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ABSTRACT

The 1996 welfare reform law restricted immigrants' eligibility for public assistance, although many states have at least partially restored their eligibility. However, about three-fourths of the children of non-citizen immigrants were born in the United States and are therefore eligible for all government benefits. This brief examines whether native-born children of immigrant parents who have not themselves become citizens receive public assistance at the same level as comparable children of native-born parents. The sample is a 1999 survey of about 2,400 families in low-income neighborhoods in Boston, Massachusetts, Chicago, Illinois, and San Antonio, Texas. Results find that native-born children of non-citizen immigrants appear to be receiving less cash assistance (Temporary Assistance for Needy Families and Supplemental Security Income) in all three cities.

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Among the reasons native-born children of non-citizens do not receive cash assistance is the perception among some immigrants that receiving cash assistance will later be counted against them when their applications for citizenship are reviewed. In Boston and San Antonio, low-income families are receiving about as much in-kind assistance as other families (food stamps, Medicaid, and Women, Infants, and Children nutritional program). The implications of these findings are discussed. (Contains 22 endnotes and 4 figures.) (SM)

Public Assistance Receipt among Native-Born Children of Immigrants

Policy Brief

Welfare, Children & Families: A Three-City Study

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Welfare, Children & Families

Policy Brief 01-3

A T H R E - C I T Y S T U D Y

Public Assistance Receipt Among Native-Born Children of Immigrants

Native-born children of immigrants were less likely than children of native-born parents to receive cash assistance. But in two of three cities, they received about as much in-kind assistance, such as Medicaid and food stamps.

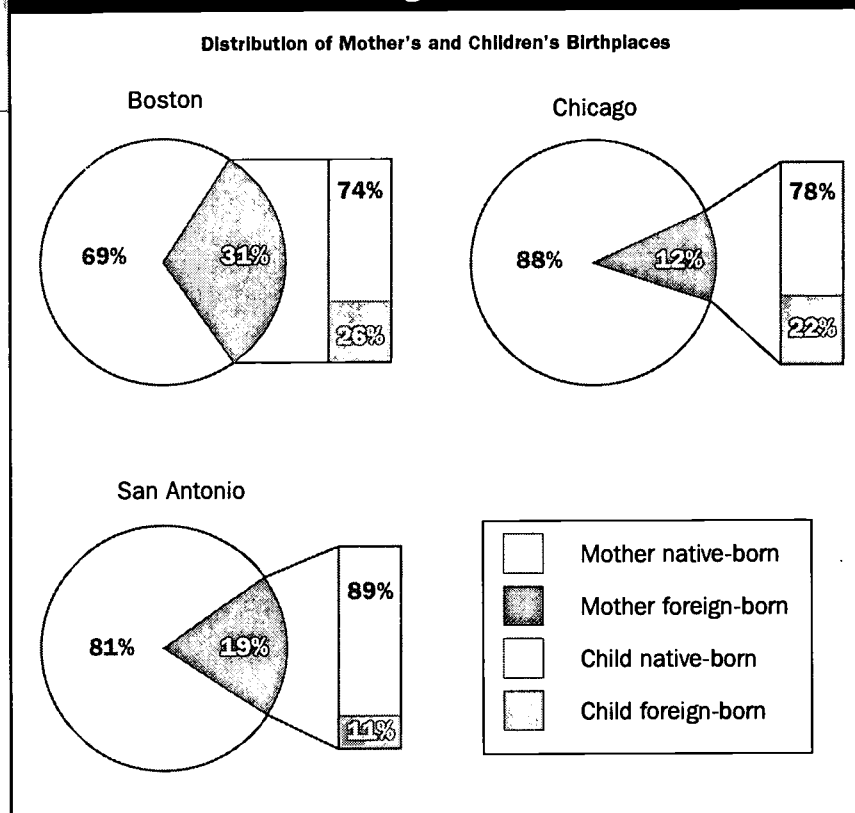
Summary

The 1996 welfare reform law restricted immigrants' eligibility for public assistance, although many states have at least partially restored their eligibility. But about three-fourths of the children of non-citizen immigrants were born in the United States and are therefore eligible for all government benefits. This brief examines whether native-born children of immigrant parents who haven't themselves become citizens receive public assistance at the same level as comparable children of native-born parents. The sample is a 1999 survey of about 2,400 families in low-income neighborhoods in Boston, Chicago, and San Antonio. We find that native-born children of non-citizen immigrants appear to be receiving less cash assistance (TANF and SSI) in all three cities. However, in Boston and San Antonio they were receiving about as much in-kind assistance (food stamps, Medicaid, and WIC). The implications of these findings are discussed.

