



How are California's SSI-CalWORKs Children and Families Faring? A Look at CalWORKs Children with Parents on SSI

Summary. In a study of 60 parents raising children with SSI and CalWORKs aid in San Francisco, we find widespread financial difficulties and hunger among households and serious behavioral challenges among many children. This child well-being update considers risk of further deterioration of health, mental health, and material well-being that could occur if cash assistance and other supports provided to the families become unavailable. The update concludes by noting that in the current era of declining California revenues (including threats to child care slots, CalWORKs grants, and the IHSS budget) it remains important to sustain benefits for children supported by the CalWORKs program.

CalWORKs and SSI Program Interface. The CalWORKs program provides cash aid to very poor families and serves more than one million California children. Many of these children's parents are beset with physical health, mental health and learning disability challenges that would qualify some of them for the federal Supplemental Security Income (SSI) program, if they were to apply. Indeed, county CalWORKs staff often refer disabled parents to SSI advocacy programs (and fund necessary legal advocacy work), so that every year a number of parents qualify for SSI and are removed from the family's CalWORKs case. In 2010, approximately 83,000 children received "child-only" CalWORKs grants while their disabled parents received SSI.

Moving from CalWORKs to SSI represents an important shift for a low-income family. The family's monthly cash income increases by several hundred dollars. Yet even with this somewhat higher income, these parents must still contend with the challenges of parenting in the face of the long-term or permanent, major disabilities that qualified them for SSI and, for some, In-Home Support Services (IHSS).

A respondent with arthritis, migraines and depression reports the difficulties she has caring for her 1-year-old baby, as even changing a diaper presents a major challenge for her: "I tried to get IHSS. I mainly need help taking care of my baby. IHSS said they will care for a disabled baby but not for my healthy baby to help me."

This update reports on interviews with 60 randomly-selected San Francisco SSI-CalWORKs families to provide basic information about the parents and children in these families and the roles played by current support policies, and to comment on how well the combined supports of SSI and CalWORKs meet families' needs.

Parent's Physical and Mental-health-related Limitations.

Every parent in the sample reported conditions that limit work. Their varied problems encompass severe physical limitations, chronic illness such as HIV and hepatitis, significant cognitive impairments, schizophrenia, bipolar disorder, and PTSD.

A chronic condition interfered with one respondent's ability to complete school and gain employment: "Some days I am completely incapacitated [due to pain] and would have to take sick leave. That's a problem for employers."

About half (28 cases) need help with at least six of eight activities of daily life or need help with both personal care and bathing; more than half of this group, or one-quarter of the entire sample, need help with all these.

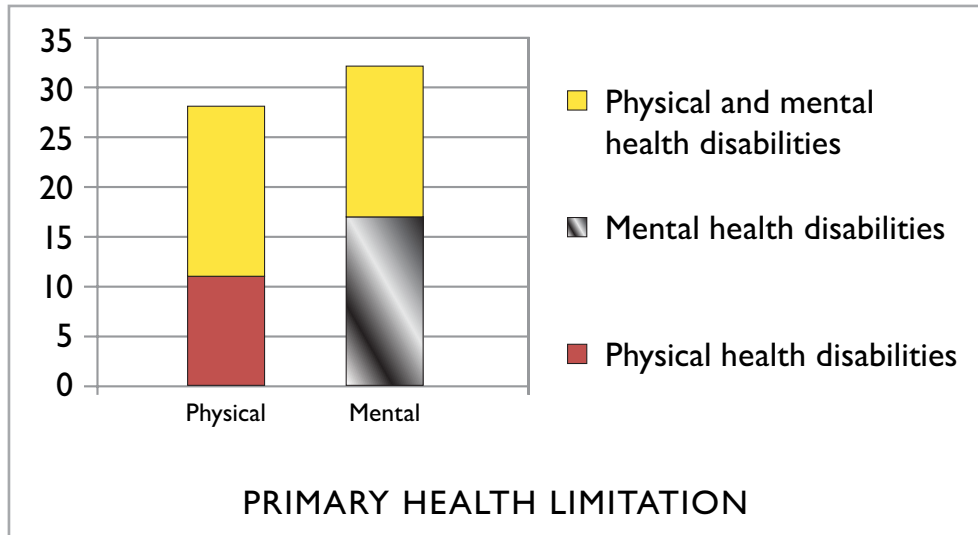
The other half of the sample (32 cases) do not need this level of daily practical support, but instead report serious mental health problems, with 29 people indicating a mental-health reason for SSI, and 29 reporting that mental health problems limited work at the time of the interview.

