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Child-Only Welfare Cases in Madison County

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Child-Only Welfare Cases in Madison County

Abstract

Ever since the welfare reform of the late 1990's, greater attention has been paid to the child-only welfare households. These are the households in which only the children are eligible to receive TANF funding, due the SSI or immigrant status of their parents or because they are living with non-parent relative caregivers. Studies have begun to look at the specific problems facing these households. One by Dunifon, M. Hamilton, S. Hamilton, and Taylor (2004) looked specifically at these households across New York State and thus serves as a point of comparison for the findings of this study, which focus on a more specific, rural region of New York, Madison County. Findings indicate that child-only households are struggling economically even with government and community benefits, that the caretakers and children have severe health problems, and that the children are often struggling academically. Recommendations include greater access to more extensive government/community resources, better educational tutoring and mentoring programs and more accessible extracurricular opportunities for children, and more educational programs for caregivers. In addition, further research concerning health problems, transportation availability, and reasons children are living with non-parent caregivers would be an important next step in addressing the specific needs of child-only households in Madison County and all of New York State.

Introduction

Welfare has undergone a drastic shift in the United States over the last two decades. After concerns that monetary support for families was actually decreasing their independence and prospects, changes were made requiring recipients, even mothers with children under age three, to work in order to receive welfare (TANF). This reform significantly decreased the total number of families on welfare. It has also changed the composition of the welfare caseload as children receiving TANF funding are not subject to these new work requirements. These are the child-only welfare cases, the cases where the caregiver cannot themselves receive TANF funding. These caregivers include non-parent relatives, parents receiving SSI, and immigrant parents. Prior to welfare reform, these cases counted for a very small percentage of the total welfare caseload, and thus received little attention. However, as the total number of families on

welfare has decreased, the number of child-only recipients remained constant, thus becoming a larger percentage of the total caseload. From 1990 to 2000, the percentage of child only cases grew from 11.6% to 34.5% of all TANF households. In Madison County, they went from 13% to 51% of the caseload.

As a result, research over the last few years has begun to focus on assessing the needs of these specific welfare families. In 2004, Dunifon, M. Hamilton, S. Hamilton, and Taylor completed a study that provides some of the broad characteristics and concerns that this population faces in the state of New York. Some additional studies have used census data or analysis of the more specific grandparent care situations in order to further an understanding of these cases. However, none of the research to present date has focused on child-only cases in a rural area. It is unknown whether the findings from the state-wide studies would hold true for a specific rural population, such as Madison County.

Thus, the goal of this research is three-fold. The first is to contribute to the slowly growing body of information on child-only cases, specifically looking at what issues the families in Madison County, New York face and how they can be better addressed by the Department of Social Services. The second goal is to see how these findings compare with other research that has been conducted, specifically with the Dunifon et. al. (2004) New York state study. Are there some challenges that are distinct to rural regions? The final goal is to contribute to the growing literature on the well-being of the child-only families in the United States and the changes that are needed to better meet there needs.

Background and Literature Review

Welfare in the United States started in 1939 as part of the Social Security Act of Roosevelt's New Deal. It was originally called Aid for Dependent Children (ADC) but became Aid to Families of Dependent Children (AFDC) in the 1960's. This program was primarily designed to support women with children until they remarried, the children became independent, or widow's benefits began. Beginning in the 1970's, the federal spending on AFDC increased dramatically, by 50% from 1970 to 1990 (Alvord, Tiefenthaler, Fitzgerald 11). This was due to the participation of more families in the program and greater allowances being granted.