All children born in the United States are eligible for government benefits because they are citizens, whether or not their parents are citizens. In fact, a majority of native-born children of immigrants have parents who are not citizens. These citizen children live in what immigration researchers call "mixed-status" families, in which they are eligible for all benefits but their non-citizen parents are only eligible for some. Parents may fail to apply for benefits

for their children because they don't know about a program, want to avoid contact with government agencies, believe that welfare receipt is stigmatizing, or simply don't perceive advantages for themselves or their families. The passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) may have further reduced the likelihood that non-citizen parents will apply on their children's behalf because it restricted legal immigrants'

Figure 1



The Three-City Study

In 1999, we began a study of low-income families in Boston, Chicago, and San Antonio. For one component of the study, we conducted a household-based, random-sample survey of children and their caregivers.⁵ In households with a child 0 to 4 years of age or 10 to 14 years of age, and with incomes below 200 percent of the federal poverty line, interviewers randomly selected one child and conducted an in-person interview with that child's primary female caregiver.⁶ In more than 90 percent of the cases, the caregiver was the mother, and we will refer to caregivers as "mothers" in this report. We only interviewed people who spoke English or Spanish because of the costs of translating the interview into the many other languages immigrants speak. Thus, the vast majority of foreign-born persons in the sample were Latin American although some came from Africa or Europe. Most native-born caregivers in these neighborhoods were either second- or subsequent-generation Hispanic immigrants, Puerto Ricans (who are United States citizens at birth), or African-Americans.

Overall, 2,402 mother-child pairs were interviewed, including an oversample of those receiving Temporary Assistance to Needy Families (TANF), the redesigned AFDC program. The interviews were conducted between March and November of 1999. We achieved a 74 percent response rate.⁷ (See the study description on page 8.) Over 90 percent of the mothers in these

eligibility for public assistance. Although Congress restored eligibility in limited circumstances, it devolved to state governments the decision about whether to restore more benefits at state expense. Observers have debated the meaning of this shift in policy and whether the new climate is discouraging legal immigrants from applying for benefits.¹ Some are concerned that welfare reform has created two classes of native-born children: those whose parents are not citizens and will receive limited benefits and those whose parents are citizens and will receive full benefits.²

A national study conducted from 1990 to 1992, before the passage of PRWORA, suggested that native-born children of Mexican-American immigrants were less likely than children of native-born parents to

receive Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI), but they were just as likely to receive food stamps or Medicaid.³ There is, however, little post-PRWORA evidence on public assistance receipt by native-born children of immigrants. In this report, we present findings from a survey of children and their primary caregivers in low-income neighborhoods in Boston, Chicago, and San Antonio in 1999. Massachusetts, Illinois, and Texas ranked seventh, sixth, and fourth, respectively, among all states in the number of foreign-born residents in 1996.⁴ As a result, all three cities have significant numbers of families with foreign-born parents and native-born children.

Public assistance benefits for non-citizens vary from state to state. A 1999 Urban Institute report that appraised the safety net available to immigrants in each state on a four-category scale placed Illinois and Massachusetts in the strongest category.

pairs had resided in the United States prior to PRWORA; we therefore omitted from our analyses the small number who arrived after PRWORA and were subject to different restrictions. The remaining pairs in which the child was native-born and the mother was foreign-born numbered 190 in Boston, 122 in Chicago, and 56 in San Antonio.⁸ When asked whether they were United States citizens, 78 percent of the mothers responded that they were not.⁹

Figure 1 shows the distribution of mother's and children's birthplaces for each city. The slices of the pie charts show that the percentage of foreign-born mothers was highest in Boston and lowest in Chicago. These percentages are probably underestimates since the survey excluded non-English-speaking Asian immigrant families. The stacked bars in each chart display the percentage of children of foreign mothers who were native-born and foreign-born. Consistent with national data, the vast majority of children with foreign-born mothers were themselves born in the United States.¹⁰

The interviewer asked the mother whether she or her child was receiving benefits from each of five public assistance programs: TANF, SSI, food stamps, Medicaid, and the Women, Infants, and Children (WIC) nutritional program. The questions did not distinguish between mother's receipt and child's receipt, but it is unlikely that mothers would have received benefits from these programs

without their children receiving them, with the possible exception of SSI.

