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Kristin S. Seefeldt and Sean M. Orzol

The 1996 welfare reform made extended welfare stays more difficult. One of the most notable provisions was the 60-month lifetime limit on cash benefits through the Temporary Assistance to Needy Families (TANF) program. This study investigated the personal characteristics associated with accumulating more months on TANF. Using four waves of data from the Women's Employment Study, we examined factors surrounding receipt at varying levels: low (less than 20 months), medium (20 to 39 months), and high (40 to 60 months). Medium and high accumulation groups had many factors in common relative to the low group. However, demographic variables, such as the presence of a partner and number of children, mattered more in determining whether someone would accumulate a relatively low as opposed to medium amount of time on TANF. For the high accumulation group, the presence of human capital problems, as well as persistent personal and family challenges, such as child and maternal health problems and domestic violence, greatly increased the likelihood of a longer stay.

KEY WORDS: *time limits; welfare receipt; welfare reform*

In the years since passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), which changed cash welfare from an income support entitlement to a time-limited, work-based system, welfare caseloads have been cut by more than half. Studies of welfare "leavers" have documented that between 40% and 70% of those leaving the Temporary Assistance for Needy Families (TANF) program were employed during the quarter of their exit (Acs & Loprest, 2004). This success in transition was in part a result of a strong U.S. economy. However, a growing concern among welfare policymakers and frontline program staff is that those still receiving welfare are significantly more disadvantaged or harder to serve in a work-based welfare system than those who left the rolls following the 1996 reform. During the economic boom of the late 1990s, many argue, the most employable welfare recipients were likely to have found employment, leaving behind recipients with more significant barriers to employment, such as physical and mental health problems, low levels of education, or substance abuse issues.

Furthermore, not everyone who leaves welfare remains off the rolls. Estimates of the proportion of leavers returning to welfare some time in the year following their exit range from 17% to 38% (Acs & Loprest, 2004). Given the now time-limited nature of welfare, it is crucial to know more about those who accumulate more months on their TANF "clocks" and are thus at-risk of losing cash benefits. Employment opportunities for recipients since 2001 have not been as plentiful as they were in the late 1990s, making this new line of research more paramount. In this article, we use a panel survey of women who received TANF in a Michigan county to determine which personal characteristics are associated with accumulating a relatively low, medium, or high number of months toward the federal 60-month time limit on welfare receipt.

CONCEPTUAL FRAMEWORK

A major criticism of the Aid to Families with Dependent Children (AFDC) program was that providing cash assistance offered women an alternative to seeking employment. Some argued that recipients were behaving rationally by staying on welfare.

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Employment has costs, such as transportation and child care, and under old rules, wage earnings usually resulted in a dollar-for-dollar reduction of AFDC benefits and reduction or loss of associated benefits such as food stamps and Medicaid.

PRWORA dramatically altered welfare and its work incentives through policies such as work requirements and time limits, as well as through expanded child care assistance and other work supports. In addition, several provisions made it more difficult to stay on welfare for extended periods. For example, the reform legislation mandated that recipients be working or engaged in work-related activities within 24 months of entering the TANF program or they could be dropped from the rolls. In addition, a time limit prohibits recipients from receiving federal assistance through TANF for more than 60 cumulative months, or less depending on specific state guidelines. Other provisions require that states move ever-increasing proportions of their caseloads into work or work-related activities (that is, have recipients meet a work requirement) and penalize or sanction recipients who fail to comply. In many states, a sanction results in termination from TANF.

Whereas the prior lack of incentives and high cost of employment made it rational to use welfare, in the post-AFDC era welfare recipients who are rational actors now have more incentive to leave welfare for work (Ellwood, 2000). In a good economy, we would expect the most employable recipients to exit welfare, some fairly quickly, and possibly save or "bank" those months for times in the future when they might need assistance. Some recipients, however, may face personal challenges and structural barriers that might impede their exit. A more appropriate framework for analyzing correlates of welfare accumulation is to consider not only factors that could disadvantage some individuals in a work-based welfare system, but also factors that might protect other recipients from case closure (although this would lead to greater accumulation of months on welfare). In addition, such a framework would consider factors that put recipients at risk of cycling on and off, accumulating time on welfare but perhaps not at the same rate. To illustrate, PRWORA includes a "hardship exemption," allowing states to exclude 20 percent of their caseloads from the time limit provision. Also, most states have implemented policies that exempt categories of disadvantaged recipients, such as those caring for disabled or elderly family members or very young children, from the work requirement. Therefore, having certain barriers might cause some recipients to have longer welfare stays, counting more months toward the time limit.

For others, structural hindrances may lead to loss of welfare benefits or employment, causing movement on and off the rolls. For example, women with low education levels or low literacy may have difficulty finding employment or understanding welfare program rules, putting them at increased risk of losing welfare benefits through sanctions or administrative case closings. For many, having multiple impediments causes some women to leave welfare altogether, or they may return to the rolls particularly if the causes of noncompliance were barriers that disadvantage them in the labor market.

Extensive research documents the cycling of recipients on and off welfare rolls. Early studies conducted before welfare reform (for example, Bane & Ellwood, 1983; Ellwood, 1986; Gittleman, 2001; Harris, 1996; O'Neill, Bassi, & Wolf, 1987; Pavetti, 1993, 1995) found that most welfare recipients had welfare spells (a period of welfare receipt) of approximately one to two years. However, because many recipients cycle on and off welfare repeatedly, an individual who may be in the midst of a short cycle at one time may accumulate many months of welfare receipt over a lifetime. Pavetti (1995) estimated that on average, a recipient beginning her first welfare spell could be expected to spend more than six years total on welfare.

