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Welfare Reform and Quality of Life: A Systematic Review

by

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MSW Clinical Research Paper

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Introduction

As of March 2015, 4.1 million Americans were receiving cash assistance benefits through the government program, Temporary Assistance to Needy Families (TANF), (Congressional Research Service, 2016). Among these recipients, 72% were children (Congressional Research Service, 2016). Families represent 40% of this as well (Congressional Research Service, 2016). While these numbers of recipients represent a seemingly small percentage of the population, the impact that the TANF program has on culture and society reaches much further, giving rise to questions about efficacy, worthiness, and even morality.

There is a vast amount of research on the overall effectiveness of TANF as a welfare-to-work program. Much of this research focuses on the various effects that the TANF program and its policies have had on current and former recipients. Due to the vast amount of research which is available across many disciplines, a systematic review of this evidence will be performed in order to synthesize the evidence at hand and to appraise this data with the intention to delineate conclusions in the research. The purpose of conducting this systematic literature review is to examine the direct impacts that TANF has on the quality of life of its recipients. In order to do this, the history and evolution of social welfare in the United States will be examined. Also, background on the current TANF legislation, including a description of the current TANF policy and hallmarks which include its time limits, work requirements, and sanction policies. Finally, an introduction to the three primary quality of life impacts on recipients that were identified throughout the systematic review process will be introduced, which includes the health impacts on parents and children, mental health impacts, and economic impacts.

An Historical Perspective of “The Unworthy Poor”

Providing public assistance has long been a part of our society with roots in the Elizabethan Poor Laws of 1601. Since the conception of social welfare, there has long been disagreement about who should receive it. In 1590’s England, Parliament was tasked with remedying an economic crisis wrought with poverty, which had been precipitated by several years of poor harvests and plague (McDonald, 1995). Due to the economic crisis and pressures to address the poverty epidemic, Parliament set to “adjusting moral frameworks to fit economic realities and trying to adjust economic realities to fit moral framework” (McDonald, 1995, p 124). McDonald (1995) notes that the legislation passed during this time period was not aimed at alleviating the social and structural causes of poverty; rather it was to minimize the symptoms of poverty. In doing so, Parliament set out to determine that certain groups of people living in poverty would be eligible to receive public assistance by defining and differentiating between the “worthy” and “unworthy poor” (McIntosh, 2005). The worthy poor were defined as those who were incapable of engaging in work activities, either due to physical or mental disability, young orphaned children, or the elderly (McIntosh, 2005). The unworthy poor were defined as those who were physically and mentally capable of work, but “refused” to do so (McIntosh, 2005).

The “charity” that awaited these individuals for their crime of poverty included almshouses, mental asylums, and workhouses (Day & Schiele, 2013). All three types of facilities functioned much alike in the way that they were holding cells for those deemed most undesirable in society. While some worthy poor were afforded some financial relief to remain in their homes, many were relocated to almshouses where they were assigned labor tasks with only minimal compensation (Day & Schiele, 2013). Almshouses were typically poorly heated

buildings which lacked nutrition and access to health care and the mortality rate was high (Day & Schiele, 2013). Those defined as the unworthy poor were often sentenced to workhouses, somewhat of a cross between an almshouse and a prison (Day & Schiele, 2013). The poor who were assigned to the workhouses were often referred to as inmates (Day & Schiele, 2013). Forced into factory-type work, workhouses were designed to maintain the behavior of work, and to penalize those who did not comply (Day & Schiele, 2013). The individuals who were housed in these facilities were seen as unwilling to support themselves, rather than victims of poverty. For those who were determined worthy of receiving financial assistance and other material benefits, they were forced to comply with certain work requirements and were subject to investigation at the hands of government workers. These workers investigated whomever and whenever they saw fit, and at their discretion, had the ability to terminate benefits. These practices of persecuting the poor were not limited to this time period, nor were they limited to the country of England. Contempt for the poor and widespread abuse of government power continued well into the Industrial Revolution in the United States, evolving once again with the turn of the century (Day & Schiele, 2013).

The American Social Welfare State

The Charity Organization Society (COS) movement and the settlement house movements that occurred during the late 19th century were notable for the work they did with children, women, and families (Day & Schiele, 2013). Both movements focused on providing concrete resources such as assistance with food and shelter, as well as employment and education. During this time in history the industrial revolution was underway. Medical and psychological advancements were being made, and the climate of American society was shifting with the abolishment of slavery as well as mass immigration from Europe (Day & Schiele,

2013). With all of these changes in society, the social welfare state of America was based on the dominant American values of: “Judeo-Christian charity values, Democratic egalitarianism and individualism, the Protestant Work Ethic and capitalism, Social Darwinism, Patriarchy, White Privilege, Marriage and the nuclear family, and the “American Ideal” (Day & Schiele, 2013, p 7). The belief in these values is what shaped the American social welfare state. These beliefs were called upon once again during another welfare reform nearly a century later, but not before another society altering event would further change and shape American social welfare (Day & Schiele, 2013).

Social Insurance

The Great Depression of the 1930s crippled the American economy and way of life until World War II (Day & Schiele, 2013). Unemployment rates skyrocketed and those who maintained employment saw their income declining sharply. By 1932, one in five Americans was receiving welfare (Day & Schiele, 2013). With this sudden economic collapse the dominant American values were challenged and for the first time, it was evident that individual deficits were not the cause for poverty and the need for public assistance. Private organizations and charities were unable to meet the needs of the millions of Americans who found themselves suddenly impoverished. It was in response to this that the first major social insurance initiative was delivered by President Franklin D. Roosevelt (Day & Schiele, 2013). In 1935 the Social Security Act (SSA) was passed, instituting programs that are still honored today, including Social Security, Unemployment Insurance, and Worker’s Compensation (Day & Schiele, 2013). Many successes came out of the SSA, including the creation of and acceptance of social insurance entitlement programs and established government bureaus aimed at providing financial assistance, employment services, and health services for the poor (Day & Schiele, 2013).

However, the programs that were created under SSA still had some faults, not the least of which is present in the program, Aid to Families with Dependent Children (AFDC).

Aid to Families with Dependent Children (AFDC)

Aid to Families with Dependent Children (AFDC) originated as the Aid to Dependent Children (ADC) with the passage of SSA (Day & Schiele, 2013). The program excluded mothers until 1950 (Day & Schiele, 2013). While this program was the most categorically comprehensive plan that had been enacted to help protect children from the symptoms of poverty, it still emphasized many of the same dominant American values that have long been represented in American social welfare. The bill focused primarily on parental presence, regardless of ability to contribute financially, meaning that a parent who was in the household was considered to be a support, regardless of their employment status and income. Public welfare workers were the only thing that stood between an impoverished child and public assistance. In addition, welfare workers were often making eligibility determinations based on morality, meaning that single mothers were often excluded from receiving their fair share of benefits, harkening back to the dominant American value of marriage and the nuclear family. Investigation by welfare workers was a constant threat in many cases, and could mean a termination or decrease in benefits (Day & Schiele, 2013). Welfare workers monitored single mothers who may be suspected of having a male partner or even a male friend, with the idea that women should not be receiving public assistance if they have a male earner in their lives. With all its faults, AFDC was a landmark act that provided millions of dollars of federal aid to children and families (Day & Schiele, 2013). Despite gradual cut-backs to the program over the next few decades, the program would remain in effect until Welfare Reform in the 1990's (Day & Schiele, 2013).

Temporary Assistance to Needy Families (TANF)

In 1996, President Bill Clinton passed the Personal Responsibility and Work Opportunity Reconciliation Acts (PRWORA), which included a bill that, in the words of President Clinton, “Would end welfare as we know it” (Day & Schiele, 2013, p 389). The passage of the PRWORA is commonly referred to as welfare reform. Temporary Assistance to Needy Families (TANF) was passed and it replaced AFDC. The term welfare is used interchangeably with TANF, referring to the various benefits covered under this program. This new bill meant eliminating, capping, and combining various public assistance programs which had previously been managed at the federal level. Many of these programs were now merged into block grants to be divvied up among the states. Some of the programs that were hit hardest by budget-cuts under these block-grants included those related to food and nutrition assistance, child care, and preventative health programs (Day & Schiele, 2013). TANF was passed with goals that aimed to deliver individuals out of poverty through work and family preservation. The tenets of TANF are to:

Provide assistance to needy families so that children can be cared for in their own homes;
Reduce the dependency of needy parents by promoting job preparation, work and marriage; Prevent and reduce the incidence of out-of-wedlock pregnancies; Encourage the formation and maintenance of two-parent families (U.S. Department of Health and Human Services, 2015).