Public Assistance Use

Public assistance benefits for non-citizens vary from state to state. A 1999 Urban Institute report that appraised the safety net available to immigrants in each state on a four-category scale placed Illinois and Massachusetts in the strongest category. It placed Texas in the weakest category.¹¹ (See sidebar, page 7, for a description of benefit availability in the cities in our study.) Nevertheless, by 1999 all three states had restored many of the benefits to pre-enactment immigrants that PRWORA had eliminated at the federal level. There were some differences: Texas provided food

assistance only to elderly and disabled immigrants; and Massachusetts and Texas had not restored eligibility for SSI benefits.

Figures 2a, 2b, and 2c compare program use by two groups of native-born children in Boston, Chicago, and San Antonio, respectively:

- those whose parents were native-born
- those whose parents were foreign-born non-citizens

An asterisk following the name of a program indicates that the difference between the two groups was statistically significant. (Children whose parents were foreign-born but had become naturalized citizens are not included in the figures, but we will refer to them in the

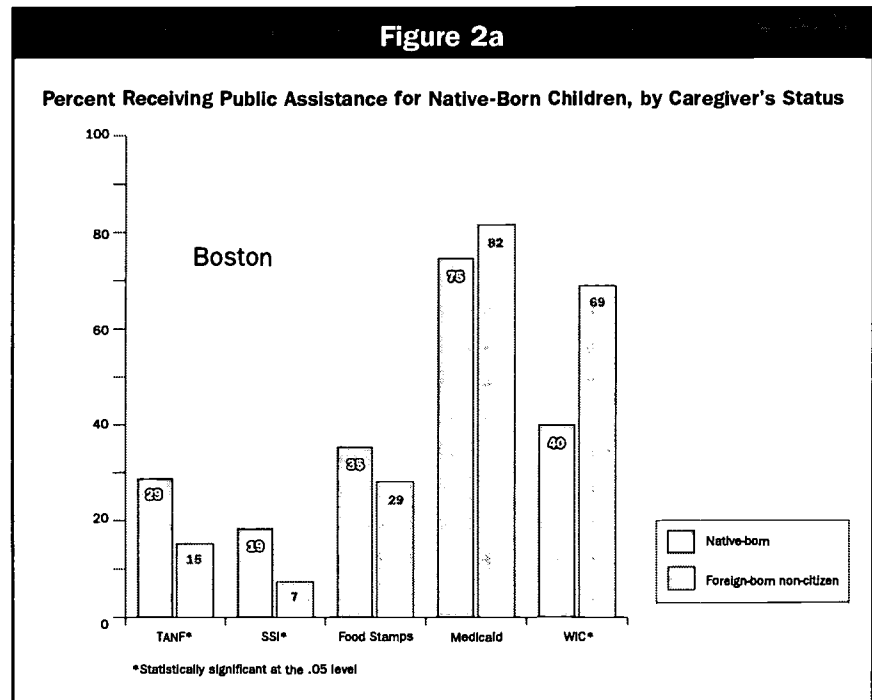
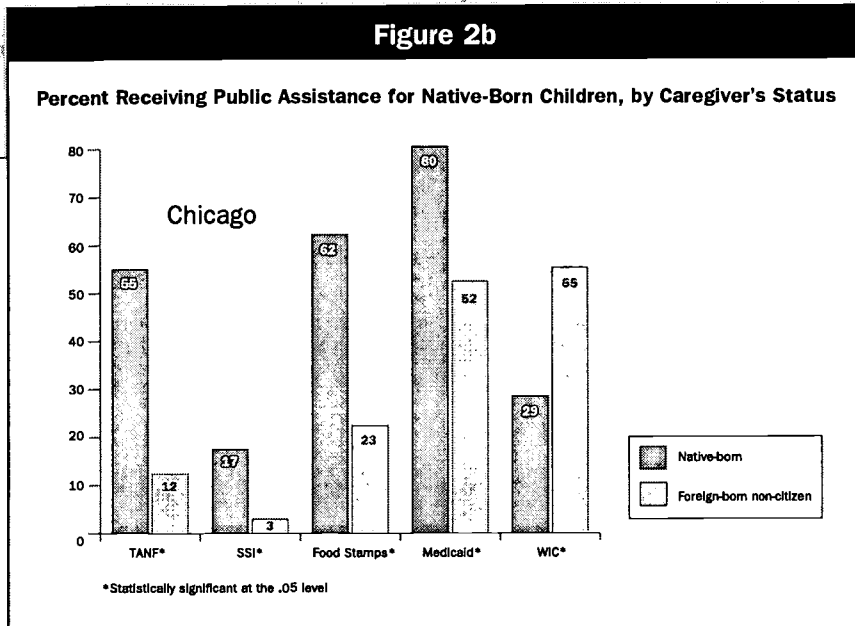