In these studies conducted on pre-welfare reform samples, characteristics associated with long-term welfare receipt were having low levels of education, having no recent work experience, being African American or Latino, having a young child, and having larger family sizes (Pavetti, 1995). Studies examining factors associated with cycling found significant associations with giving birth to another child (Cao, 1996), having low education levels, being younger (Harris, 1996), having a larger family size, and being African American (Blank & Ruggles, 1994; Harris). By contrast, Harris found that women who left AFDC and did not return had fewer family responsibilities and possessed greater human capital.

As noted, welfare caseloads have plummeted from 4.4 million families when PRWORA was signed to a little more than 2 million in 2001 (U.S. Department of Health and Human Services, 2002).

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Whether in response to policy changes, the strong economy, or some combination of these and other factors, caseload dynamics also may have changed in the wake of welfare reform. Even though caseloads began to rise in 2001, rolls are still at historic lows. Many studies have examined the status of welfare "leavers" (see Acs & Loprest, 2004, for a review), finding that strong human capital continues to play a role in welfare exits (Brandon & Hogan, 2002; Cancian, Haveman, Meyer, & Wolfe, 2002; Heflin, 2003). However, the sharp declines in the caseload also raise concerns about those still using welfare, commonly called "stayers," and those who leave but return to welfare, often called "cyclers." Recent research on barriers to employment has documented high levels of disadvantage among welfare recipients on measures such as experiences of domestic violence, physical and mental health problems, lack of work skills and education, and other factors associated with the ability to succeed in the labor market (Danziger & Seefeldt, 2002; Danziger et al., 2000). A few studies have used this barriers framework to compare welfare leavers with stayers or cyclers. In sum, they find that compared with leavers, welfare stayers were more likely to

- have completed fewer years of schooling (Miller, 2002; Moffitt, Cherlin, Burton, King, & Roff, 2002; Zedlewski, 2003)
- have more physical health problems and slightly higher levels of depressive symptoms or emotional problems (Moffitt et al., 2002; Zedlewski)
- have a recent history of lengthy welfare receipt and have first entered welfare as a young adult (Burley, 2001)
- have more and younger children (Burley; Miller, 2002)
- be African American or Hispanic (Miller).

In addition, an ethnographic study found that many stayers had been long-term welfare recipients before reform and faced multiple and serious problems; others were caring for children or relatives with disabilities (Moffitt et al., 2002).

Similarly, factors associated with returns to welfare include low education, physical and mental health problems, being African American, little work experience, being never married, having very young children, and giving birth after leaving welfare (Born, Caudill Ovwigho, & Cordero, 2002; Klawitter, 2001; Loprest, 2002). Analyses of data from numerous random assignment welfare-to-work demonstrations have found that families who were categorized as neither stayers nor leavers (that is, they did not exit permanently nor did they stay on welfare for extended periods) reported lower levels of child care, transportation, health, and emotional problems than leavers (Miller, 2002).

A problem with interpreting the results of these studies is that they are primarily descriptive, and the definitions used in categorizing welfare recipients as stayers, leavers, or cyclers are neither consistent nor necessarily relevant for policy discourse. Our analysis extends the research conducted to date and focuses on the accumulation of TANF benefits toward the 60-month limit.

METHOD

Sample

To understand factors associated with TANF accumulation, we used the Women's Employment Study (WES), a panel study of current and former welfare recipients, drawn from the February 1997 TANF rolls in one urban, Michigan county. Sample members were either African American or white (due to the demographics of the county), were U.S. citizens, and were age 18 to 54 when the sample was drawn. Data used in this analysis come from in-person interviews completed in 1997, 1998, and 1999; 753 women (86 percent response rate) were interviewed in 1997, 693 in 1998 (93 percent response rate), 632 in 1999 (91 percent response rate), and 577 in 2001 (91 percent response rate).

To examine the correlates of TANF accumulation post-welfare reform, we used survey data through the fourth wave (Fall 2001). Cases with missing values for included variables, as well as 24 cases in which the respondent moved from TANF to the Supplemental Security Income (SSI) program, were dropped from the analysis, leaving an effective sample size of 549.

Definition of TANF Accumulation

We used data on monthly TANF receipt from administrative records provided by the Michigan Family Independence Agency (FIA), the state's TANF agency. We calculated the number of months in which the respondents received cash assistance during the 60-month study period (October 1996 through September 2001), the period covering the five-year lifetime limit of federally funded TANF

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receipt. Our sample was drawn from the February 1997 TANF rolls so the minimum number of months of accumulation was one and the maximum was 60. At our start more than 80% of respondents had been receiving TANF continuously between October 1996 (the date that Michigan implemented federal welfare reform) and February 1997, and most were prior AFDC recipients. Months on TANF were adjusted for respondents who started their most recent TANF spell between November 1996 and February 1997. On average, WES respondents accumulated 27.8 months on TANF between October 1996 and September 2001, or slightly less than half of their allowable 60-month total.

It is worth noting that many studies examining the duration of welfare spells were concerned about the extent to which short exits from the rolls could be due to administrative or data entry errors (for example, Ellwood & Adams, 1990; Harris, 1996; Swartz, Marcotte, & McBride, 1993). To address this, researchers have assumed continuous assistance in cases of a respondent with a single month of no cash assistance bounded by two months of cash assistance. We did not follow this convention because we were interested in determining total months receiving TANF, not spells. In addition, we presumed that the amount of time on assistance would be determined through administrative records, which is what we used to calculate our dependent variable. If we had followed this convention, only one case would have moved from the low to the medium group.