However, there was concern over whether government involvement through monetary support was actually decreasing the independence and prospects of its recipients. Some argued that welfare payments encouraged women with children to remain unemployed and that this could even act as an incentive for having children out of wedlock. The welfare reforms of the 1990's were aimed at addressing these concerns. The 1996 Personal Responsibility and Work Reconciliation Act (PRWORA) was the primary result. It replaced AFDC with Temporary Assistance for Needy Families (TANF). It required mothers, even with children under age three, who received financial support from TANF funding to work. Because of these reforms, the total number of families on welfare significantly decreased from approximately 4 million in 1990 to 2.3 million in 2004 (Charlesworth 1 TANF Child-Only Cases Trends)

Children receiving TANF funding, however, are not subject to these new work requirements. Prior to welfare reform, these cases counted for a very small percentage of the total welfare caseload, and thus received little attention. However, as the total number of families on welfare has decreased, the number of child-only recipients remained constant, thus becoming a larger percentage of the caseloads. From 1990 to 2000, the percentage of child-only

cases nationally grew from 11.6% to 34.5% of the total TANF families. In Madison County New York, one study found the number of child-only cases to be 80 out of the 600 households receiving cash assistance (13%) in 1995, whereas in 2001, there were 79 child-only cases but out of total of 156 households receiving assistance. Thus, in 2001 child-only cases were a larger percentage of the total caseload at 51% (Alvord et. al.). This is higher than the percent of child-only cases across New York state, which was found to be 30% of the total caseload in 2003, up from 14% in 1994 (Dunifon et. al).

These child-only welfare cases are those in which the caregiver cannot themselves receive TANF funding. The TANF child-only cases can be broken down into the households where (1) the caregivers are non-parent relatives, (2) parents are receiving SSI, and (3) parents who are immigrants. Dunifon, M. Hamilton, S. Hamilton, and Taylor (2004) looked at the needs of the different types of cases within this child-only caseload in New York City and the rest of New York State. Surveying 400 families in each of these locations, they found that 39% were non-parent caregivers, 37% were SSI parents, and 24% were immigrant parents. Over 90% of the immigrant parents lived in NYC, however, suggesting this category of case to be less prevalent across the rest of the state.

Because of the differences between these types of child-only cases it is important to look at them separately. Non-parent relatives who are acting as caregivers may be doing so for a variety of reasons. The parents may be in drug treatment programs, jail, or are simply unable or unwilling to care for their children at that time. The non-parent relatives are not legally obligated to care for the children as they would be as foster parents. Thus, they are able to apply for a TANF grant, independent of their own assets and income while the children are in their care. SSI cases are ones in which the parent is receiving Social Security income based on a disability.

The children in those households may be eligible for TANF funding. Immigrant cases are those in which the parent(s) are illegal immigrants, and thus are ineligible for welfare, but the children are U.S. citizens and thus are eligible for TANF funding (Wood and Strong 8-9).

There are several specific elements of the 1996 reforms that directly affect child-only cases. One is the sanction policy, which says that the state governments must repeal benefits for families that do not follow work or child support policies; this causes the case to switch to child-only. PRWORA also defines who is considered “aliens” in the country and for how long they are ineligible to receive benefits. Any children who are U.S. citizens, however, are eligible for child-only benefits. The SSI program specifies that caregivers receiving it are ineligible to receive TANF, though their children are still eligible. States vary in whether or not SSI is included in the determination of the calculation of TANF benefits. Non-parent caregivers may be eligible to receive TANF funding for the children in their care and yet not for themselves due to their income levels. They also may choose to only apply for child-only assistance because of the time limits, work requirements, and even stigma that may come with their receiving TANF funds themselves. Finally, there are limits on the duration for which households can receive benefits, but these time limits do not apply to child-only cases, thus increasing their percentage in the total caseload.

Welfare reform has left much of the details of the administration of TANF child-only grants in the control of the states, however. In fact, states are not even required to offer child-only grants, though studies show that all states are currently offering some type of public assistance to these children. States have the ability to define their own child-only TANF programs. They can dictate eligibility requirements, time limits, and grant amounts. New York specifies all of these in their in their annual TANF plan. Thirteen states have no mention of

TANF child-only requirements at all despite their reporting that they are offering such services and have data to back up the administration of these grants. This is clearly an area necessitating further research (“Children in Temporary Assistance” 2-27).