When asked if depression interferes with her daily life, one respondent replied, "It makes me a robot, like I'm incarcerated everyday."

More than half reported symptoms of PTSD, or reported that depression or anxiety limits their daily functioning.

This broad classification scheme into parents whose first need is for help with activities of daily living and parents chiefly incapacitated by mental health disorders, misses an important complication: 52% of the 60 respondents report both physical problems and mental health problems. More than half (17 of 28) of the seriously physically disabled also have a mental health diagnosis for SSI or find that work is limited by mental health problems, while nearly half (15 of 32) of the group mainly incapacitated by mental health also report that their physical health problems limit work (see Figure 1).

Figure 1. Distribution of Physical and Mental Health Disabilities, by Group



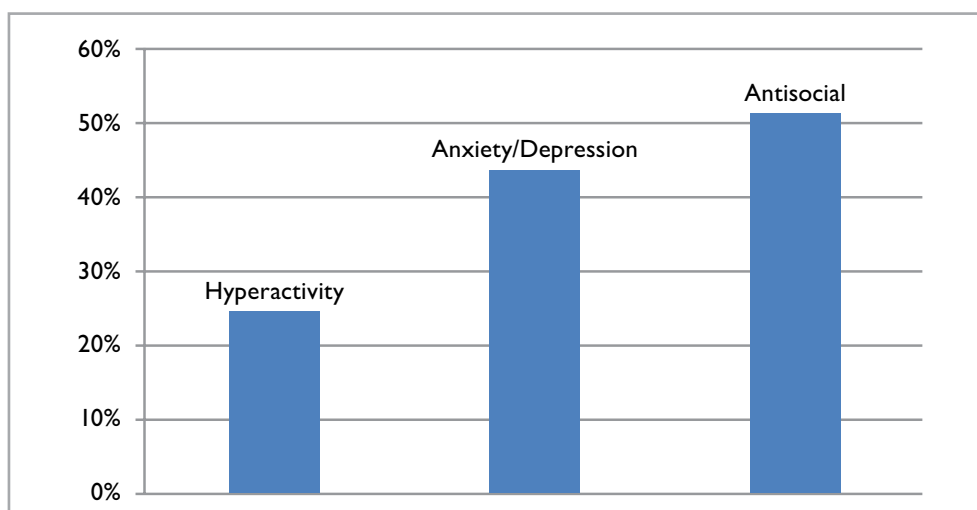
Children’s Physical and Mental Health. These 60 parents were raising 89 children among them, typically (60%) with no other adult in their households. Most (58%) had one child with them, another third (35%) had two, and four people (7%) had three. Children averaged 10.6 years of age, with half the respondents having at least one child age 14-18 and one-third a preschooler. Most children had (according to their parents) very good or excellent health (50 of 86 responses). However, 11 of the 60 parents reported that at least one of their children was in fair or poor health, and an additional five indicated that they had a child with a chronic, limiting condition.

The most common conditions reported included: asthma, emotional problems, ADHD and learning disabilities and developmental delays.

Many parents reported quite serious behavior problems among their children. Parents of youth ages 12-18 were asked if their children had been suspended from school, used alcohol or drugs, been in trouble for fighting, been in trouble with the police, become pregnant or made someone pregnant, or were involved in a gang. Two-thirds (64%) of the parents of teens reported at least one problem of this type. The first three behavior questions were also asked about children aged 6-11, and two-fifths (44%) of parents reported a problem with their elementary-school-aged children. There were no significant differences in these rates by the parents’ disability type.

Parents’ responses to questions about their children’s emotional health also suggest widespread difficulties. The survey included questions that can indicate problems of hyperactivity, anxiety or depression, and antisocial behavior. Parents’ responses suggest rates for each problem ranging from 25% for hyperactivity to 51% for antisocial tendencies (see Figure 2).

Figure 2. Prevalence of Children’s Emotional Health Problems



Challenges and Supports in these Families. Survey respondents were asked how well their family was doing, in terms of meeting basic needs. Problems in paying rent or utilities were widespread (43%), as were respondents’ feelings that they could regularly not buy things that their family needed (58%).