With block-grants being given to each state, those individual governments are able to determine how those dollars should be allocated, meaning that benefits are not consistent from one state to the next. This is in line with the thinking prior to the Great Depression, that the local governments should handle their own public service issues. This also meant a revitalization of

the private charity organizations to back-up local governments that were now receiving set-dollar amounts of government funding (Karger & Stoesz, 2014). Along with this revitalization of the private charity organizations, Section 104 of the PRWORA includes the Charitable Choice provision which gives the ability of religious organizations to receive funding from programs including TANF (Karger & Stoesz, 2014). This is yet another way that Welfare Reform of 1996 bolsters the dominant American values, and now has political power to carry out those ideals.

Time Limits

TANF has many requirements and limitations that make it different from AFDC. One of the hallmarks of TANF is its time limits. The maximum amount of time that any individual may access TANF benefits during their life time is 60 months, with individual states having the option to choose even shorter time limits. Not only do states have the ability to choose shorter life-time limits, but they also have the ability to choose whether or not there are limitations placed on the amount of time that an individual may access TANF at any given time. When recipients reach either their life-time limit, or their benefit time limit, and are forced to leave TANF, this is often referred to as “timing out” or “timing off” of welfare (Lindhorst & Mancoske, 2006). In much of the research, distinctions are made between welfare recipients who were “timed off” of welfare, versus those that left welfare for other reasons, such as voluntarily leaving or leaving due to sanctions (Lindhorst & Mancoske, 2006). Regardless of the reason for leaving TANF, former recipients are often termed “leavers” (Lindhorst & Mancoske, 2006).

In 2016, Arizona became the first state that allowed the shortest amount of time to access TANF benefits continuously at just 12 months per benefit period (The Council on State Governments, 2016). Only 26 states honor the maximum life time-limit of 60 months, while the

other 24 have shorter time limits (Urban Institute, 2009). A review of data from the 2003 March Current Population Survey revealed that time limits imposed on TANF recipients account for approximately one-eighth of the decrease in use of benefits (Grogger, 2003). However, in this same study, it was determined that these time limits only account for one-seventh increase in employment, meaning that more TANF recipients are leaving the welfare rolls due to timing out, versus leaving due to having gained employment (Grogger, 2003). While these time limits do not apply to “child only” cases, these time limits still carry significant impacts for families. In Paxson and Waldfogel’s 2003 study, it was found that reduced welfare benefits were found to be associated with greater numbers of children who were placed out of the home due to child welfare related issues (Wang, 2015). It was determined in this study that states with shorter time limits and tougher sanctions for TANF non-compliance had higher levels of maltreatment substantiations (Wang, 2015).

Work Requirements

One of the main tenets of TANF is to move recipients off of welfare and into the work force. While AFDC provided financial support in order for parents to be able to care for their children in their own home, TANF requires that all adult recipients must engage in work-related activities (Day & Schiele, 2013). There are rules and limitations to the type of work activities that meet the expectations of TANF. For example, searching for work and job skills training only meets the work activity definition for up to six weeks (Day & Schiele, 2013). Likewise, vocational training is only counted as a work activity by TANF standards for up to twelve months, meaning that after this time period, a recipient is expected to have found work, or face the possibility of sanctions (Day & Schiele, 2013). Additionally, teenage mothers were required

to be enrolled in school, or pursuing their GED in order to receive assistance (Day & Schiele, 2013).

There are specified time periods in which parents are expected to be engaging in these activities. Single parents have a work-activity requirement of twenty hours per week in their first year of benefits (Day & Schiele, 2013). This hourly requirement increases to thirty hours the next benefit year (Day & Schiele, 2013). For two-parent households, each parent is required to spend thirty-five hours per week in work-related activities (Day & Schiele, 2013). Individual states have the option to provide child care assistance so that parents may work, but are not required to do so (Karger & Stoesz, 2014). As with the execution of time limit policies, work requirements vary by state. Many states do not count postsecondary education as a work activity, meaning that many of the jobs that are occupied by TANF recipients are non-skilled and minimum-wage.

Sanctions

When recipients fail to meet the work requirements set forth by their particular state, they are faced with sanctions. Sanctions are the financial penalties enforced by the individual states when its TANF recipients fail to comply with welfare-to-work requirements (Kauff, Derr, Pavetti, & Martin, 2007). The purpose of sanctions is to incentivize recipients to comply with the work requirements of TANF (Kauff et al., 2007). This implies that without the threat of losing benefits, recipients may not be otherwise motivated to seek employment. Sanctions have been described by the federal government as “motivational” and a “major tool” that reasons that when recipients are faced with adverse consequences of noncompliance, they will obey the rules and expectations set forth for work requirements (Kauff et al., 2007). The goal of sanctions is to influence the behaviors of recipients with threat of benefit termination by increasing and

maintaining program compliance. As with the other components of TANF, states have the ability to choose how they apply sanctions, and to what extent. Sanctions can reduce recipient's benefits temporarily until they comply with work requirements, and in some cases, can result in total loss of benefits and involuntary exit from welfare (Kauff et al., 2007). States can choose who to sanction, when to sanction, what the penalties are, and for how long these penalties stay in effect. They also determine what actions recipients must take to resume their cash benefits. An indirect effect of sanctions can also be that low-income individuals who may be eligible for TANF benefits may choose not to apply if they know of someone who has had a negative experience with these sanctions (Kauff et al., 2007). This may result in keeping the enrollment in TANF lower than perhaps it would be in the absence of sanctions. The assumption made by government officials is that without adverse consequences, TANF recipients would not participate in work activities on their own accord. However, it does not take into account some of the factors that may play into an individual's ability and willingness to work, such as health and child care issues.

Health Impacts on Parents

Kaplan, Siefert, Trivellore, Raghunathan, Young, Tran, Danziger, Hudson, Lynch, & Tolman (2005) conducted a research study which focused on the health of low-income mothers receiving TANF, it was found that both current and former welfare recipients have poorer health status as compared to the general population. This research was conducted by comparing risk factors and health measures, which included cholesterol, body mass index, smoking, physical functioning, and blood pressure with a nationally represented sample of women (Tolman et al., 2005). This was a six year panel study which consisted of 753 respondents (Tolman et al., 2005). Women find themselves in a catch-twenty-two of needing to fulfill the work

requirements of TANF, while at the same time dealing with poor health which may limit their ability to work. Pre-existing health conditions may be exacerbated by the types of jobs that are often held by TANF recipients (Kaplan et al., 2005). Due to the restrictions of TANF, which often times include the fact that postsecondary education is not counted as a work activity, many of the jobs held by TANF recipients involve those that are physically demanding, have irregular shifts/hours, or expose workers to greater environmental hazards (Kaplan et al., 2005). This may further exacerbate the already poor health of those receiving benefits, making it increasingly difficult to comply with work requirements and avoid sanctions. For those facing ongoing and chronic health issues, disability is a possibility. Gourdine's (2007) study of barriers facing TANF leavers, found that while many of the respondents identified health problems as significant barriers to employment, many of these women would not achieve disability status when applying for it. This data was both quantitative and qualitative in nature and was gleaned from surveys conducted with 268 persons, largely constituted of African-American mothers who were never married (Gourdine, 2007). One of the goals of this research was to determine the role that disabilities have in terms of parents being able to offer a stable home environment. The implication of these issues is that parents (primarily single mothers), must make a choice between their health, and abiding by TANF work requirements.