Kinship care which can be broken into two types: private and public. Private kinship care is arrangements made without the assistance of social service agencies; parents simply make an arrangement to have relatives care for their kids. Public kinship care is when social service or foster care agencies place the children with relatives. Public care can be either foster care or voluntary care. Foster care is usually court mandated placement and the caregivers are licensed foster parents. Voluntary care is when social service departments help place the children without the involvement of the courts. All of these types of cases are eligible for TANF child-only grants, though the amounts vary. Despite the availability of funding, only a small percentage of these households apply for TANF funding. According to the Urban Institutes assessment of the National Survey of America’s Families, only 6 percent of private kinship care families receive a child-only payment. Only about a third to a half of children placed by the courts received a payment. Children in public kinship care are also eligible for funds through SSI and other programs. Thus, about 45 percent of children in public kinship care receive TANF or one of these other government payments. Far fewer families receive child-only grants than are eligible for a variety of reasons including desire to avoid working with social services and unfamiliarity with the availability of funding (Murray, et...1-3). Yet Ehrle, Geen, and Clark (2001) found, based on the 1997 National Survey of Families, that 41% of families involved in kinship care live with an income below the federal poverty level and that 36% of these families are headed by a caregiver without a high school degree.

Kortenkamp and Ehrle (2002) also analyze the well-being of children who are part of the child welfare system, using the National Survey of America's Families. This study looked at children living with a non-relative foster parent or with a relative because of a court placement, thus it is not necessarily representative of child-only TANF cases. Nevertheless, it does look at the well-being of children in homes where they are the primary welfare recipients, and is thus useful to this analysis. The findings show that 27% of 6-17 year olds in the study had high levels of emotional and behavioral problems, 25% had received mental health services, 32% had been suspended or expelled from school, and 17% skipped school in the past year. In addition, 39% had low levels of engagement in school and 28% were not involved in any activities outside of school. These percentages are significantly higher than for children living with their parents. In regards to health, 10% reported fair or poor health and 28% of the children had a physical, learning, or mental health condition that limits their activities, though findings suggest that they have access to and are receiving as much health care as children living with their parents.

The children's well-being is also affected by the stability and health of the caregiver. Kortenkamp and Ehrle (2002) show that 17% of children involved with child welfare are living with a caregiver who has symptoms of poor mental health and 25% are living with a "highly aggravated" caregiver. About a quarter of children live with a caretaker who reads to them two or less times a week and the same percent are taken on simple outings (even including the park and grocery store) two to three times a month or less. Thus, the overall findings of this study were that children living with their parents generally had better health, less behavioral and emotional problems, and more involvement and participation in activities than children living with relatives or in foster care. However, when comparing these child welfare families to families where the children are living with parents but are described as at-risk households, these

findings become less pronounced. This suggests that other factors may contribute to the well-being of the households besides the presence of the parent.

Several other studies help build on the findings of the Ehrle, Geen and Clark (2001) and Kortenkamp and Ehrle (2002). A report prepared for the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services titled “Children in Temporary Assistance for Needy Families (TANF) Child-Only Cases with Relative Caregivers” is the most extensive analysis of the kinship child-only cases that has been completed (2004). This report offers an extensive background on the variation of TANF child-only policies across states, before focusing on the results of two specific national surveys to draw some conclusions about the history, well-being, and needs of these families. These two longitudinal surveys are the National Survey of Child and Adolescent Wellbeing, which includes more than 5,400 children from 97 welfare agencies nationwide, and the Survey of Income and Program Participation, a survey of 40,000 households in the 1996 through 2000 panel from which information regarding child-only TANF families could be acquired. The findings from both these studies were similar. Children living in kinship care arrangements appear to be better off than children receiving TANF who are not living with relatives. However, they also show that children in any type of relative care are at high risk for medical, behavioral, and educational problems. All relative caregivers do not have access to the materials and services that they need, such as educational and medical support, and there is some evidence that these cases fall through the cracks of the welfare system. Government and community agencies may be unprepared to collaborate in responding to the needs of these families. Particularly, studies show a lack of assessment and case management for child-only cases with relative caregivers.

