate was 50.4%.</i>	<i>Assessing Work First: What Happens After Welfare?</i> June 1999	said that physical or mental condition was a barrier to working	n = 311 21.2%
New Jersey	<i>Work First New Jersey</i> October 1999	percentage of those receiving TANF and not currently working who – reported a health problem – reported being seriously ill in the past year – said they could not work at all because of health problems – required treatment for a substance abuse or mental health problem – said their health limited ability to work	49% 39% 24% 22% 33%
Tennessee	<i>Families First: 1997 Case Characteristics Study</i> June 1998	adults reasons for current unemployment: – health problems – “diagnosed as disabled”	n = 376 21.7% 3.6%

Texas	<i>Why People Leave Welfare II</i> December 1998	Current recipients who reported having a disability in the family that keeps them from working The survey included an open comment section. 557 people out of 1484 surveyed (both current and former recipients) chose to add comments, which were then coded. In summarizing the comments, it was noted: "Some coded responses contained references to causes outside the respondent's control that were thought to be responsible for the respondent's problems or that seemed to make the situation worse. The most frequently mentioned source of problems was a physical disability or a medical condition suffered by the respondent or someone in the respondent's immediate family."	n = 563 30%
Utah	<i>Understanding Families with Multiple Barriers</i> February 1999	53.2 percent reported they had a physical disability or health problem. Of that group: – said their condition prevented them from working	n = 325 18.5%
Washington	<i>A Baseline Analysis of TANF One-Parent Families: Findings from 1997 Client Survey</i> February 1998	– asked all respondents the most important reason for starting to receive AFDC – said "poor health" – asked all respondents what work-related limitations they had; of current recipients who responded: – physical disability – ever quit job for health reasons – professional mental health help last year – self or child hospitalized at least once last year (excluding childbirth)	n = 3,207 (includes 20.5% no longer receiving welfare) 7.0% n = 2,549 12.2% 24.6% 25.8% 20.5%

Appendix C

Parents Who Are No Longer Receiving Welfare Who Said Their Health Was a Key Reason Why They Were Not Working

State	Study	Q/A	Percentage
National	<i>Current and Former Welfare Recipients: How Do They Differ?</i> Urban Institute November 1999	<ul style="list-style-type: none"> – said their health limits their ability to work or scored very poor on standard mental health scale – health limits work – mental health score: very poor 	26% 13% 18%
Arizona	<i>Arizona Cash Assistance Exit Study: 1st Quarter 1998 Cohort</i> December 1999	– reported that their primary barrier to employment was a health issue, including long term disability, long term illness, short term disability, and pregnancy)	43% of 821 not working (353) 23%
Colorado	<i>Evaluation of the Colorado Works</i> — November 1999	Of 306 former TANF recipients surveyed, 35 percent were not working at the time of the survey. Of this group: – said personal health problems or other personal problems such as substance abuse prevented them from working	n = 107 32.7%
Indiana	<i>The Indiana Welfare Reform Evaluation</i> September 1997	said ability to work/learn was limited by: – own health/disability – drug/alcohol use	n = 848 19.2% 2.7%
Massachusetts	<i>How Are They Doing?</i> April 1999	reason for not working – illness/self	n = 62 25.8%
Mississippi	<i>Tracking of TANF Clients, First Report of a Longitudinal Survey</i> January 1999	65 percent of 351 former TANF recipients surveyed said they were not currently working – said they are physically/mentally ill	n = 228 27%
New Jersey	<i>Work First New Jersey</i> October 1999	of those who left TANF but were not working, percentage – who had been seriously ill – who required treatment for a substance abuse or mental health problem	(27% of the population) 27% 14%