Health Impacts on Children

The health of children has significant implications for TANF as well. Parents with children who have health problems have increased difficulty finding child care, particularly for children with chronic medical conditions. This difficulty in locating adequate child care can be cause for parents to miss work in order to care for their child, and potentially come under sanctions as a result. In fact, many families with children who have chronic illnesses are unable

to obtain employment due to the health needs of their children (Gourdine, 2007). Research by Parish, Andrews, and Rose (2010) suggests that for families that have come under sanctions for violating TANF requirements, those with children who have health problems or disabilities are at an increased risk of doing so. The objective of this research was to determine how changes in welfare programs (post-welfare reform), impacted low-income mothers who had children with disabilities (Parish et al., 2010). This study analyzed data gathered from The Urban Institute's National Survey of America's Families in three separate years (1997, 1999, and 2002), each of which included more than 40,000 households per year (Parish et al., 2010). In addition, the employment opportunities for parents with children who have health problems are limited in both the opportunities available, as well as those that meet the requirements for work under TANF. Parents who need the flexibility to take time off or decrease their hours to care for a sick child have limited options (Parish et al., 2010).

Mental Health Impacts

The mental health of TANF recipients is influenced just as much by policy requirements as physical health. Perhaps not surprisingly, individuals who suffer from mental health disorders such as anxiety or depression have increased difficulty in gaining and maintaining employment. Alcohol abuse, depression, and anxiety disorders are among the three most common psychiatric disorders (Tolman, Himle, Bybee, Abelson, Hoffman, and Van Etten-Lee, 2009). What these disorders have in common is the fact that they produce significant functional impairments in areas of social and occupational functioning (DSM-5, 2013). Individuals who have these diagnoses tend to have increased difficulty in nearly every avenue of work related activities, including applying for jobs, interviewing, attendance, job performance, etc. (Tolman et al., 2009). Mental health issues are common among welfare recipients. In samples of individuals

receiving welfare, rates of post-traumatic stress disorder and major depression disorder are four times as high as what is found in the general population (Zabkiewicz & Schmidt, 2007). In a Women's Employment Study completed in Michigan, rates of depression among respondents was greater than 25% (Zabkiewicz & Schmidt, 2007). According to Tolman et al. (2009) mental illness among welfare recipients has a direct link to the decreased probability that recipients with these diagnoses will successfully return to work. In the research study by Tolman et al. (2009), psychiatric diagnoses were established in the 609 respondents studied using the Composite International Diagnostic Interview-Short Form. The objective of this research study was to explore barriers to employment among mothers who receive welfare benefits (Tolman et al., 2009). The diagnosis of social anxiety disorder is specifically noted to have had a negative association on the percentage of months that these recipients worked (Tolman et al., 2009).

In Zabkiewicz and Schmidt's (2007) research study, a six year panel study sought to identify the relationships between various behavioral health issues alongside multiple outcomes that welfare-to-work programs had for recipients. To do this, a six year panel study of 341 California welfare recipients was used to determine the job-seeking practices of recipients who possessed behavioral health issues, as well as those who do not possess behavioral health issues upon initial receipt of public assistance (Zabkiewicz & Schmidt, 2007). This research found that individuals who enter the welfare system with symptoms of depression are 46% less likely to report that they are actively searching for employment than those who are not depressed (Zabkiewicz & Schmidt, 2007). Additionally, symptoms of mental illnesses, including, "hostility, interpersonal sensitivity, psychoticism, and heavy drug use" had direct impact on exits from work activities (Zabkiewicz & Schmidt, 2007, p168). These symptoms may be expected to be exacerbated by the climate of some of the jobs available to those on welfare, in addition to the

stress associated with the threat of sanctions and time limits enforced on those who may come in violation of its policies.

Economic Impacts

It is suggested that TANF benefits would help to improve a family's economic state through cash benefits as well as earned income through employment. It is also suggested that with this income, the effects on the family may improve the quality of time and activities that a family may engage in, the quality of child care available, and decreased financial stress on parents who are now able to assist children in completing homework and attending school functions, etc. (Wang, 2015). However, this does not take into account the fact that families engaging in these activities would need disposable income that is not typically available with TANF requirements. Parents receiving TANF and requiring to comply with its policies for work may actually be required to spend additional money on work-related expenses such as transportation, child care, and clothing. Also, increases in family income often reduce the actual cash benefits of TANF, leaving many families in a static financial state (Wang, 2015). The economic implications of receiving TANF are applicable to both current and former recipients. In Lindhorst and Mancoske's (2007) research study, data was collected from 348 women during a three year panel study in the state of Louisiana. Louisiana had been identified as a state with strict policies with regard to sanctions and time limits (Lindhorst & Mancoske, 2007). This research article pays particular attention to the "leaving status" of TANF recipients, distinguishing between those who leave TANF voluntarily, and those who leave due to sanctions and time limits (Lindhorst & Mancoske, 2007). This study had two purposes. The first objective was to utilize the collected research in order to investigate the predictors of recipient status on TANF following welfare reform (Lindhorst & Mancoske, 2007). The second objective was to

compare and contrast the differences in material resources, hardships, and quality of life of recipients based on their TANF status (Lindhorst & Mancoske, 2007). This research revealed that nearly one-third of respondents' families experienced food insecurity (Lindhorst & Mancoske, 2007). More than one-third of respondents experienced significant housing problems including inability to pay rent or having utilities disconnected due to failure to pay (Lindhorst & Mancoske, 2007). For recipients who were forced to leave TANF due to meeting their time limit or sanctions, the rates of material hardships were the highest (Lindhorst & Mancoske, 2007).

Health care costs can be another major source of economic stress on families. As previously discussed, individuals who care for children with health problems, or who have health problems themselves, experience greater difficulty in obtaining and maintaining employment. In the study by Romero, Chavkin, Wise, Smith, and Wood (2002) the mothers of children with chronic disease processes in San Antonio, Texas were surveyed in order to determine whether or not the health issues faced by low-income mothers with children who have chronic illnesses affects their ability to gain and maintain employment. In this longitudinal study of 504 mothers in Texas, it was found that women whose children had health issues, particularly those with chronic health issues, may apply for TANF in part because they need health insurance (Romero et al., 2002). Interestingly, in the study by Lindhorst & Mancoske (2007), upon leaving TANF due to reaching time limits or sanctions, over 75% of former recipients were unable to obtain medical care due to inability to obtain Medicaid after leaving TANF. The results of this would indicate that individuals either go without proper medical care, or are forced to obtain medical care at their own expense.

There is much research on the topic of TANF. Attention has been paid to the characteristics of TANF recipients and the overall efficacy of the program in terms of reaching

its goals of welfare-to-work and family preservation. However, there is no research that clearly synthesizes the impacts that the TANF program has on the quality of life of its recipients. The purpose of this study is to explore what impact time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) have on the quality of life of recipients.

Methods

Research Purpose

The purpose of this systematic literature review is to explore: what impact do time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) have on the quality of life of recipients?

For the purpose of this research, quality of life measures will be operationalized by examining three key areas: mental/behavioral health, physical health, and employment/economic sufficiency. To measure the impact of time limits and sanctions on mental/behavioral health, psychiatric diagnoses of recipients (primarily anxiety disorder, depression, and substance use) are identified, as well as their symptoms. This data is used to determine the way in which the requirements imposed by TANF have an impact on symptom management. To measure the impact of time limits and sanctions on physical health, this study will investigate the ways in which recipient health is impacted by requirements imposed by TANF, including the impacts on chronic disease processes as well as management of physical disabilities. This addresses the physical health and abilities of women, as well as infants and children. To measure the impact of time limits and sanctions on employment and economic sufficiency, this study will investigate the impacts that time limits and sanctions have on a recipients ability to secure employment, remain employed, and be able to maintain financially once employed. This will examine the impacts on current TANF recipients, as well as those that have left TANF. The measure of quality of these target areas is based on self-reports from study participants, as well as participant access and utilization of external and internal resources.

Type of Studies

To answer the question of: what impacts do time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) have on the quality of life of recipients, only peer reviewed and full-text journal articles were considered. Both quantitative and qualitative studies were considered, as well as panel studies and longitudinal studies. This study concentrated on the experiences of the recipients of TANF, which primarily consists of women, infants, and children.