Dunifon, M. Hamilton, S. Hamilton, and Taylor (2004) completed an important study that looks at the challenges faced by the child-only families, looking specifically at the needs of the three different types of cases: non-parent caregivers, SSI parents, and immigrant parents. Their survey involved 800 families from both New York City and the rest of New York state, and it made comparisons at the national level using data from the National Survey of America's Families. Some important findings were related to behavior, health, education and economic well-being. On the positive side, their findings showed that, for the most part, the children were in good health. Thirteen percent of children were reported as being in fair or poor health which is close to the national average for all families below 200% of the poverty level. This number is slightly higher, however, than the national average for all children, with 5% being reported as being in fair or poor health. In addition, 80% of the school-age children in the study were enrolled in school and were living in fairly stable and long-term living environments.

However, many of the findings of Dunifon et. al. (2004) showed areas of concern. Their study found that children in non-parent TANF households had statistically higher levels of behavior/emotional problems than other children, with 13% classified as having such problems. Many of the children were also having problems in schools. Twenty-seven percent had repeated a grade and 29% were or had been in special education. In regard to the households in which these children live, many did not have enough money for food and basic necessities or did not have access or chose not to access programs to help meet these needs. The average household income was \$12,000 per year and 66% of the families had trouble acquiring sufficient food one or more times in the past year. Many of the caregivers had significant health problems, including mental health concerns and drug-related problems. A total of 68% of the caregivers in their

study reported either poor mental health, fair or poor physical health, one or more health limitations or a combination of several of these factors.

The Dunifon et. al. study (2004) made comparisons between the different types of child-only cases, noting distinct differences in everything from well-being to economic stability. A few of the important findings include that non-parent caregiver families were the most economically stable, exhibited less mental health problems, and were committed to acting as caregivers for a lengthy period of time. Children from immigrant families had the lowest levels of behavioral and emotional problems. And SSI caregivers had the most physical and mental health limitations.

In summary, an increasingly large portion of welfare cases in this country are child-only cases. While there are mixed findings regarding the health of children living with their parents vs. those living with relatives or in non-relative care, studies do suggest that, overall, children receiving child-only benefits face many problems. Poverty, medical concerns, and poor school performance are some of those most commonly mentioned. Their caretakers may also be in poor health and likely struggle to make ends meet in their households. These findings suggests that additional programs and research may be necessary to help better meet the needs of the different child-only cases in New York State and across the country. The following study was designed with that purpose in mind.

Data

The survey used in this study was modeled on that used by the 2004 Dunifon et. al. study, though many changes were made to adapt it to a smaller, more specific population. The survey (see Appendix A), which was approved by Colgate University's Institutional Review Board,

asked questions pertaining to the whole household including composition and finances as well as questions specifically for the caregiver and his/her spouse including employment, finances, health, legal concerns, and overall well-being. In addition, the caregivers were asked to provide information on each of the children in the household receiving TANF funding. This information included health, education, behavior, legal concerns, and plans/goals.

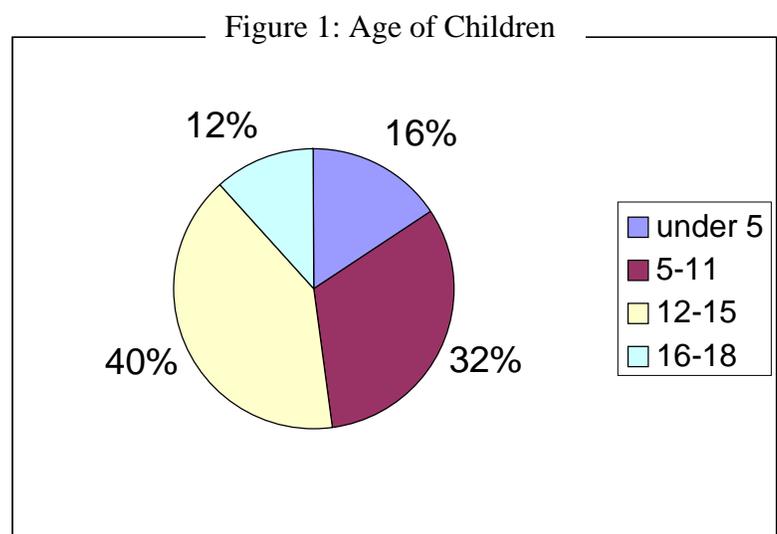
An attempt was made to contact all 84 of the “child-only” cases active in Madison County, according to the Madison County Department of Social Service records, by telephone. Prior to being contacted by phone, each family received a letter providing information about the voluntary study in which they would be asked to participate (see Appendix B). The telephone surveys were administered by five trained Colgate University students over a three month period. Of these, 46 families were reached and agreed to participate. Before completing the survey, the participants were guaranteed of confidentiality and that their responses would not change their eligibility for programs they were currently receiving.