We divided our sample into three groups: (1) those who accumulated less than 20 months on TANF during the period October 1996 through September 2001 (less than one-third of the allowed months under the federal time limit), (2) those who accumulated between 20 and 39 months (about two-thirds of the time on their "clock"), and (3) those who accumulated 40 or more months in this 60-month period. We call these "low," "medium," and "high" groups, respectively. Although any categorization scheme is arbitrary to some degree, our grouping by thirds has policy relevance. In addition to the 60-month lifetime limit on benefits receipt, PRWORA specifies that recipients must be engaged in work or work activities after 24 months on TANF. Respondents in our low group, therefore, had not yet reached this point. On the other end of the spectrum, respondents in the high group had accumulated enough months to be most at risk of reaching the 60-month time limit. To ensure validity, we conducted a variety of sensitivity tests, slightly modifying the categories; results changed little.

Using our definitions, 202 of the 549 sample members were in the low group (36.8%), 216 (39.3%) were in the medium group, and the remaining 131 (23.9%) were in the high group. On average, the low group received TANF in 12.2 of the 60 months, and the medium group received TANF in 27.6 months. The average number of months of assistance received by the high group was 51.5 of the 60 months, with slightly less than 20 percent ($n = 25$) of this group receiving TANF in all 60 months.

Measures

The demographic measures we included were race (1 = African American; 0 = white), age (in cohorts of 18 to 24, 25 to 34, and 35 and older), and marital or cohabiting status. Because of the extra income that a spouse or partner may provide, marriage and cohabitation are often routes off welfare, although a dissolution of a relationship may bring women back to welfare. We used a dummy variable for whether the respondent was married or cohabiting in at least three of the four waves to account for relationship stability.

We also included the percentage of years since turning 18 (self-reported) that the respondent received welfare before 1997. Those who had already accumulated a substantial welfare history may have been more likely to continue that pattern, and there is some evidence that longer lifetime histories on welfare are associated with returns to welfare after an exit (Born et al., 2002). Respondents were also classified by whether they spent half or more of their childhood receiving welfare. Some analysts have suggested that children living in households receiving welfare are exposed to a set of norms regarding work and lack of stigma toward female-headed families, for example, that negatively influences their educational and occupational achievement as adults and may predispose them to be welfare reliant (Mead, 1992; Rector & Fagen, 1996).

The number of children in a family may also affect the likelihood of leaving or staying on welfare. In most states, families with more children receive larger TANF checks. For example, in Michigan, a single mother with one child and no income receives $371 a month from TANF, whereas a single mother with five children receives $792. When a

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recipient goes to work, her earnings are subtracted from the TANF check. Women with fewer children, compared with those with more, may lose benefits more quickly. To take this into account, we controlled for the number of children 18 and younger living with the respondent in 1997. In addition to the number of children, the ages of children may also be associated with accumulation of time on welfare. Child care for infants and toddlers is typically more expensive and more difficult to secure compared with care for older children (Kisker & Ross, 1997; Phillips & Adams, 2001). Women may accumulate more months on welfare if they are unable to find child care for very young children, or they may return to the rolls if child care problems cause them to lose their jobs. To account for this, we included a variable indicating that the respondent had preschool-aged children (five years old or younger) in at least three waves of the study.

To measure change in household size, we calculated the number of children in the household at wave 1 and at wave 4 and created dummy variables indicating that the number of children in the household increased or decreased over the period (no change in the number of children in the household is the omitted group). Some families may experience an increase in the number of children as a result of caregiving of relative children; for others it is because of the birth of another child. Women who leave welfare but then become pregnant may return to welfare if they are unable to work during the pregnancy, thus accumulating more months. Additional children in the house, regardless of their biological relationship to the mother, also may make it more feasible for women to stay on the welfare rolls because of adjustments in TANF benefit amounts. Conversely, decreases in the number of eligible children may lead to exits from TANF, especially for women whose children turn 18 and "age out" of the program.

A third set of measures captured respondents' human capital—education, work experience, and literacy—as measured at baseline. Specifically, our variables were: lacking a high school diploma or equivalent, working less than 20 percent of the time since turning age 18, and reading at or below the fifth-grade level, as measured by the Wide Range Achievement Test (WRAT) (Wilkinson, 1993). Pavetti (1993) found that low education levels and limited work experience were two of the most important predictors of lengthy stays on AFDC. In surveys of employers, Holzer (1998) found that nearly 80 percent of recently hired welfare recipients had a high school diploma or GED and almost half had recent work experience. The recipients with the most human capital may be the ones most able to meet work requirements, exit early, and not return to welfare (Bane & Ellwood, 1994; Harris, 1996; Pavetti, 1993). On the other hand, the presence of human capital barriers may put a recipient at risk of case closure if having fewer work skills and less education make it more difficult to comply with welfare program rules. If these credentials are needed in the labor market, the lack of them may lead to a return to welfare, and thus further accumulation of months counting toward the time limit.