Search Strategy

An initial search of academic journals and online search sites included Social Services Abstracts, ERIC, Medline, and ProQuest. No systematic literature reviews were found addressing the question of the impact that time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) have on the quality of life of recipients.

Review Protocol

Only peer-reviewed, full-text articles were considered in this review. Articles were found using the search engines Social Services Abstracts, ERIC, Medline, and ProQuest. Articles were searched and collected during June-October of 2016.

Inclusion Criteria

In the databases of Social Services Abstracts, ERIC, Medline, and ProQuest searches were carried out using the following combination of search terms; “TANF”; “welfare”; “welfare reform”; “time limits”; “sanctions”; AND “impact” AND “quality of life”; “mental health”, “behavioral health”, “wellbeing”, “recipients”. All of the articles used were published after 2001. Only peer-reviewed, full-text articles were included in this search.

Exclusion Criteria

Of the initial 77 articles that met the original search criteria based on key words, peer-reviewed, and full-text articles, only 17 articles met full criteria to be included in this review. Articles that were excluded from this systematic review included: studies that addressed the impact of welfare on recipients but were not specific to time limits and sanctions; studies that addressed the impact of time limits and sanctions but not specific to recipient quality of life; studies that addressed the role of social workers or other professionals working with TANF recipients, rather than the experiences of TANF recipients themselves. The decision to include or exclude articles was made based on the title and abstract of the articles. The final review consists of 17 peer-reviewed articles. See Table 1 for a complete list of included articles.

Table 1: Included Articles

Database	Title	Author(s)
ProQuest	TANF Sanctioning and Hardship	Reichman, N. E. & Teitler, J.O. (2005)
	Are Welfare Sanctions Working as Intended? Welfare Receipt, Work Activity, and Material Hardship among TANF-Recipient Families	Lee, B. J. & Slack, K.S. (2004)
	Welfare reform and the subjective well-being of single mothers	Herbst, C.M. (2013)
	Sanctions and Material Hardship under TANF	Kalil, A. & Seefeldt, K. (2002)
	Variations in Maternal and Child Well-Being among Financially Eligible Mothers by TANF Participation Status	Reichman, N. E. & Teitler, J.O. (2004)
	Welfare History, Sanctions, and Developmental Outcomes among Low-Income Children and Youth	Lohman, B.J. & Pittman, L.D. (2004)
	TANF coverage, state TANF requirement stringencies, and child well-being	Wang, J. S.H. (2015)
	Forward-Looking Behavior and Time Limits: How Do Rural TANF Clients Manage Their Welfare Eligibility?	Harris, D.A. & Parisi, D. (2008)
	The Effects of Time Limits, the EITC, and Other Policy Changes on Welfare Use, Work, and Income among Female-Headed Families	Grogger, J. (2003)
	Welfare reform and children's early cognitive development	Chyi, H., Ozturk, O.D., & Zhang, W. (2014)
Medline	The Health of Poor Women Under Welfare Reform	Kaplan, G.A., Siefert, K., Ranjit, N., Raghunathan, T.E., Young, E.A., Tran, D., Danziger, S., Hudson, S., Lynch, J.W., Tolman, R. (2005)
	Child Only Kinship Care Cases: The Unintended Consequences of TANF Policies for Families	Gourdine, R.M. (2007)

	Who Have Health Problems and Disabilities	
	Impact of Social Anxiety Disorder on Employment Among Women Receiving Welfare Benefits	Tolman, R.M., Himle, J., Bybee, D., Abelson, J.L., Hoffman, J., & Van Etten-Lee, M. (2009)
	Behavioral Health Problems as Barriers to Work: Results from a 6-year Panel Study of Welfare Recipients	Zabkiewicz, D., Schmidt, L.A. (2007)
	Welfare to Work? Impact of Maternal Health on Employment	Romero, D., Chavkin, W., Wise, P.H., Smith, L.A., & Wood, P.R. (2002)
Social Services Abstracts	The Social and Economic Impact of Sanctions and Time Limits on Recipients of Temporary Assistance to Needy Families	Lindhorst, T. & Mancoske, R.J. (2006)
ERIC	TANF's impact on low-income mothers raising children with disabilities	Parish, S., Andrews, M.E. & Rose, R.A. (2010)

Research Synthesis

The purpose of this systematic literature review is to explore: what impact time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) have on the quality of life for recipients? In order to answer this question, the databases Social Services Abstracts, ERIC, Medline, and ProQuest were used. Through review of these databases and application of the inclusion and exclusion criteria as detailed above, a total of 17 peer-reviewed articles were determined to have met criteria and hence reviewed. Of the 17 peer-reviewed articles, 10 (58%) focused specifically on mothers who received TANF. Of the 10 articles that focused specifically on mothers, 5 (30%) focused specifically on single mothers receiving TANF. Another 4 (24%) articles focused on both mothers and fathers receiving TANF. Finally, 3 (18%) articles focused specifically on children receiving TANF. In all of the articles reviewed, their purpose was clear.

The breadth and extent of surveys was made up of panel studies, longitudinal studies, and survey data. Of the 17 peer-reviewed articles, 7 (41%) were based on survey data from recipients of TANF. Of these 7 articles, 4 (24%) consisted of analysis of survey data. The remaining 3 (17%) articles consisted of interviews with TANF recipients. Of the 17 peer-reviewed articles, 4 (24%) are longitudinal studies. The length of time that these four studies spanned is from 2 years-19 years in length. The remaining 5 (30%) of articles were panel-studies, spanning 3-6 years in length. The number of study participants ranged from 60-103,786. Of the 17 peer-reviewed articles, 3 (18%) included 1-499 participants. Six (35%) of the articles included 500-999 participants. Of the 17 peer-reviewed articles, 7 (41%) had more than 1,000 participants.

Appendix A: Included Articles and Summary

Database	Title	Author(s)	Summary
ProQuest	TANF Sanctioning and Hardship	Reichman, N. E. & Teitler, J.O. (2005)	3 year panel study of 821 mothers compared rates of hardship among non-sanctioned mothers on TANF with mothers that were sanctioned. Sanctioned mothers are higher risk of material hardship and this has negative impacts on children.
	Are Welfare Sanctions Working as Intended? Welfare Receipt, Work Activity, and Material Hardship among TANF-Recipient Families	Lee, B. J. & Slack, K.S. (2004)	Longitudinal study of 1,899 TANF recipients to assess the impact of welfare reform on well-being. Threats of, and imposed sanction negatively impact work activities and

			increase material hardship.
	Welfare reform and the subjective well-being of single mothers	Herbst, C.M. (2013)	DDB Worldwide Communications Life Style survey of unmarried women with children and childless unmarried women between 1986-2005 in order to determine whether well-being improved with welfare reform. Results indicate that single mothers' well-being increased with TANF.
	Sanctions and Material Hardship under TANF	Kalil, A. & Seefeldt, K. (2002)	Panel data from Women's Employment Survey conducted in 1997 among single mothers receiving welfare. Intent is to determine the predictors of sanctioning and consequences of material hardship. Findings suggest that sanctions predict material hardships.
	Variations in Maternal and Child Well-Being among Financially Eligible Mothers by Tanf Participation Status	Reichman, N. E. & Teitler, J.O. (2004)	Longitudinal study of 4,898 mothers and 3,830 fathers who were eligible for TANF in order to determine how many eligible families receive TANF, how many left welfare, how these families are doing, and how their participation in welfare affects their well-being.