Analysis

Participant Demographics

Of 46 households that participated in the survey, 11 of these were SSI cases and 35 were non-parent caregiver, child-only households. None of the cases were immigrant child-only cases, as only

1% of the residents of Madison County, according to 2000 census data, are not U.S. citizens.



These demographics are quite different from the Dunifon study. Thirty-seven percent of their cases were SSI, 39% were non-parent, and 24% were immigrant, primarily due to their inclusion of New York City, where 20% of the population did not have citizenship in 2000. However, the Dunifon study frequently focus on these groups independently which allows for more accurate comparisons with the findings of this study.

Of those surveyed in Madison county, 32 (or 74%) had a partner or spouse living in the residence compared with only 19% having a spouse or partner in the Dunifon study. Even when looking at the non-parent group in the Dunifon study alone, of which 36% percent had spouses, the percentage of spouses in Madison County is significantly higher. In this study, we found that only 9 households had additional adults living in the home, as well, and the average time families had spent in their current residence was 8.4 years.

There were a total of 71 children reportedly receiving public assistance in these 46 households, and 69 for which surveys were completed. Thus, the average household has 1-2 children. Of these 69 children involved in the survey, 38 were girls and 31 were boys. In regards to their ages, 11 of the children (16%) are under the age of five, 22 are between the ages of 5 and 11 (32%), 28 are between 12 and 15 (40%), and 8 are between the ages of 16 and 18 (12%) (see Figure 1). The average age was just under 11 years old. The Dunifon study only gathered information for one target child receiving child-only benefits in households no matter the number receiving benefits in the household. The average age of the children in their sample was 9 years old.

Education, Employment, and Income

Most of the respondents and their spouses have no more than a high school education, though a few have some college. Twenty-two percent of the respondents have less than a high school degree, 45% percent have a high school degree, 26% have some college, and 7% have an associates degree. None have completed a bachelors or graduate degree (see Figure 2). Of the spouses, 28% have less than a high school degree, 53% have a high school degree, and 19% have some college. None of the spouses have college degrees (see Figure 3).

Figure 2: Respondent Education

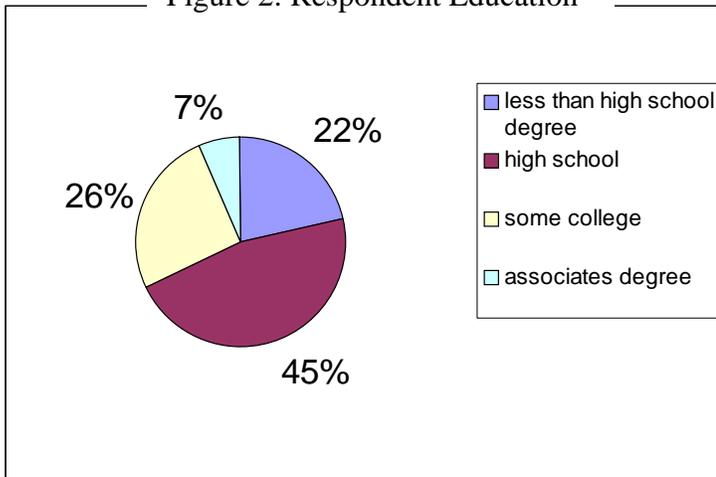
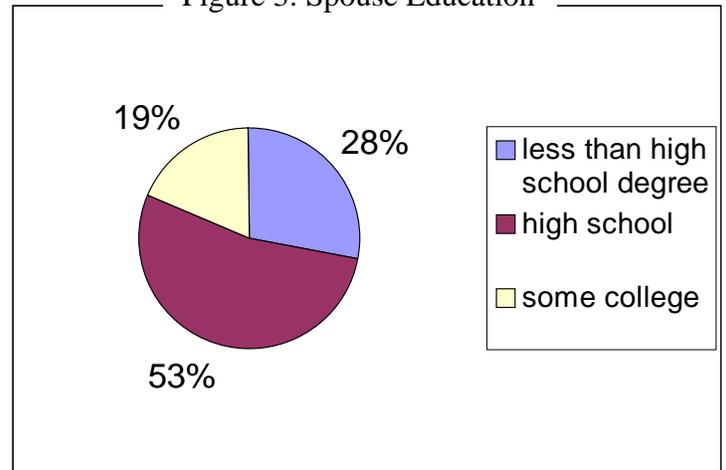