North Carolina	<i>Evaluation of the North Carolina Work First Program</i> May 1999	most common reason given for not working: – they were disabled or ill	89 of 241 (36.9%) 28.1%
Oklahoma <i>Note that overall response rate was 53.3%.</i>	<i>Family Health and Well-Being in Oklahoma</i> September 1998	[sample includes closed or denied and who returned to TANF after closure] reason for unemployment – long term disability – short term incapacity – mental health problems	n = 142 21.1% 15.5% 4.9%
South Carolina	<i>Survey of Former Family Independence Program Clients: Cases Closed January through March, 1998</i> June 1999	reasons given for current unemployment (no job since leaving public assistance) – physical/mental illness or injury (self)	n = 74 24.3%
Texas <i>Note that response rate for former recipient categories was 54% to 66%.</i>	<i>Why People Leave Welfare II</i> December 1998	of former recipients, those who reported having a disability in the family that keeps them from working	n = 897 21%
Washington	<i>A Baseline Analysis of TANF One-Parent Families: Findings from 1997 Client Survey</i> February 1998	– asked all respondents what work-related limitations they had; of those who had left welfare who responded: – physical disability – ever quit job for health reasons – professional mental health help last year – self or child hospitalized at least once last year (excluding childbirth)	n = 3,207 (20.5%) 657 5.1% 21.4% 21.0% 18.5%
Washington	<i>Washington's TANF Single Parent Families After Welfare</i> January 1999	reasons not working since leaving welfare – health reasons (“seems to be the top reason”)	n = 97 28%

Appendix D

Parents Who Left Welfare and Worked But Then Stopped Working Who Said Their Health Was a Key Reason Why They Are No Longer Working

State	Study	Q/A	Percentage
Illinois	<i>Living With Welfare Reform</i> January 2000	reasons for not working – TANF reduced, stopped, or reinstated for income reason – health or dental problem – disabled – active substance abuse	n = 37 11% 14% 0%
Massachusetts	<i>How are They Doing?</i> April 1999	had worked and stopped (reason for stopping) – respondent was ill when asked why they were not working at time of the interview – illness/self	n = 44 13.6% n = 41 26.8%
New Jersey	<i>Work First New Jersey Evaluation: How WFNJ Clients are Faring Under Welfare Reform</i> October 1999	among those who had left TANF and had worked but were <i>not</i> working at the time of the survey, – had a physical health problem – had a mental health problem among those who had left TANF and were working when surveyed, – had a physical health problem – had a mental health problem	28% 14% 21% 10%
North Carolina	<i>Evaluation of North Carolina's Work First Program</i> May 1999	of the 33 (out of 89), 38%, who were not working at the time of the interview but held a job when they left TANF, – the most common reason given for quitting the job was an illness or disability	35%

South Carolina	<i>Survey of Former Family Independence Program Clients: Cases Closed January through March, 1998</i> June 1999	reasons given for current unemployment (after leaving welfare, had a job) – physical/mental illness or injury (self)	n = 100 18%
Illinois	<i>When Families Leave Welfare Behind</i> 1999	Of those who left and <i>then returned to welfare</i> (19.8% of respondents), – percentage who responded to an open-ended question that health/injury was the reason they returned to welfare	(20% of those who left) 12.5%

Appendix E

Information Related to Disabilities and Health Problems in Families Who Were Sanctioned

State	Study	Q/A	Percentage
Arizona	<i>Arizona Cash Assistance Exit Study: First Quarter 1998 Cohort</i> December 1999	<p>– among those who were not working after leaving TANF who listed their primary reason for not working as health issues such as long term disability, long term illness, short term disability, and pregnancy, the health issues were slightly more common among people who had left due to a sanction</p> <p>than those who left for other reasons</p>	<p>43% were not employed</p> <p style="text-align: right;">26%</p> <p style="text-align: right;">23%</p>
Delaware	<i>Carrying and Using the Stick: Financial Sanctions in Delaware's A Better Chance Program</i> May 1999	<p>– sanction rates are higher for those with the least work experience and least education</p> <p>– sanctioned families were more likely to have trouble understanding TANF rules and the consequences of not participating</p>	
Illinois	<i>Living With Welfare Reform</i> January 2000	<p>among cases closed for non-compliance</p> <p>– had a health or dental problem</p> <p>– had an active substance abuse problem</p>	<p>n = 46</p> <p style="text-align: right;">7%</p> <p style="text-align: right;">7%</p>
Iowa	<i>Second Assignments to Iowa's Limited Benefit Plan</i> August 1999	<p>reasons contributing to being placed in the state's Limited Benefit Plan a second time?</p> <p>– disability/health (self)</p> <p>– lack of understanding of program requirements</p> <p>chronic health conditions contributing to being placed in the program: drug addiction, manic depression, chronic asthma</p>	<p>n = 185</p> <p style="text-align: right;">21%</p> <p style="text-align: right;">28%</p>