			45% of eligible families aren't receiving TANF and involuntary leavers are disproportionately experiencing greater hardships.
	Welfare History, Sanctions, and Developmental Outcomes among Low-Income Children and Youth	Lohman, B.J. & Pittman, L.D. (2004)	A Three-City Study of 2,402 low-income children and their mothers to determine if welfare receipt impact and a mother's sanction experiences impact child well-being. Results suggest that welfare receipt is linked to problems with child well-being.
	TANF coverage, state TANF requirement stringencies, and child well-being	Wang, J. S.H. (2015)	Panel data from 2004 and 2008 of 4,163 of children to determine the impacts of TANF and its stringencies impact child well-being. Results indicate that TANF may improve family life in some ways, but does not enhance child well-being in other ways.
	Forward-Looking Behavior and Time Limits: How Do Rural TANF Clients Manage Their Welfare Eligibility?	Harris, D.A. & Parisi, D. (2008)	Interviews with 60 low-income women to examine how TANF time limits affect recipients. Not all are aware of time limits and awareness of time limits doesn't change behaviors.
	The Effects of Time Limits, the EITC, and Other Policy Changes on Welfare Use, Work, and	Grogger, J. (2003)	Analysis of March CPS surveys between 1978-1999 of 103, 786 female-

	Income among Female-Headed Families		headed households. To estimate effects of time limits on welfare use, work, and income. Time limits have substantial effects on welfare use, lesser effects on work, and no effect on income.
	Welfare reform and children's early cognitive development	Chyi, H., Ozturk, O.D., & Zhang, W. (2014)	Analysis of National Longitudinal Survey of Youth 1979 Cohort, consisting of 564 children of single mothers. To analyze impact of welfare reform on early cognitive development. Shows the effects of employment are mostly positive and reducing welfare use is beneficial to about half of children.
Medline	The Health of Poor Women Under Welfare Reform	Kaplan, G.A., Siefert, K., Ranjit, N., Raghunathan, T.E., Young, E.A., Tran, D., Danziger, S., Hudson, S., Lynch, J.W., Tolman, R. (2005)	Face-to-face interviews with 753 single mothers in Michigan conducted in 4 waves (1997, 1998, 1999, 2001). To compare health of single mothers affected by welfare reform against a nationally representative sample of women. Significantly higher rates of chronic disease found in current and former welfare recipients.

	Child Only Kinship Care Cases: The Unintended Consequences of TANF Policies for Families Who Have Health Problems and Disabilities	Gourdine, R.M. (2007)	Quantitative and Qualitative data gathered from 268 TANF leavers utilizing kinship care to discover barriers faced by persons leaving TANF. The abilities of leavers is impacted by poor education, poor job preparation, inability to work, health care, possible loss of child care, and loss of transportation.
	Impact of Social Anxiety Disorder on Employment Among Women Receiving Welfare Benefits	Tolman, R.M., Himle, J., Bybee, D., Abelson, J.L., Hoffman, J., & Van Etten-Lee, M. (2009)	Longitudinal study of 609 mothers on welfare to examine whether social anxiety disorder was an obstacle to employment. Results show significant barriers to reducing welfare reliance.
	Behavioral Health Problems as Barriers to Work: Results from a 6-year Panel Study of Welfare Recipients	Zabkiewicz, D., Schmidt, L.A. (2007)	6 year panel study of 341 welfare recipients to determine how mental health and substance abuse impacts welfare-to-work transitions. Various behavioral health problems don't act the same or have the same impacts on welfare-to-work transitions.
	Welfare to Work? Impact of Maternal Health on Employment	Romero, D., Chavkin, W., Wise, P.H., Smith, L.A., & Wood, P.R. (2002)	Longitudinal study of 504 low-income mothers with children with chronic illnesses to study whether the health of these mothers affects

			employment. Poor maternal health result in higher rates of welfare reliance.
Social Services Abstracts	The Social and Economic Impact of Sanctions and Time Limits on Recipients of Temporary Assistance to Needy Families	Lindhorst, T. & Mancoske, R.J. (2006)	3 year panel study of 625 mothers receiving TANF to determine TANF status of recipients post-welfare reform and character differences. Half of all cases closed involuntarily. Few baseline characteristic differences.
ERIC	TANF's impact on low-income mothers raising children with disabilities	Parish, S., Andrews, M.E. & Rose, R.A. (2010)	Analysis of NSAF data consisting of 3,203 mothers to determine the success of TANF's goals. Results are that goals have not been attained.

Quality Assessment

Low	Medium	High
	TANF Sanctioning and Hardship	
	Are Welfare Sanctions Working as Intended? Welfare Receipt, Work Activity, and Material Hardship among TANF-Recipient Families	
		Welfare Reform and the Subjective Well-Being of Single Mothers
Sanctions and Material Hardship Under TANF		

		Variations in Maternal and Child Well-Being Among Financially Eligible Mothers by TANF Participation Status
	Welfare History, Sanctions, and Developmental Outcomes Among Low-Income Children and Youth	
		TANF Coverage, State TANF Requirement Stringencies, and Child Well-Being
Forward-Looking Behavior and Time Limits: How Do Rural TANF Clients Manage Their Welfare Eligibility?		
		The Effects of Time Limits, the EITC, and Other Policy Changes on Welfare Use, Work, and Income among Female-Headed Families
	Welfare Reform and Children's Early Cognitive Development	
	The Health of Poor Women Under Welfare Reform	
Child Only Kinship Care Cases: The Unintended Consequences of TANF Policies for Families Who Have Health Problems and Disabilities		
	Impact of Social Anxiety Disorder on Employment Among Women	
	Behavioral Health Problems as Barriers to Work: Results from a 6-year Panel Study of Welfare Recipients	
	Welfare to Work? Impact of Maternal Health of Employment	
		The Social and Economic Impact of Sanctions and Time Limits on Recipients of Temporary Assistance to Needy Families
	TANF's Impact on Low-Income Mothers Raising Children with Disabilities	

Thematic Analysis

Through an analysis of the literature, five major themes can be identified. These themes include: 1) Impact of sanctions and time limits on material hardship such as decreased access to health insurance and health care, housing issues, utility shut-offs, and food insecurity; 2) Work activities and the impact of sanctions and time limits on employment; 3) Health and well-being of mothers; 4) Developmental outcomes of children and 5) Mental health as a barrier to employment.

Impact of sanctions and time limits on material hardship. Five of the research articles reviewed found that sanctions and time limits contribute to greater material hardships for TANF recipients (Kalil et al., 2002; Richman et al., 2004; Reichman & Teitler, 2005; Lee & Slack, 2004; Lindhorst & Mancoske, 2006). Lindhorst & Mancoske (2006) define material hardship as lack of health care insurance and/or access to health care, housing issues including eviction and homelessness, utility shut-offs, and food insecurity. In their three year panel study of 625 mothers receiving TANF, Lindhorst & Mancoske (2006) found that recipients who had come under sanctions and/or left TANF, either due to timing off or as a result of sanctions, were at increased risk of food insecurity, housing hardships, and decreased use of Medicaid. Studies by Kalil et al., (2002); Richman et al., (2004); Reichman & Teitler, (2005); Lee & Slack, (2004); and Lindhorst & Mancoske, (2006) found that the manner in which a subject left TANF (voluntarily versus involuntarily) was correlated with the likelihood and degree of material hardship. Reichman et al. (2004) found in their study that among four groups of TANF recipients, those that left TANF due to timing off or due to sanctions experienced a 30% increase in “extreme” material hardships which included hunger, eviction, and homelessness. Reichman et al. (2004) explained this finding by the fact that involuntary leavers are, “less likely to be

employed, have lower earnings, and have less income than individuals who left welfare for other reasons” (p 217). Reichman et al. (2004) also found that, “Sanctioning either increases hardship (to the extent that causal effects are accurately estimated) or contributes to individuals’ already deteriorating circumstances” (p 233). Kalil et al. (2002) found that recipients who were sanctioned were more than two and one-half times more likely to have their utilities shut off. This was explained by the fact that recipients who left TANF involuntarily were found to have lower monthly financial resources as compared to voluntary leavers, and this was not off-set by employment (Lindhorst & Mancoske, 2006). “Since women who are timed off TANF report the lowest monthly income and the lowest employment rates, it appears that being involuntarily removed from welfare leads to increased economic stress, which is not resolved through greater labor force participation”, (Lindhorst & Mancoske, 2006, p 100). Kalil et al. (2002) determined that sanctions predict such material hardships as utility shutoffs and engagement in activities aimed at ameliorating hardship, including: pawning or selling items, stealing food or other items, searching through trash cans for food or other items, engaging in illegal activity for money, or selling/trading food stamps. Sanctioned recipients were more than three times as likely to engage in these activities compared to non-sanctioned recipients as a means of attempting to off-set financial insecurity (Kalil et al., 2002).