Figure 3: Spouse Education



Thirty-one of the 48 households in this study, or 65%, reported that at least the respondent or the spouse is employed. Of the respondents, 22, or just under half, are currently employed. The respondents that are employed primarily work in factories, customer service, or office staff positions, though a few were specialized in areas such as nurses aids, bookkeeping, and engineering. Of the 18 that reported their earned income from working, the average yearly salary was \$15,912. Nineteen of the 32 partners residing in the home are currently employed. They are primarily truck drivers, factory workers, or involved in an aspect of home building

including carpentry and electric work. The average earned income for the 13 who provided this information was \$24,252 per year.

In total, 24 households out of the 31 claiming that either the spouse, respondent, or both are employed, reported the numerical values for their earned income. The average yearly earned income for these twenty four households was \$25,434. The average household income reported for the Dunifon study was about \$12,000 per year, though the figure was significantly higher for non-parent caregivers which make up a majority of this study. Their average yearly household income was about \$18,700. The figures for the Dunifon study also include income sources other than earnings such as government assistance and benefits, SSI, child support, and unemployment. Seven of the households in this study reported earnings for both applicant and spouse. These households average yearly, earned income was \$50,184.

Of the 24 households which reported earned income, 2 were two-person, 9 were three-person, 6 were four-person, 6 were five-person, and one had ten people in residence. These totals include caretakers and all children under age 18 living in the residence. It does not include any additional adults living in the home, as no question was asked regarding their earnings, which would alter the overall household income. If forced to rely solely on their earned income, 12 (50%) of households were below the poverty line and 18 (75%) of households were below the 150% poverty level. Both of the two-person households were below the 100% and 150% poverty levels. Of the three-person households, 11% were below the 100% poverty level and 56% were below the 150% poverty level. Sixty-seven percent of both four and five-person households were below the 100% poverty level and 83% of the 150% poverty level. The one household with more than five individuals was also below the 100% and 150% poverty levels (see Table 1). It is

important to note that these numbers are based solely on earned income and do not include Social Security or any government benefits they are receiving.

Table 1: Breakdown of Household Poverty Levels

Household Size	Number of Households	Percent Below 100% Poverty Level	Percent Below 150% Poverty Level
Two Person	2	100%	100%
Three Person	9	11%	56%
Four Person	6	67%	83%
Five Person	6	67%	83%
More than Five Person	1	100%	100%

Twenty-eight of the forty six households, approximately 61% of the respondents, reported receiving money from at least one other government program. Food stamps (28%), Medicaid (52%), free school lunches (48%), fuel assistance (41%), and child support (43%) were the most frequently used programs. Twenty-six percent claimed that they or a child was receiving SSI income, though this number may be lower than the total number receiving SSI due to the way this information was requested on the survey. None reported receiving veteran’s medical benefits or child health plus (see Table 2). The use of government and community programs was common among households across the state, according to the Dunifon study. Particularly, food stamps, WIC/fuel assistance, Medicaid, free school lunches, and child support were frequently contributing to the income of these households.

While child-only households are more likely to rely on government programs, twenty-two of the households in this survey (48%) also reported using community programs and services. Job preparation (15%), summer youth programs (22%), transportation services (15%), and food

programs (17%) were the most frequently used. Alcohol and drug programs and domestic violence services were the least utilized (see Table 3).