The final group of variables captured personal and family characteristics that could function as barriers to leaving welfare before 60 months. Many of these have been analyzed in several of the descriptive studies cited earlier. These include

- having a child with a learning, mental, or physical health problem. Children with health problems may need specialized care, making it difficult for their mothers to work (Meyers, Brady, & Seto, 2000), or in some states, including Michigan, this may be cause for an exemption from the work requirement, thus keeping these families on the rolls (see Thompson, Holcomb, Loprest, & Brennan, 1998).
- experience of severe domestic violence (being hit with a fist or an object that could hurt; being beaten, choked, threatened with or hurt by a weapon; being forced into sexual activity) within the past year. The Family Violence Option (FVO) allows states more flexibility in applying the work requirement to families experiencing abuse, thus potentially extending their stay on welfare (see Raphael & Haennicke, 1999, for an overview).
- having a physical health problem, defined as an age-specific physical limitation and being in fair or poor health—problems that could make employment difficult or may also qualify a recipient for an exemption from the work requirement (Thompson et al.).
- having one or more mental health problems (respondent meets the diagnostic screening criteria for at least one of five psychiatric

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disorders: major depression, generalized anxiety disorder, social phobia, alcohol dependence, or posttraumatic stress disorder). Mental health problems might prevent recipients from attending programs or being able to work. If the problem is detected and an exemption granted, recipients with mental health problems might be more likely to accumulate more months on welfare (Kalil et al., 1998). If not, women with these problems may be more likely to use welfare intermittently and accumulate fewer months but yet not exit completely.

- use of illicit drugs, as reported by the respondent. A growing concern of many welfare policymakers and administrators is that substance use or abuse is a major problem among those left on the TANF rolls (American Public Human Services Association, 1999). Schmidt and colleagues (2002) found that substance problems are strongly associated with administrative exits (for example, case closures for failure to follow procedural rules) but also returns to welfare.

Analysis

We estimated multinomial logistic regression models to determine the association of these variables with TANF accumulation. Our dependent variable, *months of accumulation*, has three categories: 0 = low group, 1 = medium group, and 2 = high group. With the exception of the demographic, family background, and human capital variables (which were measured at baseline), the model used change or persistence of the measures over the four waves of data. Dummy variables were included to indicate whether the barrier or other characteristic was present in three or four waves (0 = never present or present in only one or two waves). We hypothesized that having a problem at one time may not affect welfare accumulation particularly if a welfare policy specifies that the problem be persistent to maintain eligibility for TANF or receive an exemption from the work requirement. Initial regression results confirmed this hypothesis.

RESULTS

Descriptive Results

A little more than a quarter of the sample (26.4%, $n = 145$) was age 18 to 24, slightly fewer than half (48.1%, $n = 264$) were between 25 and 34, and the remaining quarter (25.5%, $n = 140$) were 35 or older (Table 1). Slightly fewer than one-fifth of respondents, (18.0%, $n = 99$) were married or cohabiting at three or four waves; 55.6% ($n = 305$) were African American, and the remainder were white. The average sample member received welfare for about 58.6% of the years between her 18th birthday and the beginning of the study period. Slightly fewer than a quarter ($n = 132$) had been on welfare more than half of their childhood.

At wave 1, respondents had an average of 2.2 children; with 25.9% ($n = 142$) experiencing an increase in the number of children living with them in the 1997–2001 time period. More than one-fifth (21.8%, $n = 120$) had children leave the household, more than half experienced no change. A majority, 54.7% ($n = 300$), had at least one preschool-age child during three or four waves.

With respect to the human capital measures, 29.3% ($n = 161$) had a less than high school education and 10.1 percent had limited work experience. Nearly one-fifth (19.1%, $n = 105$) tested at a fifth-grade or lower reading level. Substantial minorities of the sample experienced at least some of the barriers at multiple waves. Although just 6.6% ($n = 36$) had a child with a health, learning, or emotional problem at multiple waves and 4.5% ($n = 25$) experienced domestic violence at multiple waves, 11.3% ($n = 62$) had persistent health problems, and 21.6% ($n = 119$) met the diagnostic screening criteria for a mental health disorder at two or more waves. In addition, 11.5% ($n = 63$) reported using illicit drugs at three or four waves (Table 1).

On most measures, significant differences existed among the low ($n = 202$), medium ($n = 216$), and high groups ($n = 131$). Respondents in the medium group were more likely to be in the youngest age group. The low group was much more likely to be married or cohabiting (30.2% compared with 13.4% for the medium and 7.6% for the high). Also, the low group was also least likely to have African American members (44.5% compared with 60.2% and 64.9%).

Before the implementation of welfare reform, sample members in the low group had been receiving welfare for fewer years (55.7% of years) of their adult lives compared with the high group (62.7% of the years). Slightly fewer than one-third ($n = 42$) of the high group grew up in families relying extensively on welfare, compared with 19.4%

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Table 1: Demographic Characteristics of TANF Recipients in Michigan, 1997–2001

	Total Sample (N = 549)	Low Group (a) (n = 202)	Medium Group (b) (n = 216)	High Group (c) (n = 131)	Significant Differences*
Number of months of TANF accumulation (M)	27.8	12.2	27.6	51.5	a<b,c; b<c
Age 18–24 (%)	26.4	20.3	34.7	22.1	a<b,c; b>c
Age 25–34 (%)	48.1	53.5	43.1	48.1	a>b
Age 35 + (%)	25.5	26.2	22.2	29.8	—
Married/cohabiting in three or four waves (%)	18.0	30.2	13.4	7.6	a>b,c
African American (%)	55.6	44.5	60.2	64.9	a<b,c
White (%)	44.2	55.5	39.8	35.1	a>b,c
Years on welfare since 18 and prior to study period I (%)	58.6	55.7	58.6	62.7	a<c
Family on welfare at least half of respondent's childhood (%)	24.0	19.4	23.1	31.8	a<c
Number of children, 1997 (M)	2.2	2.0	2.2	2.6	a,b<c
Number of children increased over time (%)	25.9	16.5	30.1	27.5	a<b
Number of children decreased over time (%)	21.8	27.3	19.0	17.6	a>b,c
Number of children stayed the same (%)	52.3	56.2	50.9	54.9	——
Had children 5 or younger in three or four waves (%)	54.7	47.5	58.3	58.8	a<b,c
Less than high school education, 1997 (%)	29.3	21.3	27.8	42.8	a,b<c
Low work experience, 1997 (%)	10.1	9.1	7.8	15.8	b<c
Low literacy, 1999 (%)	19.1	14.9	17.6	28.2	a,b<c
Child with health problem in three or four waves (%)	6.6	3.5	5.1	13.7	a,b<c
Severe domestic violence in three or four waves (%)	4.5	5.0	3.2	6.1	——
Own health problem in three or four waves (%)	11.3	10.4	8.3	18.3	a,b<c
Any mental health disorder in three or four waves (%)	21.6	19.3	20.8	27.5	——
Any illicit drug use in three or four waves (%)	11.5	9.9	11.1	15.3	——