Lee et al. (2004) found in their study, that imposing sanctions on TANF recipients did not promote work activities which included job searching, job training, or employment, nor did it decrease welfare dependence. In fact, imposed sanctions were found to have an inverse correlation. Lee et al. (2004) found that, “There is no evidence to suggest that sanctions are associated with less dependency on welfare” (p 394). Those recipients who came under sanction exhibited less work activities and lower levels of earnings (Lee et al., 2004). It was also

determined that among mothers who come under sanction, they are at increased risk of needing to rely on friends and family for housing and financial assistance (Reichman et al., 2005). In turn, these family members and friends increase their own financial burden.

“In trying to make ends meet, sanctioned mothers may be placing burdens on their family and friends by moving in with them. Such support may temper the financial hardships faced by mothers who leave welfare, but it may also create financial burdens for those providing the support” (Reichman et al., 2005, p 232).

Gourdine (2007) also identified TANF families that consisted of “child-only cases” in which only the child and not the parent receives program benefits. Child-only cases occur when parents elect another person, typically another family member, to become their child’s payee (Gourdine, 2007). Typically the parents that make this election have physical, cognitive, or mental health barriers that make employment and TANF mandated work-activities challenging for them, however they do not qualify for disability benefits (Gourdine, 2007). Gourdine (2007) explains, “The child only phenomenon allowed parents to feel less pressured to adhere to the TANF requirements while insuring their children would still qualify for benefits (p 50). While the parents of these children pursue employment without the need to adhere to TANF guidelines, children are often left in the care of their payee(s), which is typically another family member (Gourdine, 2007). Gourdine (2007) suggests that the risk with this form of kinship care is that the family members who are assuming the caregiver roles for these children are not receiving any type of TANF benefits themselves, and are often providing care under adverse circumstances, incurring additional financial burden. This is significant as it does put children at higher risk of neglect and abuse as evidenced by the correlation between child protection services and poverty (Gourdine, 2007). Additionally, Gourdine (2007) suggests that children

may be at greater risk of out-of-home placements due to the fact that some child welfare systems do not provide support or benefits to relatives when the children they provide child-care for are related to them. However, “A non-related person can receive more money to rear these children thus making the placement of children in foster care a more viable option for some families” (p 61).

Work activities and the impact of sanctions and time limits on employment. Wu (2007) reviewed data from 13,171 Wisconsin TANF recipients from 1997-2003 and found that TANF leavers were more likely to have difficulty gaining or maintaining employment if they have any experience with sanctions. Wu (2007) found that sanctioned families are 40% more likely to leave TANF without a job than non-sanctioned families, and are 47% more likely than non-sanctioned families to leave TANF with a lower-paying job. Wu (2007) found that, “This study provides evidence that sanctions, rather than leading to self-sustaining exits (or higher paying jobs), are in fact more likely to propel participants off welfare without a job” (p 41). One explanation for this is that sanctioned families are forced to leave TANF involuntarily, and often times this correlates with unemployment (Wu, 2007). Another explanation is that sanctioned families accept lower-paying jobs out of fear of being sanctioned again and removed from TANF involuntarily without employment (Wu, 2007).

Research by Parish et al. (2010) and Grogger (2003) found that some TANF recipients did experience some increases in employment. Parish et al. (2010) found that single mothers raising children with disabilities experienced some gains in employment between 1997-1999 and then leveled off between 1999-2002 (Parish et al., 2010). Parish et al. (2010) also found that the employment status (working full time versus working part time) of single mothers was more likely to vary over time as compared with married mothers. No increases in employment were

found among married mothers raising children with disabilities, nor were there employment increases found among single mothers whose children did not have disabilities (Parish et al., 2010). Parish et al. (2010) explained these findings as married mothers having more social resources (such as sharing child care responsibilities with a spouse) than single mothers, and so they were not as greatly affected by time limits and sanctions as were single mothers who were less likely to have child care resources. Parish et al. (2010) posits that the employment status of single mothers from 1997-1999 may have been positively impacted by the fertile climate of the American economy at that time. Research by Grogger (2003) suggests that the age of children at the time of TANF initiation has an impact on employment among mothers. It was shown that in families whose youngest child is age three years old, employment increases by 3.4%. However, time limits did not have an impact on earnings or income, to which Grogger (2003) found, “Workers motivated by time limits may accept lower-paying jobs as well” (p 403).

Wu’s (2007) research found that families who have been sanctioned are less likely to have employment. Compared to families that have not been sanctioned, sanctioned families are 18% more likely to leave welfare without a job (Wu, 2007). Research by Harris & Parisi (2008) found that the threat of time limits and sanctions make TANF recipients more susceptible to poorer job matches, particularly for single mothers. This is explained by the fact that recipients are more likely to accept jobs with lower pay to avoid timing off of TANF, or being sanctioned (Harris & Parisi, 2008). These poorer job matches are also associated with poorer working conditions (Harris & Parisi, 2008). In turn, poorer working conditions result in poorer physical health and increased absences from work which translate into non-compliance with TANF work-activity requirements and result in further sanctions (Harris & Parisi, 2008).

Harris & Parisi (2008) also found that there is lack of consistent understanding amongst recipients about time limits. Harris & Parisi (2008) surveyed 60 women from two Mississippi counties and found that 58.6% of these women recalled being told about the 60-month time limit, whereas the other 41.4% of women did not know about the time limit, or misunderstood it. Harris & Parisi (2008) found that several of their study participants misunderstood the time limit maximums to be in reference to consecutive, rather than cumulative use. Harris & Parisi (2008) identified that, “This belief could have harmful consequences as these women alternate between work and welfare unaware that they were coming ever closer to the end of their welfare benefits” (p 280).

Health and well-being of mothers. There are differences in the research regarding the impacts of time limits and sanctions with regard to the health and overall well-being of mothers who receive TANF. Research by Gavin et al. (2007); Kapla et al. (2005); Reichman et al. (2004); and Romero et al. (2002) found that welfare reform has had a negative impact on the health and well-being of mothers. However, Herbst (2012) found that compared with previous welfare plans, “TANF had mostly positive effects on single mothers’ subjective well-being” (p 233). This included a reported increase in life satisfaction, greater hopefulness with regard to their futures, and increased financial satisfaction (Herbst, 2012). Herbst (2012) reviewed data from the DDB Worldwide Communications Life Style survey from 1986-2005, which found that prior to welfare reform and the initiation of TANF, single mothers were 7.6% less likely to report satisfaction with their lives than they were post-welfare reform. Herbst (2012) attributes these reports of improved well-being to: increased employment, improved access to health insurance, decreased leisure time to engage in “destructive behaviors” as identified as excess alcohol and drug consumption, and increased self-esteem. While Herbst (2012) attributed at least part of this

increase in overall well-being to greater access to health insurance and thus better access to health care and improved health status, this is contradicted by Reichman et al. (2004) whose longitudinal study of 4,898 mothers and 3,830 fathers showed that most of the single mothers in their study who transitioned from welfare-to-work were without health insurance. Also, those who left welfare due to sanctions or time limits were in poorer health than those that left voluntarily (Reichman et al., 2004). In reference to involuntary TANF leavers, Reichman et al. (2004) found, “They also have the worst rates of poor maternal physical and mental health” (p 109). Reichman et al. (2004) found that while the impacts on physical health among single mothers are not significant as it pertains to time limits and sanctions, the effects of such issues as material hardship may translate into physical health issues, even more than one year later.

Gavin et al. (2007) found in their research that the issue of health care and insurance coverage is also problematic in relation to prenatal care, specifically during the first trimester of pregnancy. As Gavin et al. (2007) identify in their article, recipients were no longer automatically enrolled into Medicaid programs with the initiation of TANF. Also, with new TANF income requirements, women were 7.9% less likely to qualify for Medicaid under TANF, as compared to the previous welfare program, AFDC (Gavin, et al., 2007). Gavin et al. (2007) found that, “The affected women are among the neediest and the most likely to benefit from early prenatal care” (p 1,571). Although not statistically significant, this decrease in Medicaid eligibility did result in a 1.1% decrease in accessing prenatal care during the first trimester of pregnancy (Gavin et al., 2007).

