

TANF & Teen Parents

with

Disabilities

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November 2001

Center for Law and Social Policy
CLASP

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ACKNOWLEDGEMENTS

This project was made possible by grants from The Ford Foundation, The George Gund Foundation, The Charles Stewart Mott Foundation, The Public Welfare Foundation, The Moriah Fund, and an anonymous donor.

I am grateful to many individuals for their contributions to this paper. Thanks go to those who provided guidance or commented on my draft, including Mary Wagner, Ruth Bourquin, and Eileen Sweeney. Special appreciation also goes to the CLASP staff members who provided invaluable assistance for this paper: Jodie Levin-Epstein, Christine Grisham, Myra Batchelder, and Jennifer Mezey. The contributions of each of these people significantly added to the quality of this paper. The content of the paper is solely the responsibility of the author.

TANF and Teen Parents with Disabilities

Under the federal welfare program, Temporary Assistance for Needy Families (TANF), minor parents must participate in school or training in order to receive cash aid. In Massachusetts, a complaint has been filed alleging that the welfare agency discriminates against teen parents with disabilities. The allegations charge that contractors who work with teen parents do not have the capacity or the training to provide appropriate services for teen parents with disabilities. The complaint is under investigation by the Office for Civil Rights at the Department of Health and Human Services.¹

The legal complaint in Massachusetts reflects the potential of programs under TANF to fall short of meeting the needs of teen parents with disabilities. Teen parents may be undiagnosed, ignored, or even sanctioned for reasons related to disability. The goals of this paper are to stimulate the discussion of how TANF might affect teen parents with disabilities and to suggest areas of future policy work and research.

This paper begins with an overview of varying definitions of disability. After summarizing the provisions of TANF that relate most directly to teen parents with disabilities, this paper discusses the likelihood of high rates of disability among the teen parent TANF population. While no studies have determined the number of teen parents with disabilities receiving TANF, the risk factors for disability and for teen parenthood overlap greatly. Furthermore, disability and gender intersect in ways that are relevant to TANF's ability to bring teenagers to economic self-sufficiency.

The legislation that established TANF prohibits discrimination on the basis of disability through the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. In addition, the Individuals with Disabilities Education Act (IDEA) requires the provision of free and appropriate services to all students with disabilities in public schools. After discussing the basic application of these provisions to TANF, this paper concludes with policy and research recommendations for ensuring that TANF is provided to teen parents with disabilities in non-discriminatory ways.

Definitions of Disability

Estimates on the rate of disability among TANF participants of all ages range from 10 - 40%.² Variations often depend on the definition of disability used. These definitions can include disabilities such as physical, learning, or cognitive disabilities among others. Some studies use narrow definitions, such as learning disabilities. Others look more broadly at functional limitations such as low reading skills or low basic skills [see appendix A for study data and definitions].

The definitions of disability used by the laws that apply to the TANF program also vary. As discussed below (“TANF and Disability Nondiscrimination”), the ADA and Section 504 nondiscrimination provisions of TANF have their own definitions of disability, as does the Individuals with Disabilities Education Act.

Other definitions of disability may be used for purposes other than determining discrimination. For example, under federal TANF law, states may exempt up to 20% of welfare recipients from time limits for any reason. States may or may not create exemption categories. If a disability category is set up, then states might use their own definitions of disability.³ In addition, Supplemental Security Income (SSI) is an income support program for disabled individuals. It utilizes a very stringent definition and even those who are eligible often face a long period between application and enrollment in SSI. Under federal law, the receipt of SSI does not prohibit receipt of TANF funds, although state policies typically do so.

TANF Rules and Teen Parents with Disabilities

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which established TANF, contains several provisions that relate to teen parents.⁴ Two are likely to have the most direct effect on teen parents with disabilities:

- ❑ **Minor parents are required to stay in school.** Minor, unmarried, custodial parents (with a child 12 weeks of age or older) can only receive TANF funds if they “participate” in education or training. “Participate” is not defined in the statute.
- ❑ **Minor parents are required to live in an adult-supervised setting.** Minor, unmarried, custodial parents must live in an adult-supervised setting to receive federal TANF funds, unless the state makes an exception.