*Computed using the least significant differences (LSD) multiple comparison test ($p < .05$).

(n = 39) of the low group. On average, sample members in the high group had slightly fewer than three children; the average number for the other groups was closer to two. Those in the medium group were more likely to have experienced an increase in the number of children living in the household compared with the low group (30.1% compared with 16.5%). The low group was much more likely to see children leave the house compared with the other groups (27.3% compared with 19.0% [medium] and 17.6% [high]) and least likely to have very young children in multiple years (47.5% compared with the roughly 58% of both the medium and high groups).

Wide gulfs lay between these groups on many of the human capital and barrier measures. A little fewer than 30% (n = 60) of those in the medium group lacked a high school diploma or equivalent, compared with more than two-fifths of the high group (n = 56); the prevalence on this measure is even lower for the low group—21.3% (n = 43). More than 15% (n = 21) of the high group had low work experience, compared with 7.8% (n = 17) for the medium group. Furthermore, the high group was more disadvantaged on the literacy measure—28.2% (n = 37) read at or below the fifth-grade level compared with 14.9% (n = 30) of the low and 17.6% (n = 38) of the medium groups.

Compared with respondents in the low and medium groups, the high group had higher prevalence rates on two of the five barrier measures. More than twice as many high group respondents had children with health, emotional, or learning problems [13.7% (n = 18) at three or more waves compared with 3.5% (n = 7) for low and 5.1% (n = 11) for medium respondents]. Nearly one-fifth (n = 24) of the high group had persistent physical health problems, whereas 10.4% (n = 21) of the low and 8.3% (n = 18) of the medium group were in poor health at three or more waves. Taken together, respondents in the low group had an average 3.2 of the 14 risk factors, those in the medium

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group had 3.8, and those in the high group had 4.8 (results not shown). These differences were statistically significant.

Multivariate Results

Coefficients and standard errors of the independent variables for the medium group relative to the low (the reference category in the regressions) are presented in the first two columns of Table 2. The last two columns show these values for the high group relative to the low group. Positive coefficients indicate an increase in odds in being in the medium or high groups as opposed to being in the low; negative coefficients represent a decrease in such odds. Post-hoc tests were also run to examine whether the odds associated with being in the medium group differed significantly from those associated with being in the high group. Significant differences (using $\alpha = .10$) were found for being age 18 to 24, marital or cohabitating status, having preschool-age children in three or four waves, and experiencing domestic violence in three or four waves (Table 2).

With multinomial logistic regressions, it is difficult to interpret the magnitude of the effect of certain variables on the likelihood of being in the three categories. We therefore present the significance of the results with the modal WES respondent and report changes in predicted probabilities of being in the low, medium, and high groups due to changes in characteristics.

The modal WES respondent was between the ages of 25 and 34 in 1997, was not married or cohabiting at most waves, was African American, received AFDC and TANF as an adult for seven years, grew up in a family who received welfare for less than half of her childhood, had two children throughout the study period, with at least one or more of those children age five or younger in three or four waves of the survey, and had no barriers to

Table 2: Logistic Regression Results

	Medium vs Low Group		High vs Low Group	
	(1) b	(2) SE of b	(3) b	(4) SE of b
Age 18–24[a]	0.766	0.298+	0.097	0.380
Age 35+[a]	0.482	0.300	1.198	0.368***
Cohabited/married in 3 or 4 waves[a]	–1.221	0.298***	–2.509	0.492***
African American	0.294	0.234	0.395	0.292
Percent of years on welfare since 18 & prior to study period	–0.082	0.476	–0.626	0.601
Family on welfare at least half of respondent's childhood	–0.035	0.279	0.421	0.330
Total number of children	0.394	0.111***	0.567	0.132***
Number of children in household increasing over time	0.536	0.285+	0.743	0.351*
Number of children in household decreasing over time	–0.538	0.310+	–1.087	0.394**
Children age 5 or under in 3 or 4 waves[a]	0.050	0.282	0.623	0.350+
Less than high school education	0.308	0.273	0.695	0.319*
Low work experience	–0.078	0.397	0.571	0.432
Low literacy	0.017	0.305	0.395	0.350
Child health problem present in 3 or 4 waves[a]	0.703	0.562	1.904	0.592***
Severe domestic violence present in 3 or 4 waves[a]	–0.522	0.573	0.474	0.598
Mother's health problem present in 3 or 4 waves	0.199	0.396	0.837	0.446*
Any mental health problem present in 3 or 4 waves	0.074	0.281	–0.036	0.340
Illicit Drug use in 3 or 4 waves	0.035	0.345	0.532	0.400
Log Likelihood	–482.56			
Chi square	137.86***			
Psuedo R-square	0.125			

[a]Post-hoc tests were run to examine whether the odds associated with being in the medium group differed significantly from those associated with being in the high group. Coefficient significantly different for medium versus high group.
+$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