Michigan	<i>A Study of AFDC Case Closures Due to JOBS Sanctions</i> May 1997	<ul style="list-style-type: none"> - when asked "what prevented you from cooperating with the employment program requirements in order to keep your AFDC case from closing?" <li style="padding-left: 20px;">- of those surveyed (all had been sanctioned), percentage that indicated they had to remain in the home because of health problems, including other family member's - review of case files of people sanctioned <ul style="list-style-type: none"> - person reported substance abuse treatment - person reported mental health treatment 	<p>n = 67</p> <p>31%</p> <p>n = 126</p> <p>4%</p> <p>4%</p>
Utah	<i>The Impact of Grant Sanctioning</i> October 1998	<ul style="list-style-type: none"> - percentage who cited an individual health condition as the reason they failed to participate - percentage who cited a mental health problem as the reason 	<p>32%</p> <p>20%</p>
Utah	<i>Understanding Families with Multiple Barriers to Self Sufficiency: Final Report</i> February 1999	<p>21.8 percent of the sample reported that they had \$100 deducted monthly from their cash assistance because they were not participating in self-sufficiency activities. These activities included job search, personal/family counseling, college program, job training program, GED, parenting classes, alcohol/drug treatment, and English as a Second Language. When respondents were asked to describe reasons for their non-participation:</p> <ul style="list-style-type: none"> - the most common reason was 'other' "which for the most part, were clients who 'had not turned their paperwork in.'" - "the second most common reason...was a mental health problem." 	<p>66.7%</p> <p>14.5%</p>

Appendix F

List of the Self-reported Individual Disabilities and Illnesses of North Carolina Parents Who Left TANF Due to State's Two-year Time Limit and Indicated That Disability Was the Main Reason They Were Not Working, None of Whom Are Receiving SSI*

Physical impairment	Permanent or Temporary?
Arthritis in feet, knees, hip	permanent
Arthritis in knees; asthma	permanent
Arthritis in knees, legs and ankles; numbness	permanent
Back injury - car accident; ear injuries from past domestic abuse	uncertain
Back pain due to curvature; taking thyroid medication; arthritis in hands	permanent
Back injury - car accident	temporary
Back problems – numbness in hand	uncertain
Back surgery in 1997 for a slipped disc; now another slipped disc	temporary
Back: chipped vertebrae; injured at work in late 1980s	uncertain
Bleeding ulcers; infection of stomach lining	uncertain
Car accident injuries to back, knee, and ankle	temporary
Obesity; diabetes, takes pills, not injections	permanent
Rheumatoid arthritis	permanent
Thyroid problems; migraines	permanent
Mental impairment	
“Slow learner”	permanent
Bipolar mood disorder (manic depressive)	permanent
Migraine/depression/nervous (as well as repeated breaking of ankle)	permanent
Obsessive-compulsive disorder	permanent

Source: *Evaluation of the North Carolina Work First Program: Status of Families Leaving Work First After Reaching the 24-Month Time Limit*, Maximus, May 1999, Exhibit III-25, “Self-reported disabilities and illnesses”

* Two parents, not listed in this chart, reported they were receiving SSI as a result of their disabilities. One parent had a “mental or ‘nerve’ problem” while the other had multiple sclerosis and was legally blind. In addition, four parents referred to the need to remain home to care for their children who were disabled. At least three of these four families (including one in which the parent was also disabled as a result of a nervous breakdown) received SSI. The disabilities of the children were: mental retardation/seizures; severe Down syndrome; asthma; sickle cell anemia; and childhood diabetes.

Appendix G

Sources of Background Information Regarding the Incidence of Disability and Medical Conditions among Welfare Recipients

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