The links between these provisions and teen disability are numerous. Some of the connections are clear; for example, teens with learning or other disabilities may face particular barriers in fulfilling the “education” requirement, as evidenced by the Massachusetts school participation and discrimination complaint. Other connections are less obvious. For example, the requirement that minor teens live with a parent or in an adult-supervised environment can harm teens who want to leave an abusive home but do not have an adult-supervised environment to go to and do not want to report the abuse and request an exemption. As discussed below, several studies indicate that teens with disabilities experience sexual abuse at higher rates than the general population. Though not all sexual abuse occurs in the home, the requirement may be disproportionately problematic for teen mothers with disabilities.

State officials often cite the need for greater access to learning disability services for teen parents in TANF. According to a recent CLASP survey of TANF teen parent administrators, 18 of 30 respondents felt learning disability services would help their clients meet the TANF rule on participation in education or training. While this concern ranks high, states have little data on how teen parents with disabilities generally are being treated, the extent to which teen parents in TANF have disabilities, or the nature of those disabilities.⁵

Overlapping Risk Factors for Disability and Teen Parenthood

The National Longitudinal Transition Study of Special Education Students (NLTS) was a 1987-1993 study of such youth.⁶ NLTS data shows correlations between disability among youth and a number of factors that are known to correlate with teen parenthood:

- ❑ **Poverty and Race:** 68% of NLTS secondary school students came from households with less than \$25,000 income in 1986, compared to 40% of students in the general population. NLTS researchers suggest that factors associated with poverty, such as poor prenatal care and nutrition, may lead to higher rates of disability.⁷ African-American students made up 12% of the general education population and 24% of the special education population; analyses indicate that this disproportionate representation is due to poverty.⁸
- ❑ **Low parental education:** Forty-one percent of students with disabilities had heads of household who were not high school graduates, compared to less than one quarter of students overall.⁹
- ❑ **Single-parent families:** As high school students, 37% of youths with disabilities in the study had a single parent, compared to 25% of youths in the general population.¹⁰
- ❑ **Dropping out of school:** Youth with disabilities had a higher dropout rate. Eight percent dropped out before high school, and 30% of the remainder dropped out during high school. This compares to a 25% overall dropout rate among the general population.¹¹

All of these factors are associated not only with disability but with higher rates of teen parenthood.¹² Therefore, even though no data clearly establishes TANF teen parent rates of disability, there is reason to believe that teen parents receiving TANF have disabilities at rates at least as high as the general adolescent population.

Ceci Shapland of the Pacer Center, an advocacy organization for children with disabilities and their families, notes that youth with disabilities are more likely than those without to have cognitive difficulties, to lack social skills and to experience poor self-esteem and body image.¹³ Furthermore, girls with disabilities are also as much as twice as likely as girls without disabilities to suffer violence, including both physical and sexual abuse.¹⁴ All of these elements are risk factors for teen pregnancy.

In the NLTS study, young women in the study who were out of school three to five years were mothers at a rate of 41%, compared to 28% in the general population. When ethnic differences were controlled for, the rates were 41% v. 34%.¹⁵ These women were not teens, but the same differences might exist if teens were examined.

Some small local studies have also suggested correlations between various disabilities and teen pregnancy and parenthood. A study of women in New Haven who themselves had been teenage parents found that of their children, those who became teen parents reported depressive symptoms at rates of 28.6%, compared to 17% among those who did not become teen parents.¹⁶ Another study of 64 girls enrolled in a program for teenage

mothers found that 56% scored one or more years below grade level on the reading and language sections of the California achievement test.¹⁷ However, only two of the girls had been evaluated for learning disabilities. The author, a psychologist, believed that many of the girls had skills weak enough to qualify for special education classes, had they been evaluated.¹⁸