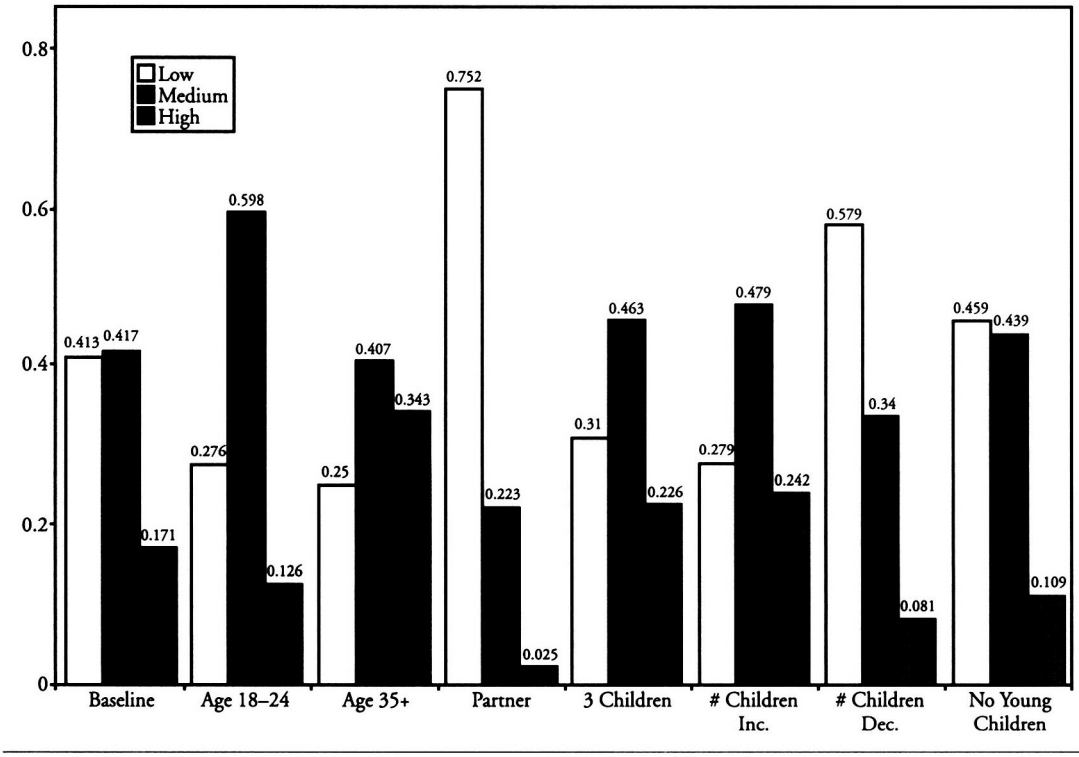
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employment in most of the waves. Given these characteristics, her predicted probability of being in the low group was .413, in the medium group .417, and in the high group .171.

Many of the demographic and family characteristic variables were significant in our models. Some of these significant characteristics have larger effects than others. Being younger than 25 increased the predicted probability of being in the medium group from .417 to .598, or 43% (or 18 percentage points) (Figure 1). This may result from younger women having less labor market experience and less experience with the welfare system. They may need several attempts to leave welfare for work (Moffitt & Cherlin, 2002) and thus accumulate more months. On the other hand, if our typical respondent were 35 or older, instead of in her mid-20s to mid-30s, the predicted probability of being in the high group rises (from .171) to .343, an increase of 100%. Older women may find it more difficult to secure employment compared with their younger counterparts if they have been out of the workforce for extended periods of time (Riccio & Freedman, 1995). Alternatively, a benefit of being older might be greater personal maturity that makes it easier to manage work and welfare requirements, thus putting oneself at reduced risk of being sanctioned (Kalil, Seefeldt, & Wang, 2002).

We found that being married or cohabiting was associated with an increase in the odds of being in the low group. For the modal respondent, living with a partner at multiple waves greatly increased the probability of being in the low group—from .413 up to .752, an 82% increase. This is consistent with earlier studies finding that marriage often results in a permanent exit from welfare (for example, Bane & Ellwood, 1994; Gleason, Rangarajan, & Schochet, 1998; Pavetti, 1993). Although income from a cohabiting partner is not necessarily counted when determining eligibility for welfare benefits

Figure 1: Percentage Change in Predicted Probability of Being in Low, Medium, or High Groups of TANF Receipt, by Changes in Demographic and Family Background Measures



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(Moffitt, Reville, & Winkler, 1998), women living with another adult, particularly one with earnings, may choose not to stay on welfare.

Having more children at wave 1 increased the odds of being in the medium and high groups, relative to the low group and to each other. An additional child in the household (three children total) at baseline increased the predicted probability of being in the medium group by a fairly small proportion—11% (to .463) and by a larger proportion for the high group—32% (to .226), with a corresponding drop in the probability—25%—of being in the low group (a decrease to .310) (Figure 1). The number of children could be a proxy for child care problems, including difficulty paying for care, as families with more children typically incur greater child care costs (Greenstein, 2000). Problems with child care may lead to absenteeism at work, which is in turn associated with shorter job tenure and job loss (Holzer, Stoll, & Wissoker, 2001). Termination of employment could lead to a subsequent need for welfare. That the larger effect was in the probability of being at high group could be an example of a characteristic that protects a recipient from TANF case closure. As explained earlier, families of larger sizes may find it more difficult to earn their way off of welfare, thus accumulating more months.