Table 2: Use of Government Programs

Government Program	Number Reporting Usage	Percent Reporting Usage
Food Stamps	13	28%
Medicaid	24	52%
Child Care Subsidy	2	4%
WIC	5	11%
School Lunch	22	48%
Other Food	5	11%
Fuel Assistance/HEAP	19	41%
Rent Assistance	2	4%
Child Support	20	43%
Social Security	12	26%
At Least One Program	28	61%

Table 3: Use of Community Programs

Community Programs	Number Reporting Usage	Percent Reporting Usage
Job Preparation	7	15%
Housing	3	7%
Educational	3	7%
Parenting	4	9%
Alcohol/Drug	1	2%
Summer Youth	10	22%
Prenatal	4	9%
Well-Child	4	9%
Domestic Violence	1	2%
Transportation	7	15%
Food	8	17%
Other	5	11%
At Least One Program	22	

Well-Being

The majority of respondents, about 66%, were sometimes, often or always concerned about having enough money for food and housing. Seventeen of the participants (37%) were always concerned about having enough money, and only nine of them (20%) were never concerned (see Figure 4). One woman explained that she would be “a lot more optimistic about her future without all the financial concerns.” Another described how she utilizes the services to make sure her family has food because they would not be able to afford it otherwise. But going on, she described how she was not proud of having to rely on all the services and that doing so troubled her a great deal. In the Dunifon study, 66% also expressed concerns about having enough money for food. The authors assert that nationally only 21% of all adults are concerned about having enough money for food.

Figure 4: Participants Concern about Money

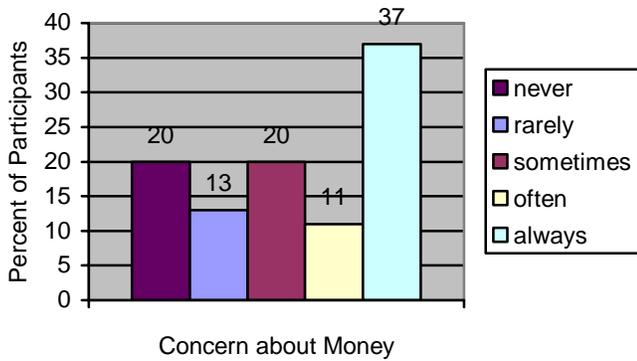


Figure 5: Stress Levels of Participants

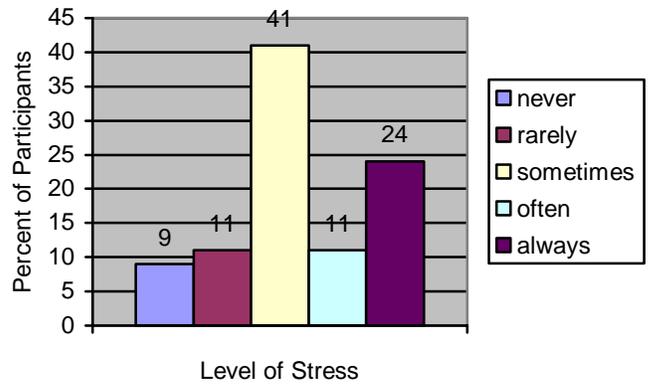
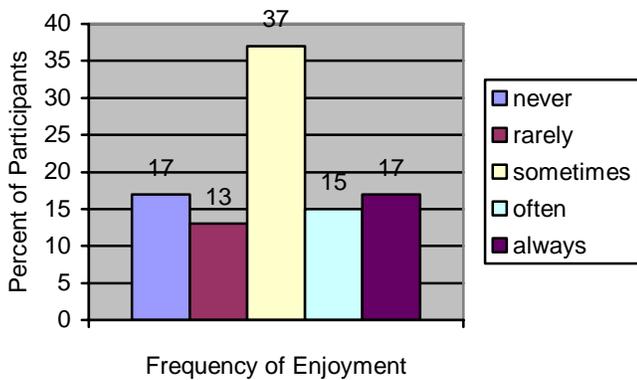


Figure 6: Time for Enjoyment



About 35% of participants also said they were often or always stressed, while 41% said they sometimes were, and only 20% said they never or rarely were (see Figure 5). Thirty percent of respondents said they never or rarely had time to do something they enjoyed (see Figure 6).