Figure 2b



footnotes.) Let us begin first with cash assistance: TANF and SSI. Across all three cities, children of non-citizen parents were less likely to receive TANF and much less likely to receive SSI than were children of native-born parents. It is, of course, possible that fewer children of non-citizens received TANF or SSI benefits simply because fewer were eligible for them. To check this possibility, we estimated multivariate statistical models for native-born children that controlled for many characteristics (race and ethnicity, city, number of children in the household; mother's place of birth, citizenship status, age, education, marital status, and earned income; and other household members' earned incomes). Accounting for these factors, native-born children of non-citizens still were significantly less likely to receive TANF and SSI in all three cities.¹² The results of these models are available from the authors.¹³

These findings suggest that native-born children of non-citizens are at a substantially greater risk of not receiving cash assistance. The

findings are consistent with those of other reports that suggest lower receipt of benefits by native-born children in mixed-status families.^{14, 15}

However, the story is different for in-kind benefits. Consider the receipt of food stamps by native-born children. In Boston and San Antonio the difference between the children of native-born and non-citizen parents was more modest than for TANF or SSI. As the figures show, only in Chicago was the difference statistically significant. A similar story holds for Medicaid use: In Boston and San Antonio there was little difference between the children of native-born and non-citizen parents. Only in Chicago were the children of foreign-born parents significantly less likely to receive Medicaid. Finally, the figures show that native-born children of foreign-born parents were somewhat more likely to receive WIC in Boston and Chicago and virtually as likely in San Antonio. Overall, then, native-born children of non-citizens in Boston and San Antonio were about as likely to receive in-kind benefits such as food stamps and Medicaid as were children with

native-born parents. And in all three cities, WIC use was common among native-born children of non-citizens.¹⁶

Cash Versus In-Kind Benefits

Why might native-born children of non-citizens be less likely to receive cash assistance? The answers seem clearest for SSI. The difficulty of successfully applying for SSI, which can require hiring an advocate, reapplying after being denied benefits on a first application, and persisting through subsequent applications, may deter some immigrant families. As for TANF, there are several possibilities. All three states restored TANF for immigrants in the United States prior to PRWORA, and yet use was lower among the non-citizen immigrant families in our sample, even though all mothers were in the country by 1996. Our fieldworkers suggest that some immigrants are concerned that receiving cash assistance will later be counted against them when their applications for citizenship are received. Although there are limits on the extent to which the Immigration and Naturalization Service can use welfare receipt in deciding whether a person is a "public charge" and therefore not an acceptable candidate for citizenship, it is likely that some immigrants still think welfare use could hurt them.¹⁷ Moreover, undocumented immigrants or legal immigrants with undocumented persons living in their households may be wary of the attention to household composition that a TANF application invites. It is also possible that since the passage of

Why might native-born children of non-citizens, with the exception of those in Chicago, be just as likely to receive in-kind benefits? The receipt of in-kind benefits is probably less threatening to immigrants and perhaps less stigmatizing as well.

PRWORA, TANF intake workers treat non-citizens differently than they treat citizens.

Why might native-born children of non-citizens, with the exception of those in Chicago, be just as likely to receive in-kind benefits? The receipt of in-kind benefits is probably less threatening to immigrants and perhaps less stigmatizing as well. The INS is forbidden to use receipt of in-kind assistance in determining whether an applicant is a public charge.¹⁸ Still, there is obvious variation from city to city, and this variation does not correspond closely to state policy differences. Illinois's restoration of food stamps and Medicaid benefits to immigrants was, on paper, more generous than that of Texas.¹⁹ Indeed, Illinois's safety net for immigrants was rated much more generous than was Texas's in the Urban Institute report. Even so, the gap in use of food stamps and Medicaid between native-born children with foreign-born and those with native-born parents was greatest in Chicago.