Experiencing an increase in the number of children living in the household over time increased the odds of being in the medium and high group, although the change in effect was greater for the high group. The predicted probability of being in these groups rises to .479 and .242 respectively. The probability of being in the low group drops to .279 (Figure 1). Increases in the number of children may also increase the TANF grant, again affecting the wage level at which a woman would earn her way off of welfare. It is important to note, however, that on average these families are not particularly large. Of those in the high group who cared for more children in wave 4 than in wave 1, the average increase was from 1.8 to 3.0 children. Conversely, a decrease in the number of children in the household was associated with an increased likelihood of being in the low group, from .413 to .579, or a 40% increase. When a child leaves the household, a recipient would lose eligibility for TANF, assuming there were no other eligible children residing with her. Others may have earned their way off of welfare with the departure of a child because the welfare grant would have been adjusted to reflect that change.

Finally, only having school-age children decreased the probability of being in the high group relative to the low group, indicating that women with older children may find it easier to leave welfare for work. Compared with younger children, school-age children are less likely to need child care during daytime hours (at least while school is in session). Even when very young low-income children are in care, it is more likely to be care by relatives. Although this arrangement tends to be less costly, it often is less stable than center-based care (Cappizano & Adams, 2004)

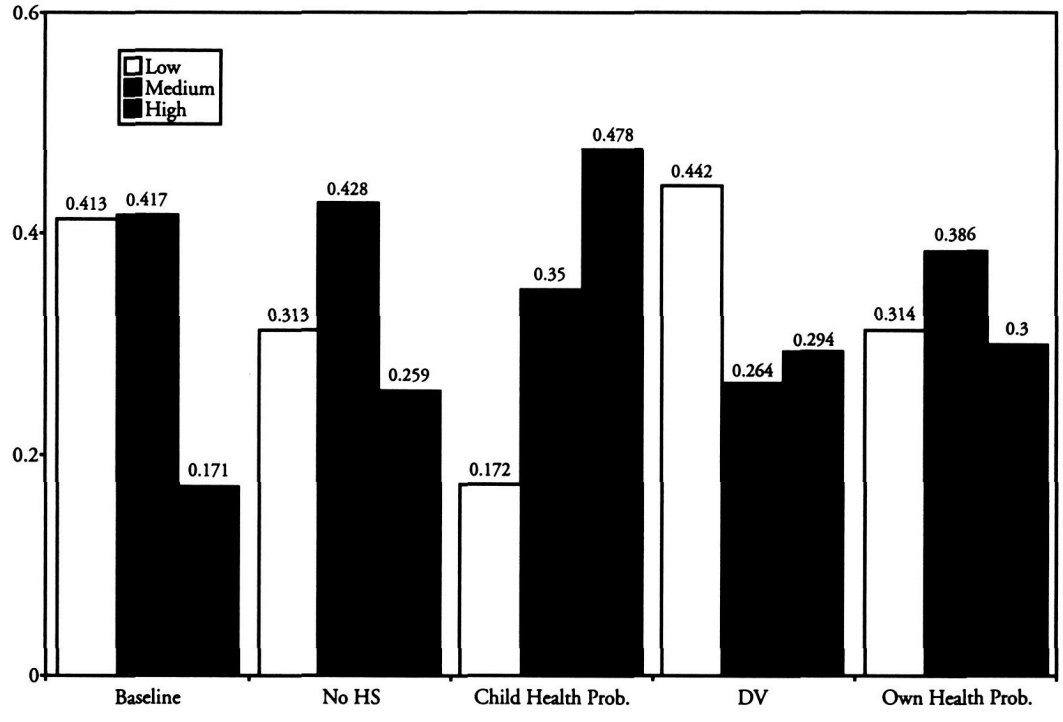
Lack of a high school education increased the odds of being in the high group relative to the low group (Figure 2). The increase in the predicted probability for being in the high group increases by about 51% (to .259). Having a high school education or a GED is a credential employers often desire even in the low-wage labor market (Holzer, 1998). Or, low-education could be a proxy for other functional difficulties that might keep women on welfare if they cannot find a job. These difficulties also may result in an "unstable" welfare exit if women lose jobs quickly and return to the rolls (Wood, Rangarajan, & Gordon, 2004).

Having a child with health, emotional, or learning problems was also significantly associated with an increased likelihood of accumulating the highest category of months on TANF, relative to being in either the low or medium accumulation groups. The effect of this variable was large. For the typical respondent, having an ill child at three or four waves increased the predicted probability of being in the high group by 180%, up to .478 and decreased the probability of being in the medium or low groups down to .350 and .172, respectively. This finding could be a function of policy choices. During the study period, TANF mothers in Michigan who also had a child receiving SSI, the program for the low-income people who are disabled, were automatically exempt from the work requirement. In our sample, more than three-quarters (n = 14) of the high-risk group whose children had persistent health problems also received SSI for those children. As of April 2002, however, policy was changed so that having a child on SSI is no longer grounds for an automatic exemption.

Women with persistent physical health problems had an increase in the odds of being in the high

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Figure 2: Percentage Change in Predicted Probability of Being in Low, Medium, or High Groups of TANF Receipt, by Changes in Human Capital and Barrier Measures



group. The addition of persistent health problems increased the predicted probability of accumulating more than two-thirds of the 60-month lifetime limit by 75% (to .300). Similar to our finding about persistent child health problems, it could be that those with physical health problems received temporary exemptions from the work requirement. According to state data, approximately 30% of all exemptions are for temporary illness or incapacity. Or, their poor health may have limited these women's ability to find work and leave welfare regardless of deferral status. A study of former welfare recipients found that physical health limitations significantly increased the odds of job loss (Earle & Heymann, 2002), and other analyses of WES data found a negative association between persistent health problems and consistent employment (Corcoran, Danziger, & Tolman, 2004).