Teens with Disabilities and Sex Education

Teens with disabilities often do not receive information on sexuality and reproductive health because parents or professionals either are unaware that teens with disabilities engage in sexual activity or are unable to discuss sensitive issues and acknowledge sexuality.¹⁹ Despite some popular perceptions of people with disabilities as asexual or innocent, young people with disabilities seem to be as likely as those without them to engage in behaviors that can lead to parenthood. A 1996 study of 460 adolescents with visible disabilities (scoliosis, arthritis, and cerebral palsy) and 1,068 with “invisible” disabilities (diabetes, seizure, and asthma) found no significant differences between them and adolescents with no disabilities in the proportion ever having intercourse, age of sexual debut, pregnancy involvement, patterns of contraceptive use, or sexual orientation.²⁰ There was also no difference between adolescents with visible and those with invisible conditions on these measures, though those with invisible conditions reported higher rates of sexual abuse than those without disabilities.²¹

Teen Disability and Gender

Disabilities can affect young men and women differently. First, disabilities may be diagnosed differently in males and females. For example, according to researchers at Yale, boys and girls are equally likely to have reading disabilities, but boys are three times more likely to be evaluated and treated.²² Therefore, many more girls may have undetected disabilities that affect their performance.²³

Furthermore, disabilities can affect the work and economic outcomes of male and female teens in different ways. According to data from the NLTS, females with disabilities were much less involved in activities outside the home after secondary school than were males with disabilities. They were less likely to be employed less than two years after school than their male counterparts (32% v. 52%), and the gap widened with time (40% v. 64% after 3-5 years). In contrast, women without disabilities saw a narrowing gap over the same time period.²⁴ Young women with disabilities were also less likely to be working full-time than men with disabilities and women without disabilities, and they experienced smaller gains in income after leaving secondary school.²⁵

The author of the NLTS gender study suggests three possible sources of the disparities in outcome between young women and young men with disabilities:

- Differences in the abilities and disabilities of males and females in secondary special education: Females made up only one third of the NLTS study population (perhaps because of assessment biases as found by Yale researchers). More female than male subjects were individuals with mental retardation, while more males had learning disabilities and emotional disorders.

- ❑ Differences in their secondary school experiences: Males were more likely to receive occupation-specific vocational training, while females were more likely to be in courses on home economics, food preparation, or other low-paying sectors.
- ❑ Differences in marriage and parenting experiences: Marriage and parenting may affect young women with disabilities more than they affect young men, in that young women may exit the labor force for a longer period of time.²⁶

TANF and Disability Nondiscrimination

All TANF programs are required to conform to federal disability nondiscrimination standards: the Americans with Disabilities Act (ADA) of 1990, and Section 504 of the Rehabilitation Act of 1973.²⁷ Under Title II of the ADA, no qualified person with a disability can be denied, on the basis of the disability, the benefits of or participation in the services, programs, or activities of a public entity, or be discriminated against by that entity.²⁸ Under Section 504 of the Rehabilitation Act, people cannot be discriminated against in this way by entities that receive federal financial assistance.²⁹ Under the ADA and Section 504 nondiscrimination provisions of TANF, disability is defined as either a physical or mental impairment that “substantially limits” one or more major life activities, a record of such impairment, or being perceived as having such an impairment.³⁰

What this means for states is that individuals with disabilities must have the opportunity to benefit from TANF programs to the same extent as those without disabilities, and they must be given “meaningful access” to programs.³¹ Programs must be administered in ways that don’t discriminate against those with disabilities and providers must modify “policies, practices, and procedures” to provide access to people with disabilities, unless these alterations would fundamentally change the program at issue.

These provisions apply both to state and local government agencies and to entities that are involved in TANF activities and receive federal TANF funding.³² These may be either direct or indirect recipients, obtaining funds through grants, contracts, or subcontracts.³³

Another federal law relevant to teen parents with disabilities is the Individuals with Disabilities Education Act Amendments of 1997 (IDEA).³⁴ This law mandates through funding provisions that states make available to all young people ages 3 through 21 a “free, appropriate public education” regardless of their disability, and that states provide these students with an individualized education plan (IEP) for their education to occur in the least restrictive environment possible. The IDEA contains its own categories of disability including mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities.³⁵

Recommendations for policy and for future research:

- **Assessment:** The need for improved assessment of disability among teen parents receiving TANF is two-fold. First, individual teens will not receive the services that they need unless their limitations are understood and addressed. Since most teen parents receiving TANF are mothers, screening programs must be sensitive to the high rates of under diagnosis of learning and other disabilities among girls. Second, we need screening in order to have a clearer understanding of how disabilities affect the teen parent TANF population as a whole. The risk factors for disability and for teen parenthood overlap greatly, but we need to understand how these factors interact and in what ways teens with disabilities form part of the teen parent TANF population. Programs that address the issue more broadly can only be developed once we understand the size, characteristics, and needs of this population.
- **Linkage to Other Services:** States should strengthen or establish linkages between different services for teens with disabilities. This should include both services that young parents use while teenagers, and those that facilitate the transition to adulthood, such as Vocational Rehabilitation services. It is possible to tap TANF funds to make interagency linkages which are designed to help the teen meet the TANF rules, i.e. coordination between school systems and agencies that provide disability services. In addition, TANF funds can help provide service supports. For example, as explicitly described in federal TANF guidance, a teen parent who receives SSI might be provided child care or transportation through TANF.³⁶
- **Exemptions v. Accommodations:** Much discussion of TANF reauthorization centers on the 20% rate at which states can exempt beneficiaries from federal time limits. Some advocate specific delineation of exempt groups rather than a set percentage. Exemptions of people with disabilities might help some teen parents with disabilities, but in themselves do not address the barriers to long-term economic stability that these teens face. Rather than rely on exemptions as a blanket approach, TANF practice should reflect the principle that young people with disabilities should receive services that allow them to succeed academically.³⁷
- **Sex education specific to teens with disabilities:** In addition to rules regarding eligibility, PRWORA contains several provisions on teen pregnancy prevention and family planning funding. Any TANF-funded programs targeted at teenagers must recognize that teens with disabilities may face particular risks of pregnancy and parenthood, and must address the specific needs of these teens.

Appendix A: TANF and Disability Rates

High rates of disability among the overall population receiving welfare have been widely documented in recent surveys.³⁸ In 1996, an Urban Institute study of women receiving AFDC found that 16.6 to 19.2% of respondents reported a work limitation due to physical, mental, or other health conditions.³⁹ A more recent UI study of current and former welfare recipients found that 32% and 26% of the groups reported either that health limits their work capacity or that they have very poor mental health (the difference between the groups is not statistically significant).⁴⁰ The definitions of disability used in these studies do not match exactly the ADA and other federal definitions, but do indicate a substantial likelihood that many welfare recipients would meet those definitions.

Johnson and Meckstroth assembled the following surveys of literature on work-related disability and learning disabilities in the welfare population. They define work-related disability as “self-reported physical or health conditions that limit the ability to work or make the person unable to work.”⁴¹ Learning disabilities, in contrast, are a range of problems that cause difficulty in listening, speaking, reading, writing, reasoning, mathematical abilities, or social skills.⁴²

National Estimates: Work-Related Disabilities

Source and Population	Barrier Definition	Percentage
Olson and Pavetti 1996 National Longitudinal Survey of Youth (NLSY) 1991 Female welfare recipients	Welfare recipients not seeking work because of own medical problems	10
Loprest and Acs 1996 National Health Interview Survey (NHIS) 1991 Female welfare recipients	Welfare recipients unable to work due to a serious disability Welfare recipients with a work limitation	10 18
Loprest and Acs 1996 National Longitudinal Survey of Youth (NLSY) 1991 Female welfare recipients (ages 27 to 34)	Welfare recipients with a work limitation	19
Adler 1993 Survey of Income and Program Participation (SIPP) 1990 Female welfare recipients (ages 15 to 45)	Welfare recipients with any functional disability	19
Loprest and Acs 1996 Survey of Income and Program Participation (SIPP) 1990 Female welfare recipients	Welfare recipients with a work limitation Welfare recipients with any functional limitation	17 20