We cannot be sure why this is the case. Observations by our fieldworkers and interviews with community informants suggest the following possibilities. Boston has the most generous immigrant safety net, and it appears to have strong political support for assistance to immigrants. In Boston, state legislation requires interpreters in emergency rooms, and many mothers report being informed about Medicaid benefits for

themselves and their children during prenatal care or in hospitals just after childbirth. In San Antonio, despite its proximity to Mexico, the immigrant community is older, more established, and more linguistically homogeneous than in Chicago. Consequently, the dissemination of information about in-kind benefits may be more effective in Boston and San Antonio than in Chicago.²⁰

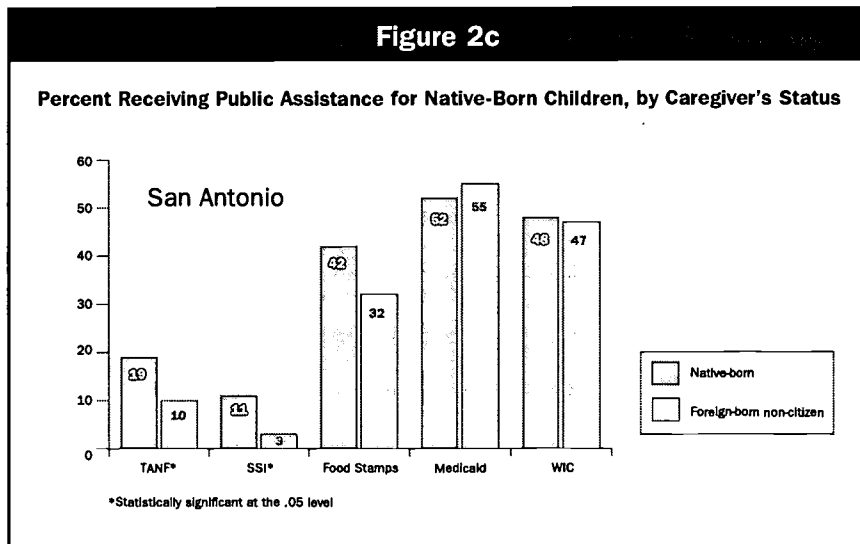
Conclusion

Our study of public assistance use among native-born children of immigrants in English- or Spanish-speaking families found a distinction between cash and in-kind assistance. Native-born children of non-citizen parents in low-income neighborhoods in all three cities were less likely to receive TANF or SSI benefits than were children with native-born parents. This disparity was apparent even when we controlled statistically

for race and ethnicity, city of residence, mother's marital and citizenship status, economic characteristics, and several other factors. Thus, the lower rates of enrollment were pervasive and could not be explained by the observed characteristics of the mother or city. The findings suggest that some citizen children are not receiving cash assistance for which they may be eligible.

In contrast, native-born children of non-citizens received in-kind benefits such as Medicaid and food stamps about as often as children of native-born parents in Boston and San Antonio. And in all three cities, native-born children of non-citizens received WIC benefits about as often as children of native-born parents. So at least in Boston and San Antonio, we cannot conclude that children of non-citizens are being denied in-kind benefits they qualify for. We suspect that factors related to the social organization of

Figure 2c



Native-born children of non-citizens received in-kind benefits such as Medicaid and food stamps about as often as children of native-born parents in Boston and San Antonio.

the immigrant communities and to public support for providing benefits to immigrants may explain the city-to-city variation we found.

In fact, the findings on in-kind benefits suggest that when non-citizen parents perceive little threat to their immigration status and that of the members of their households, and when information about programs is disseminated effectively, they will seek benefits for their children just as often as native-born parents will seek them. In San Antonio, where the PRWORA cuts in food stamps benefits had been restored only to the elderly and disabled, native-born children of non-citizens still received food stamps at levels comparable to those of other native-born children.

Our results are similar to the

1990 to 1992 study mentioned earlier in this brief.²¹ It may be that PRWORA has had little net effect on the use of public assistance by native-born children of non-citizen parents. The lower likelihood of receiving TANF may reflect immigrants' long-standing wariness of applying for welfare benefits. Although we cannot rule out the possibility that the post-PRWORA climate has caused intake workers to treat immigrant applicants differently, we note that all three states had restored TANF eligibility to families in the United States prior to its enactment. Moreover, we think that the low use of SSI probably reflects the difficulty of negotiating a complex application process. Even the children of naturalized citizens were less likely

to receive SSI.