Women who experienced domestic violence at multiple waves were more likely to be in the high accumulating group relative to the medium group. The predicted probability of being in the high group increased from .171 to .294 (72%) and the probability of being in the medium group dropped nearly 37% from .417 to .264. Again, the domestic violence variable could be picking up the effects of policy choices that allow abused women temporary exemption from work requirements while they recover. Or, women who are in abusive relationships may need to use welfare benefits more often if persistent abuse interferes with work or if by leaving an abusive situation they need financial support from welfare (see Tolman & Raphael, 2000 for a review).

DISCUSSION

Overall, our analyses indicated that women who have accumulated many months on TANF in Michigan were more disadvantaged on a number of measures compared with those who accumulated relatively few. Although our study was limited in that it was conducted in one county of one state, our results confirm findings of descriptive studies from other states (for example, Brock et al., 2002; Wood

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et al., 2004; Zedlewski, 2003). In addition, our analyses have attempted to discern whether certain characteristics affect different amounts of TANF accumulation toward the 60-month time limit. Moreover, our findings highlight the relative importance of certain factors, such as persistent maternal and child health problems, persistent domestic violence, lack of a partner, low levels of education, and increases in the number of children, on the likelihood of accumulating many months of TANF receipt.

Many of the same factors are associated with being in both the medium and high accumulation groups (relative to the low group). Only demographic variables, such as the presence of a partner and the number of children, seem to matter in determining whether someone would accumulate relatively little as opposed to a medium amount of time on TANF, however. Although these factors matter for the high accumulation group, the presence of human capital problems as well as persistent personal and family challenges all greatly increase the likelihood of accumulating many months toward the 60-month time limit.

PRWORA was initially authorized for six years. As of this writing, funding has been maintained through a series of continuing resolutions as Congress continues to debate reauthorization. Among the issues being discussed are the appropriate levels to set work requirements and what set of activities should count toward those requirements. Proposals to raise state work participation rate requirements to 70% of the caseload (up from 50%) and to raise individual participation requirements to 40 hours a week (up from 20 hours for families with children younger than six, 35 hours for others) are currently on the table.

Given our findings, we suggest a number of ways that current TANF policies and programs might be modified to help those who are at greatest risk of reaching their lifetime time limit and still remaining vulnerable. Programs such as supported work or transitional jobs could be considered for recipients with limited education to help them get employment credentials. In addition, such programs are run by organizations that have traditionally served people with disabilities. These programs could be beneficial for some women with health problems to the extent staff can help with workplace accommodations. Participation in supported work is also likely a "countable" activity because participants engage in real-world work, including light manufacturing and janitorial work. Georgia's "GoodWorks!" is one such program, targeted at recipients nearing the state's 48-month time limit. In addition to working in nonprofit or other private sector employment settings, participants receive assistance obtaining support services from personal advisers (Derr, Pavetti, & KewalRemani, 2002).

Some states were also integrating substance abuse treatment into their welfare service delivery packages. Oregon is often cited as an example of a "best practice" state in this area because it mandated that local welfare offices integrate drug and alcohol treatment options as part of the package of services provided to welfare recipients, including allowing treatment to count toward the work requirement and covering such services through the state's Medicaid program (Kirby, Pavetti, Kauff, & Tapogna, 1999). Screening for the presence of such problems is difficult, however, and may require the addition of specially trained staff to help conduct assessments (Pollack, Danziger, Seefeldt, & Jayakody, 2002).

Work alone may not help women with larger families leave welfare and stop accumulating months toward their lifetime limit. This may be particularly true in states that have more generous earnings disregards, allowing women to combine work with continued receipt of benefits. Policies that "stop the clock" when recipients are working but still eligible for cash assistance could be beneficial for families of larger sizes who otherwise are in compliance with work requirements.

Women who are caring for ill children and women experiencing domestic violence may be exempt from work requirements in many states, at least temporarily (State Policy Documentation Center, 1999). Caring for a sick child (or another family member) may be a full-time job and thus such an exemption is necessary. On the other hand, some women may want to work outside of the home to gain skills and build work experience. To do this, they may need special assistance with finding special-needs child care, particularly if the goal is to transition their families off of welfare and move into stable employment.

Our administrative data do not indicate whether a respondent is exempt from the work requirement, nor does it provide an exemption reason. Thus, we cannot determine whether abused women have

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accumulated more months on TANF because of a domestic violence-related exemption, because the violence has led them to return to the rolls (perhaps repeatedly) as a way to obtain financial support, or because of some other reason. However, welfare recipients may not be willing to admit the abuse to their caseworker and they may not know about the FVO or similar state policies. In a study of welfare recipients in California, for example, only five women (of a sample of 643) reported that they used the DVO, even though more than a quarter of the sample experienced severe abuse at some point during a two-year period (Chandler & Meisel, 2002). If women do not know about these policies it is likely they are not receiving services to help them address their problems.

Several current welfare reauthorization proposals focus heavily on work activities (for example, unsubsidized employment, on-the-job-training, and community service) as a way to meet increased participation requirements. In the House-passed reauthorization bill (H.R. 4, 2003), participation in substance abuse treatment or other "barrier removal" services is limited to no more than three consecutive months within a 24-month period and may only count toward 24 hours of a 40-hour week (Patel, Greenberg, & Savner, 2003). Our results though, indicate that women in this sample who continue to accumulate TANF benefits face personal and family challenges that may not be addressed in a completely work-focused program. SWR

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