Kaplan et al. (2005) found that in face-to-face interviews with 753 single mothers, both current and former female TANF recipients were found to have poorer health status as compared to women in general. “Current and former welfare recipients bear a substantial burden of

illness” (Kaplan et al., 2005, p 1,252). This was evidenced by higher rates of chronic illnesses such as diabetes, hypertension, and high body mass index (Kaplan et al., 2005). Also, higher smoking rates and lower rates of smoking cessation, were identified, which may further exacerbate already impaired health status (Kaplan et al., 2005). This research suggests that not only do these health factors impact women’s ability to work, but their employment itself may impact their health (Kaplan et al., 2005). “In a context characterized by existing poor health and vulnerability, some recipients face worsening health and deepening health burdens that already limit participation in work” (Kaplan et al., 2005 p 1,257).

Romero et al. (2002) found in their longitudinal study of 504 mothers whose children were chronically ill, those that had a history of TANF or were current recipients of TANF were at a significantly greater likelihood of reporting health problems themselves and utilizing hospital emergency departments than mothers without TANF experience. Romero et al. (2002) found that, “The poor bear a disproportionate share of the disease burden in this country” (p 1,462). Women who are low-income also tend to have greater health issues (Romero et al., 2002). These maternal health issues were associated with increased difficulty in complying with TANF work activity requirements, including missing work and losing jobs (Romero et al., 2002). This study also found that with the decrease in welfare participation following TANF initiation, Medicaid caseloads also declined, resulting in more individuals without health insurance (Romero et al., 2002). This study also shows the association between poverty and poor health, as well as poor health and difficulty gaining and maintaining employment, resulting in increased need for cash assistance and health insurance (Romero et al., 2002).

Developmental outcomes of children. The research on developmental outcomes in children who are receiving TANF varies. Lohman et al. (2004) surveyed 1,885 children and their mothers

who were receiving TANF and compared their cognitive, behavioral, and emotional functioning against that of their peers who were not receiving TANF. To do this, Lohman et al. (2004) measured the reading and math scores of these children, as well as the data collected by the children's mothers regarding their socioemotional functioning. This research found that, "A clear pattern of problematic functioning emerges for adolescents of current welfare recipients. They suggest that welfare receipt is linked to problems in adolescents' academic, cognitive, and behavioral well-being" (Lohman et al., 2004, p 65). Lohman et al. (2004) found that among families on TANF who fall under sanctions, children receiving TANF have "problematic developmental outcomes" which include lower reading scores, higher behavior problems, and higher psychological distress as compared to children whose families are not receiving TANF (p 41). Lohman et al. (2004) also found that, "The experience of sanctions appears to be particularly problematic for young children's development" (p 66). Results from this research indicate that this is not as consistent a finding with preschool aged children, as in adolescents; however the results for both age groups indicate that these children score lower than their peers who are not on TANF in terms of cognitive, emotional, and behavioral well-being (Lohman et al., 2004). Lohman et al. (2004) offer several explanations for these findings, including the fact that leaving welfare due to sanctions can be particularly stressful on families which can require changes in family routine, child care, and income. Lohman et al. (2004) offer that families that are sanctioned may have more difficulty navigating the welfare system, and may be especially vulnerable with multiple social stressors. Also, Lohman et al. (2004) hypothesized that for adolescents, the stigma of being on welfare and/or being sanctioned may cause negative acting out.

Wang (2015) indicates that the developmental impacts on children whose families receiving TANF is related to the child's age. Although not statistically significant, Wang (2015) found that infants and toddlers whose parents were participating in work activities as part of the TANF requirements experienced negative developmental impacts, which include, "higher likelihood of repeating a grade, guardian's lower likelihood to praise and have fun time with children, and less time to read to children" (p 127). Although not statistically significant, Wang (2015) also found that these children and their guardians had less rules about TV watching, and there was a lower likelihood for children to be hard-workers. Wang (2015) found that, "TANF does not appear to reduce parenting stress, nor does TANF increase cognitively stimulating activities in the family or improve family interactions" (p 128). For preschoolers age 2-5 years old, and school age children ages 6-9 years old, there was either a positive effect, or no effect found regarding development (Wang, 2015). However, for children age 10-11 years old, the developmental impact is a negative one (Wang, 2015). This finding continues to be true for adolescents whose parents are engaged in work-related activities through TANF. These adolescents are at increased risk for school suspension or expulsion, as well as delinquent behaviors (Wang, 2015). Wang (2015) found that parents transitioning to employment experience higher levels of parental stress and lower family interaction qualities, as compared with parents on TANF who are not transitioned to work. Wang's (2015) study found that while TANF had some positive effects on families, such as increasing educational expectations and guardian confidence that their children may proceed to college, "TANF is not able to enhance child well-being in areas of cognitive stimulation, family interactions, and parenting stress reduction" (p 121). Wang (2015) posited that, "It could be that the meager income increase from receiving TANF benefits is not significant enough to contribute to changes in child well-being,

and the countervailing forces associated with employment net out employment's impacts on child well-being" (p 128).

Contrary to previous studies identified, research by Chyi et al. (2014) suggests that there are cognitive developmental benefits for children whose mothers participate in TANF and its work activities, particularly in children with lower baseline cognitive abilities. Specifically, the policy of time limits is found to have beneficial impacts on early cognitive development (Chyi et al., 2014). "Overall, we see that the most successful policies are the ones that encourage more work through tax incentives and time limits" (Chyi et al., 2014, p 729). This is identified by the research that time limits, as well as tax incentives such as the Earned Income Tax Credit (EITC), have reduced welfare rolls and in turn increased resources for cognitive and development enhancing programs such as child care subsidies and afterschool programs (Chyi et al., 2014). Chyi et al. (2014) also found that in terms of math test scores of high-income and low-income children, the gap is narrowed between these two groups when lower-income children are receiving TANF. These findings are explained by the fact that parents receiving TANF are more likely to put their children in kindergarten due to the fact that this is free child care and in turn may have access to more educational resources than if they were in their home environments (Chyi et al., 2014).

Mental health as a barrier to employment. Two studies showed evidence that women who experienced mental health or behavioral health issues had greater difficulty gaining and maintaining employment (Zabkiewicz & Schmidt, 2007; Tolman et al., 2009). Zabkiewicz and Schmidt (2007) found that the type and degree of mental health and behavioral issues do have varying results as it relates to transitioning off of TANF. Zabkiewicz & Schmidt (2007) found that while TANF recipients with symptoms of "depression, anxiety, obsessive-compulsiveness,

paranoia, phobia, somaticism, and problem drinking”, had a decreased likelihood of completing work activities than recipients without symptoms of depression, they were just as likely as their counterparts to exit TANF within the two year time frame (p 180). However, significant differences were noted in TANF exits for individuals with behavioral problems which consisted of “hostility, interpersonal sensitivity, psychoticism, and heavy drug use” (Zabkiewicz & Schmidt, 2007, p 168). The data presented in this study shows that mental health and substance use disorders do not affect the number of hours worked, however they do impact the sustainability of employment over time, which is evidenced by the fact that the majority of TANF recipients who exit TANF voluntarily fail to sustain their employment for at least one year (Zabkiewicz & Schmidt, 2007).

Similarly, research found that TANF recipients with a diagnosis of social anxiety disorder experience greater difficulty maintaining employment than those who do not have the diagnosis, making its effects more significant than depression in terms of months worked (Tolman et al., 2009). Those that suffer from social anxiety disorder are more likely as a result of the illness to decline job offers or promotions as well as experience increased absences and problems with work performance (Tolman et al., 2009). Other barriers that correlate with social anxiety disorder prevalence include “impaired health, low educational attainment, early pregnancy, and reduced marital stability” (Tolman et al., 2009, p 65). Additionally, this disorder is chronic and has low treatment rates, although does have potential for improvement (Tolman et al., 2009). Research by Tolman et al. (2009) indicates that social anxiety disorder proves as a significant barrier to welfare recipients in terms of their ability to participate and sustain work activities.