Parents routinely reported an inability to meet all their basic needs, with responses including, “I never have a dollar at the end of the month; I buy what my child needs, but it cuts into money available for other things, like rent; and sometimes I skip paying utility bills so I can buy clothes for my daughter.”

Most striking, however, were reports of hunger: one in four respondents (23%) had gone hungry in the preceding year because they could not afford enough food, and 7% of their children had also gone hungry during that time. These rates are more than four times the 2008 rate of hunger in the U.S. population in general.

When asked if she had ever gone hungry, one respondent replied, “All the time. I only eat dinner and only after my kids have eaten. I am hungry every day.”

Particularly troubling, physically disabled households were especially likely to have gone hungry, at 29% (see Table 1). Their hunger is linked to less food bank use: only half of the most physically disabled respondents had turned to these lifeline programs, compared to two-thirds of those whose primary disability was poor mental health. Thus, for those with the greatest physical limitations, it appears that not just low income but also physical difficulties in getting out to obtain affordable food may contribute to their inability to provide food for themselves and their families.

Table 1. Prevalence of Hunger and Food Bank Use by Primary Disability Group

PRIMARY HEALTH LIMITATION	HUNGRY IN PAST YEAR	USED FOOD BANK IN PAST YEAR
Serious physical limitations	28.6%	46.4%
Mainly mental health disabilities	18.8%	65.6%

The IHSS program fills a critical role for many in the physically disabled half of the study sample. Twenty respondents had IHSS services, and 19 of them were in the more physically disabled half of the sample, as one might expect. Those who had the service received an average of 61 hours of assistance per week.

Asked about the services provided by IHSS, one respondent replied, “IHSS does the things I need done – groceries, laundry, cleaning, cooking. I am grateful for some support.”

However, one-third of the study's most disabled group members – all of whom reported significant limitations in daily life – were not receiving any IHSS assistance, which suggests some limits in access to the service. Further, while IHSS support is surely necessary, it does not protect against hunger. In fact 30% of respondents receiving IHSS also reported having gone hungry.

One respondent with IHSS assistance said she had not received food from a food bank in the past year, adding, "I would like to but not if I have to go on Muni with my baby. People do not give up their seat."

Conclusions. The combination of SSI, CalWORKs, food stamps for their children, and, in many cases, rental subsidies, are crucial supports and help buffer these parents and their children. Given these parents' inability to supplement cash assistance with wages, they would fare even worse if they were reliant only on CalWORKs, or if they did not have access to IHSS. One instructive contrast is provided by data from a study of long-term CalWORKs recipients, which found that an even larger fraction – 39% – had been unable to buy needed food in the preceding year (<http://wprp.ucop.edu/documents/PMRBPANOV2006.pdf>). These CalWORKs parents had average incomes nearly \$300 below the incomes of the SSI recipients in this sample, and many fewer had rental subsidies. The comparison shows that the increased income available to SSI parents is helpful and

necessary. The high rates of hardship show continuing need for attention, including efforts to develop greater linkages among programs and strategies for assistance, especially among the most physically disabled of recipients.

In this era of declining state revenues, including threats to child care slots, CalWORKs grants, and the IHSS budget, it remains important to sustain benefits for the children supported by CalWORKs, especially if their parents are incapacitated and unable to supplement cash assistance with wages. This study of 60 parents raising children on SSI and CalWORKs aid found widespread financial difficulties, hunger, and serious behavioral challenges among many children. The study previously noted found serious hardships among long-term CalWORKs households in which the parent does not have SSI benefits. It is likely that with fewer household resources the children and their parents in CalWORKs households with and without SSI would be at risk of further deterioration of health, mental health, and material well-being.

Study Design and Leadership. Telephone and in-person interviews with San Francisco families receiving SSI for the parent and CalWORKs for the children were conceptualized and carried out by Richard Speigman (Senior Research Analyst, Child and Family Policy Institute of California), Jane Mauldon (Associate Professor, Goldman School of Public Policy, University of California, Berkeley), and Christina Sogar (PhD Student, School of Social Welfare, University of California, Berkeley), with logistical support provided by the San Francisco Human Services Agency. Speigman, Mauldon, and Sogar wrote this update.

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A project policy brief and full report are forthcoming. For more information about the project contact Stuart Oppenheim, Executive Director, CFPIC (stuart.oppenheim@cfpic.org or 415 317-4568) or Richard Speigman (richard.speigman@cfpic.org or 510 419-0456).

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