Johnson and Meckstroth, 1998.⁴³

National Estimates: Learning Disabilities, Including Low Basic Skills

Source and Population	Barrier Definition	Percentage
Nightingale et al. 1991 Adult Basic Education participation data Female welfare recipients	Welfare recipients with learning disabilities (estimated by applying the incidence of learning disabilities among Adult Basic Education participants to the proportion of welfare recipients who are known to have similarly low reading levels)	25 to 40
Quint et al. 1991 New Chance Demonstration Reading tests of participants Female welfare recipients from 15 sites	Welfare recipients reading at or below sixth-grade level	30
Zill et al. 1991 National Longitudinal Survey of Youth (NLSY) 1980 and 1991 Armed Forces Qualification Test Female welfare recipients	Welfare recipients with low basic skills (Low basic skills are defined by test scores below the minimum skill level of women in a low-skill occupation [manual laborers])	31
Olson and Pavetti 1996 National Longitudinal Survey of Youth (NLSY) 1980 and 1991 Armed Forces Qualification Test Female welfare recipients	Welfare recipients with low basic skills (Low basic skills are defined by scores in the bottom decile of the Armed Forces Qualification Test)	33

Johnson and Meckstroth, 1998.⁴⁴

Overall, Johnson and Meckstroth note, both physical and learning disabilities are correlated with much lower levels of employment, with a higher likelihood of dependence on welfare, and with greatly reduced earnings capacities.

ENDNOTES

¹ In Massachusetts, teen parents and pregnant teens without a diploma must enroll in school or a GED program to fulfill the education requirement of the state's welfare program. The Young Parents Program (YPP) is an alternative GED education and training program funded by Massachusetts' Department of Transitional Assistance (DTA). Many YPP participants have learning problems including learning disabilities, and these participants have been the least likely to gain any benefit from the YPP program. A complaint has been filed alleging that DTA discriminates against beneficiaries with learning disabilities by not providing enough payments to contractors for appropriate services and not ensuring that contractors are trained to instruct people with learning disabilities. Although a separate complaint focusing only on YPP is still pending, the Office of Civil Rights (OCR) has issued findings that DTA systematically discriminates against TANF recipients with learning disabilities in its Employment Services Program, of which YPP is one part.

² Most studies on TANF and disability do not disaggregate data by age, but there is reason to believe that disabilities, defined in various ways, may also be present. Rates of disabilities do increase with age, however, so teens are unlikely to have rates of disability as high as adults. [See Appendix]

³ *Summary of Policy Guidance: Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF (Temporary Assistance for Needy Families)*. DHHS Office for Civil Rights, January 2001, at 8.

⁴ For a more detailed discussion of these provisions, see Jodie Levin -Epstein, *Teen Parent Provisions in the New Law*. CLASP, 1996.

⁵ For a more detailed discussion of what is known about TANF teen parents currently, see Janellen Duffy and Jodie Levin-Epstein, *Add It Up: Teen Parents and TANF - Undercounted and Underfunded*. (forthcoming).

⁶ Disabilities in NLTS include learning disability, emotional disturbance, speech impediments, mental retardation, visual impairment, hearing problems, deafness, orthopedic impairment, other health impairments, and multiple handicaps. The study used the federally defined special education disability categories in use at the time, as defined in PL 94-142, the precursor to the IDEA (PL 104-476).

⁷ SRI International, *The National Longitudinal Transition Study: A Summary of Findings*. (Accessed November 14, 2001) Available online at: www.sri.com/policy/cehs/nlts/nltssum.html

⁸ SRI International, supra note 7.

⁹ SRI International, supra note 7.

¹⁰ SRI International, supra note 7.

¹¹ SRI International, supra note 7.

¹² See Rebecca Maynard, "The Study, the Context, and the Findings in Brief." in *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. The Urban Institute Press, 1997, at 1-21.

¹³ Ceci Shapland, "Sexuality Issues for Youth with Disabilities and Chronic Health Problems". *Healthy and Ready to Work*. [Policy Paper], April 2000, at 4.

¹⁴ Barbara Waxman Fiduccia and Leslie Wolfe, *Women and Girls with Disabilities: Defining the Issues: An Overview*. Center for Women Policy Studies, 1999, at 25-29.

¹⁵ SRI International, supra note 7.

¹⁶ Horwitz et al., "Intergenerational Transmission of School-Age Parenthood." *Family Planning Perspectives*, 1991, 23:168 at 171.