Discussion

Summary of Findings

By reviewing these research articles, this systematic review set out to explore what impact time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) have on the quality of life of recipients. The overall findings suggest that recipients who come under sanctions and time limits are at greater risk of experiencing material hardships such as food insecurity, housing hardships, and utility shut-offs (Lindhorst & Mancoske, 2006). Recipients who exit welfare involuntarily are at even greater risk of encountering these hardships and experience a 30% increase in “extreme” material hardships, including hunger, eviction, and homelessness (Richman et al., 2004). Overall this study found that time limits and sanctions do not promote work activities, nor do they decrease welfare dependence (Lee et al., 2004).

With regard to employment, sanctions and time limits were not found to have had a significant impact on increasing employment. Only one research article found that there were some employment gains made by single mothers raising children with disabilities, however these gains were not statistically significant, and they were not evident among married mothers, or mothers raising children without disabilities (Parish et al., 2010). Of note, employment increases were not correlated with an impact on earning or income, which Grogger (2003) suggests may be related to hurried job searches and worse job matches.

Regarding the health and well-being of mothers, four research articles revealed that welfare reform has had a negative impact on the health and well-being of mothers (Gavin et al. (2007); Kapla et al. (2005); Reichman et al. (2004); and Romero et al. (2002)). This includes the fact that many single mothers leave welfare for work without health insurance (Reichman et al.,

2004). Both current and former female TANF recipients were found to have poorer health status as compared to women in general (Kaplan et al., 2005). Among those who were chronically ill, those who were either current or former TANF recipients were at significantly greater likelihood of utilizing hospital emergency departments as compared to mothers without any TANF experience. Not surprisingly, recipients who left welfare involuntarily were found to be in poorer health than those who left voluntarily (Reichman, et al., 2004). Only one article found that compared with previous welfare plans, TANF has had mostly positive impacts on the well-being of mothers (Herbst, 2012). Herbst (2012) attributed part of these findings to greater access to health insurance and health care, although these findings are contradicted by Reichman et al. (2004) who found that increases in material hardship translate into physical health issues, even more than one year later.

The research on developmental outcomes for children included findings that among families receiving TANF who come under sanctions, child recipients have “problematic developmental outcomes”, which include reduced cognitive, emotional, and behavioral well-being as compared to children whose families do not receive TANF (Lohman et al., 2004). Other research by Wang (2015) found that the age of children at the time of TANF receipt impacts the effects of TANF on developmental outcomes. Wang (2015) found that for children ages 2-9, the impact of receiving TANF on developmental outcomes is either positive or there is no effect at all, while older children ages 10-11 experience negative outcomes which include increased school suspension or expulsion and increased delinquent behaviors. Chyi et al. (2014) found that for children with lower baseline cognitive abilities, there are cognitive developmental benefits when their mothers participate in TANF. This is explained by the increased likelihood that mothers engaged in work activities will be unable to care for their children in their own

homes and will instead enroll their children in kindergarten where they have access to more educational resources (Chyi et al., 2014).

Mental health is found to be a barrier to employment as it relates to women receiving TANF. Research shows that mental health and substance use impact the sustainability of employment over time, which results in involuntary exits from TANF (Zabkiewicz & Schmidt, 2007). Research also found that symptoms of depression, anxiety, obsessive-compulsiveness, paranoia, phobia, somaticism, and “problem drinking” resulted in decreased likelihood of completing work activities compared to recipients without depression symptoms (Zabkiewicz & Schmidt, 2007). Additionally, recipients with a diagnosis of social anxiety disorder are at increased risk of experiencing difficulty maintain employment, declining job offers and promotions, and present at an increased risk of work absences and problems with work performance (Tolman et al., 2009). All of these variables put recipients at increased risk of involuntary TANF exits (Tolman et al., 2009).

Contribution to Clinical Social Work Practice

The importance of studying this research in the context of clinical social work practice is to better understand the policies that impact our clients’ complex psychosocial well-being. According to Maslow’s Hierarchy of Needs, an individual must be able to meet the most basic physiological needs of shelter, food, and safety before being able to graduate to areas of emotional well-being. The policies and rules that make up Temporary Assistance to Needy Families (TANF) make sustaining and maintaining these basic needs a constant challenge for clients. Clients that continue to live in crisis due to sanctions and time limits are less likely to have the time, energy, or resources to be able to utilize and sustain clinical social work services such as therapy. Social workers have a responsibility to be educated about the policies and

programs that impact so many of our clients, and we have an ethical responsibility to advocate on our clients' behalves when these programs do not serve them.

Limitations

While this systematic review was designed to include all relevant research that studied the impacts of time limits and sanctions imposed by Temporary Assistance to Needy Families (TANF) on the quality of life of recipients, there were some limitations. The first limitation is the fact that quality of life is difficult to quantify. For the purposes of this research, quality of life was categorized by examining economic and material stability; physical/medical health; and mental health. Quality of life can be defined in many different ways beyond these criteria, so one of the limitations of this research is the extent and breadth to which this can be measured.

Another limitation of this review is the fact that it was limited to articles and research that were peer-reviewed. This was done to ensure the thoroughness of the study but may have left out less structured research focused on personal experiences. Data and material that included personal experiences may have been fruitful given this study's focus on quality of life. Also, gray literature and literature that has not been formally published, was excluded from this study, potentially excluding relevant information and data.

Another limitation of this study is that it does not take into account the differences in TANF policies and rules as they vary from state-to-state. This review did not account for differences in state program and policy differences in its inclusion and exclusion criteria. TANF does provide individual states with the power to constrict the rules of its programs, which undoubtedly shapes the way in which these sanctions and time limits impact quality of life for recipients. Some states prescribe stricter guidelines and penalties than others, so one could

speculate that quality of life would be negatively impacted to a greater degree in states with more stringent policies, however this study does not address this question.

Further Research and Implications

One of the areas for future research is acknowledged in the limitations of this review. Exploring the variations in program policies between states, specific to the differences in time limits and sanctions would be beneficial. Being able to identify whether there is any correlation between states that have stricter TANF sanctions and time limits and the impact on the quality of life of each state's recipients could prove a useful tool in determining the utility of these interventions. The implications of these findings could have the potential to raise awareness to the counter-productivity of program interventions such as time limits and sanctions. There is existing research on the efficacy of sanctions and time limits on meeting TANF's program goals, however the impacts that these interventions have on the quality of life of human beings is a less researched area which deserves attention.

Most of the research identified in this study focused on mothers or single mothers. There was no research found that identified fathers as primary caregivers. There was little research that addressed married parents. The research found does not account for families with two-parent households that are unmarried. Nor does the research found account for those parents that are married but not living in the same household, such as parents that may be legally married and separated. Also, the research found does not identify whether any of the parents in these studies were gay or lesbian parents. As the architecture of American families change, it certainly seems appropriate that future research would take into account the make-up of the contemporary American family.

Conclusion

In 2015, 4.1 million Americans were receiving cash assistance benefits through Temporary Assistance to Needy Families (TANF), (Congressional Research Service, 2016). Seventy-two percent of these recipients were children and forty percent were families (Congressional Research Service, 2016). While these numbers may seem small in comparison with the general population, this systematic review shows that the impact of sanctions and time limits are largely negative on the quality of life of both current and former recipients. This paper has provided evidence that sanctions and time limits have resulted in decreased economic stability and decreased access and sustainability to meet basic needs such as shelter, food, and utilities. These policies have not been associated with increased earnings or income, and are in fact associated with less sustainable employment. The physical and mental health of children and their mothers is also negatively impacted by sanctions and time limits.

Social workers have an ethical responsibility to be aware of policies that disenfranchise so many children and families and we must work to influence legislation that would alleviate social problems. We have a duty to advocate for our clients and work toward social justice. The social work profession takes a person-centered approach which emphasizes meeting the client where they are at. This systematic review sheds light on the fact that clients receiving TANF are struggling to meet their most basic physiological needs. If social work does not first address these issues, then the concept of clinical social work is moot.

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