Still, the low levels of use in Chicago for all programs except WIC suggest that there may be localities in which immigrant parents are less likely to obtain in-kind benefits for which their children are eligible. Moreover, as the population of recently arrived, post-PRWORA immigrants increases, the tighter restrictions on their access to public assistance could reduce the level of benefits received by their native-born children. Finally, whether or not PRWORA has had an effect, the low levels of TANF and SSI receipt we found among native-born children of immigrants suggest that some of these children are not receiving assistance they may qualify for and need.

Notes

1. George Borjas, "Welfare Reform and Immigration," *The New World of Welfare*, ed. Rebecca Blank and Ron Haskins (Washington, D.C., Brookings Institution Press, 2001), 369-417.
2. Michael Fix and Wendy Zimmermann, *All Under One Roof: Mixed-Status Families in an Era of Reform*. Available from www.urban.org/immig/all_under.html (accessed 21 March 2001).
3. Sandra L. Hofferth, "Receipt of Public Assistance by Mexican American and Cuban American Children in Native and Immigrant Families," *Children of Immigrants: Health, Adjustment, and Public Assistance*, ed. Donald J. Hernandez (Washington, D.C.: National Academy Press, 1999), 546-583.
4. Wendy Zimmermann and Karen C. Tumlin, "Patchwork Policies: State Assistance for Immigrants under Welfare Reform," *Occasional Paper 24* (Washington, D.C.: The Urban Institute, 1999).
5. Ninety-three percent of the block groups we selected for our sample had poverty rates of 20 percent or more.
6. We did not interview children who were solely in the care of a father or other male relative. Our population estimates suggested that the numbers of such families would have been too small to provide reliable statistics.
7. That is to say, of all the eligible child-caregiver pairs that were identified, we were able to complete interviews with 74 percent of them.
8. These are unweighted numbers. All other figures in this report are weighted to be representative of all children and caregivers in families with incomes below 200 percent of the poverty level in low-income areas of the cities. In weighted terms, the number of pairs is 189 in Boston, 68 in Chicago, and 132 in San Antonio.
9. There is likely some error in individuals' answers to the question, "Are you a citizen of the United States?" Some non-citizens may have been reluctant to disclose their status. We therefore expect that the "citizen" group of foreign-born parents contains some non-citizens. But we think that very few citizens would respond that they were not citizens.
10. Michael Fix, Wendy Zimmermann, and Jeffrey S. Passel, *The Integration of Immigrant Families in the United States*. Available from www.urban.org/immig/immig-integration.html.
11. See Note 4.
12. In the multivariate analysis, children of foreign-born naturalized citizens were about as likely to receive TANF as were children of U.S.-born parents. However, even children of naturalized citizens were less likely to receive SSI.
13. The models were logistic regressions. The lower odds of receiving benefits for children with non-citizen mothers were significant at the $p < .01$ level for TANF and SSI.
14. See Note 2.
15. Once the factors mentioned above were controlled in the multivariate analysis, children of foreign-born naturalized citizens were about as likely to receive TANF as were children of native-born parents. So the data suggest a gap in access to TANF between children of naturalized citizens and children of non-citizens. In the case of SSI, however, even children of naturalized citizens were less likely to receive it.
16. Our multivariate analyses confirmed the findings for food stamps, Medicaid, and WIC. In addition, children of foreign-born parents who had become naturalized citizens were significantly more likely to be receiving food stamps and WIC than were children of U.S.-born parents.
17. Shawn Fremstad, *The INS Public Charge Guidance: What Does It Mean for Immigrants Who Need Public Assistance?* Available from www.cbpp.org/1-7-00imm.htm.
18. Ibid.
19. Illinois restored Medicaid benefits not only to pre-PRWORA immigrants but to more recent ones. Illinois also restored food stamp benefits to most pre-PRWORA immigrants, whereas Texas restored benefits only to elderly and disabled pre-PRWORA immigrants. See Karen C. Tumlin, Wendy Zimmermann, and Jason Ost, "State Snapshots of Public Benefits for Immigrants: A Supplemental Report to 'Patchwork Policies.'" *Occasional Paper 24* (Washington, D.C.: The Urban Institute, 1999).
20. A recent report from the Chicago-based National Center on Poverty Law stated that Medicaid participation among immigrants has declined at a rate that was 44 percent faster than the decline among the native born. Rob Paral, "Shrinking Immigrants," *Research Perspectives of Migration* (Washington, D.C.: Migration Policy Institute and the Urban Institute, 2001): 10-12.
21. See Note 3.
22. Families of different income levels and family structures were sampled at different rates, but we have survey weights which allow us to generalize our sample to the population of low-income single-mother and two-parent families living in low-income neighborhoods in the city as a whole. We employ these survey weights in all the tabulations reported here. For details on weights and sampling see Pamela Winston et al., *Welfare, Children, and Families: A Three-City Study, Overview and Design Report*.