¹⁷ Helen Rauch-Elnekave, *Teenage Motherhood: Its Relationship to Undetected Learning Problems*. Paper presented at the 1991 meeting of the American Psychological Association in San Francisco, at 6.

¹⁸ Ibid at 10.

¹⁹ Fiduccia and Wolfe, *supra* note 14, at 5.

²⁰ Suris et al., “Sexual Behavior of Adolescents with Chronic Disease and Disability.” *Journal of Adolescent Health*, August 1996, 19(2) at 124-31.

²¹ Ibid.

²² Shaywitz et al., *Prevalence of Reading Disability in Boys and Girls: Results of the Connecticut Longitudinal Study*. JAMA, 1990, 264 at 998-1002.

²³ Glenn Young, H. Jessica Kim, and Paul J. Gerber, “Gender Bias and Learning Disabilities: School Age and Long Term Consequences for Females”, *Learning Disabilities*, Volume 9, Number 3, at 107-114.

²⁴ Mary Wagner, *Being Female - a Secondary Disability? Gender Differences in the Transition Experiences of Young People with Disabilities*. Menlo Park, CA: SRI International, April 1992.

²⁵ Ibid.

²⁶ Ibid.

²⁷ OCR, *supra* note 1.

²⁸ 42 USC § 12131.

²⁹ 29 USC § 794.

³⁰ 28 CFR § 35.104

³¹ 28 CFR § 35.104.

³² OCR, *supra* note 1, citing 28 CFR 35.130(b)(1) and (3).

³³ OCR, *supra* note 1, citing 28 CFR 35.130(b)(1) and (3).

³⁴ 20 USC § 1412.

³⁵ IDEA 602(3)(a)(1).

³⁶ For HHS Guidance on TANF spending, see *Helping Families Achieve Self-Sufficiency: A Guide on Funding Services for Children and Families through the TANF Program*. Department of Health and Human Services. (Accessed November 16, 2001), Available online at: <http://www.acf.dhhs.gov/programs/ofa/funds2.htm> For a CLASP publication of the use of TANF to address youth, see Marie Cohen and Mark Greenberg, “Tapping TANF for Youth: When and How Welfare Funds Can Support Youth Development, Education, and Employment Initiatives.” CLASP, January 2000. (Accessed November 16, 2001), Available online at: <http://www.clasp.org/pubs/jobseducation/Tapping%20TANF%20for%20Youth1.htm>

³⁷ A recent study of SSI beneficiaries found that 34% of those who were working were young – between 18-29 years of age. Further, of SSI beneficiaries who were working, over 50% applied for SSI at age 21 or younger. Some of these young applicants may have been teen parents. This underscores the value of pursuing a principle that seeks employment and academic achievement for disabled youth and teen parents. See Lena D. Kennedy, *Earnings Histories of SSI Beneficiaries Working in December 1997*, Social Security Bulletin, Vol. 63, No. 3, 2000.

³⁸ See, Eileen P. Sweeney, *Recent Studies Indicate that Many Parents who are Current or Former Welfare Recipients Have Disabilities or Other Medical Conditions*. Center on Budget and Policy Priorities, February 29, 2000; The Lewin Group, *Employing Welfare Recipients with Significant Barriers to Work: Lessons from the Disability Field*, Prepared for the Annie E. Casey Foundation, February 2001.

³⁹ *Profile of Disability Among AFDC Families*, Urban Institute Policy and Research Report, Summer-Fall 1996. The authors note that the functional definition of disability used may have understated limitations due to mental or emotional conditions or to substance abuse.

⁴⁰ Pamela Loprest and Sheila Zedlewski, *Current and Former Welfare Recipients: How Do They Differ?* Urban Institute, November 1999.

⁴¹ Amy Johnson and Alicia Meckstroth, *Ancillary Services to Support Welfare to Work*. Mathematica Policy Research/ DHHS, June 22, 1998, at 1.

⁴² Johnson and Meckstroth, supra note 41.

⁴³ Johnson and Meckstroth, supra note 41, Appendix A, Table 3.

⁴⁴ Johnson and Meckstroth, supra note 41, Appendix A, Table 5.