State Public Assistance Policies for Immigrants

Legislation in all states distinguishes between qualified pre-enactment immigrants (those who arrived on or before August 22, 1996) and those who arrived after the passage of PRWORA. Qualified immigrants are lawful permanent residents, refugees, or asylees paroled into the United States for at least one year, or battered spouses and children.

Illinois

Illinois provides TANF and a substitute to Supplemental Security Income to qualified pre-enactment immigrants. Post-enactment immigrants are eligible for TANF after a five-year bar. In Illinois, all qualified immigrants in the United States before PRWORA are entitled to food assistance, and some post-enactment immigrants are eligible as well. Illinois provides state-funded Medicaid to qualified pre- and post-enactment immigrants, and a state-funded CHIP program is available to pre- and post-enactment disabled immigrants and children after a bar.

Massachusetts

Massachusetts provides TANF to pre- and post-enactment immigrants, and does not consider sponsors' resources in assessing an applicant's eligibility. However, the state does not provide a substitute for SSI to immigrants. Qualified pre- and post-enactment immigrants are eligible for state-funded food assistance and Medicaid, and non-citizen children are also eligible for the state's CHIP program.

Texas

Texas provides TANF to pre-enactment immigrants only. Post-enactment immigrants are not eligible for TANF even after the federally imposed five-year bar. An SSI substitute is not available for immigrants. Only disabled and elderly pre-enactment immigrants are eligible for food-assistance. Only pre-enactment immigrants are eligible for Medicaid.

Source: Karen C. Tumlin, Wendy Zimmermann, and Jason Ost, "State Snapshots of Public Benefits for Immigrants: A Supplemental Report to 'Patchwork Policies.'" *Occasional Paper 24* (Washington, D.C.: The Urban Institute, 1999).

Welfare, Children, and Families: A Three-City Study is an ongoing research project in Boston, Chicago, and San Antonio to monitor the consequences of welfare reform for the well-being of children and families. The study comprises three interrelated components: (1) a longitudinal in-person survey of approximately 2,400 families with children 0–4 years of age and 10–14 years of age in low-income neighborhoods, about 40 percent of whom were receiving cash welfare payments when they were first interviewed in 1999. Seventy-seven percent of the families have incomes below the poverty line. Seventy-three percent are headed by single mothers, and 23 percent are headed by two parents. They should be thought of as a random sample in each city of poor and near-poor families with children 0–4 years of age and 10–14 years of age who live in low-income neighborhoods.²² In Boston and Chicago we sampled approximately

equal numbers of African-American, Hispanic, and non-Hispanic white children in poor neighborhoods. Because of the fact that San Antonio does not contain poor neighborhoods that are predominantly non-Hispanic white, we did not sample this group in that city. Our San Antonio sample, therefore, consists entirely of African-Americans and Hispanics. As part of the survey, extensive baseline information was obtained on one child per household and his or her caregiver (usually the mother). The caregivers and children will be reinterviewed periodically. (2) an embedded developmental study of a subset of about 630 children 2–4 years of age in 1999 and their caregivers, consisting of videotaped assessments of children's behaviors and caregiver-child interactions, observations of child-care settings, and interviews with fathers. (3) an ethnographic study of about 215 families residing in the same neighborhoods as the

survey families who will be followed for 12 to 18 months, and periodically thereafter, using in-depth interviewing and participant observation. Unlike the survey, the San Antonio ethnography includes non-Hispanic white families. About 45 of the families in the ethnography include a child with a physical or mental disability. A detailed description of the research design can be found in *Welfare, Children, and Families: A Three-City Study. Overview and Design Report*, available at www.jhu.edu/~welfare or in hard copy upon request.

The principal investigators are Ronald Angel, University of Texas; Linda Burton, Pennsylvania State University; P. Lindsay Chase-Lansdale, Northwestern University; Andrew Cherlin, Johns Hopkins University; Robert Moffitt, Johns Hopkins University; and William Julius Wilson, Harvard University.

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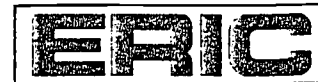
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