The Dunifon study also attempted to determine the amount of stress in the lives of the

participants. They found that 58% identified significant other stresses in their lives.

When asked about the level of optimism they had regarding their future, 56% said they were not at all or somewhat optimistic, while 44% said they were mostly or highly optimistic (see Figure 7). In regards to their children’s futures, the respondents were more optimistic: only 19% of respondents said they were not at all or were somewhat optimistic about the children’s futures, with 81% saying they were mostly or highly optimistic (see Figure 8).

Figure 7: Level of Optimism for Future

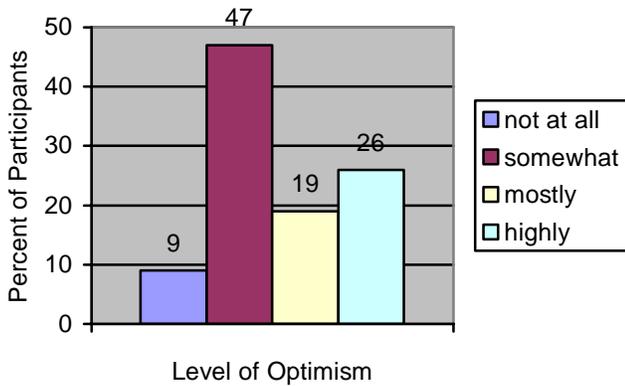
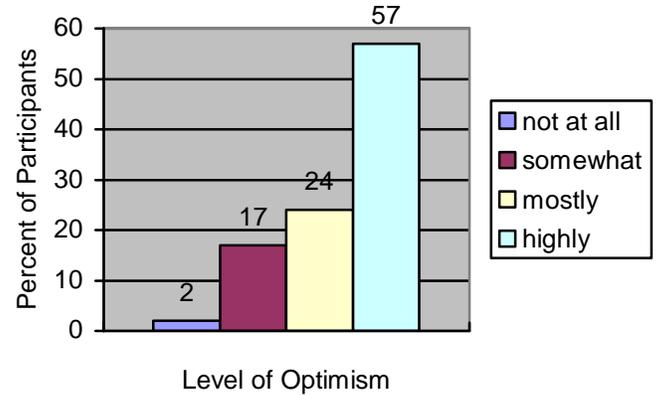


Figure 8: Level of Optimism for Children’s Futures



Health and Legal

Health problems were a major concern in many households, with 65%, or 31 of the 48 households, reporting at least one adult with a serious medical condition. Fifty-two percent of respondents and 40% of spouses reported serious medical concerns. Dunifon found that 68% of the

Table 4: Caregiver Health Issues by Category

Medical Issues	Number Reporting	Percent of Caregivers
Psychological/Neurological	9	20%
Urinary/Digestive	10	22%
Muscular/Skeletal	12	26%
Cardiovascular	11	24%
Sensory	2	4%
Respiratory	1	2%
Hormonal (diabetes)	5	11%
Other	5	11%
Problem in at Least Two of the Above Areas	10	22%

caretakers they surveyed had such problems. However, as their sample included a greater number of SSI cases, of which 88% had severe medical problems, their findings may be more similar to those in Madison County than they appear. Compared to the 12% national average for all non-elderly adults who have severe medical problems as The Dunifon study determined from the National Survey of America’s Families this number is quite high.

Twenty-four percent of respondents and 9% of spouses described requiring psychological care. The Dunifon study found that 33% of caregivers had mental health issues, though that figure is lower, 23%, when looking solely at non-parent families. The other health issues most frequently experienced were urinary/digestive problems (22%), muscular/skeletal problems (26%)

and cardiovascular problems (24%). Five individuals also listed diabetes as a major health concern. Ten of the respondents/spouses, or approximately 22%, also listed having severe problems in more than one of the health categories described (see Table 4).

About half of the respondents and spouses had access to dental care, with 61% of respondents and 47% of spouses stating they had it in the last five years. Alcohol and drug abuse were rare, with only one respondent and one spouse reporting to require treatment. Regarding legal trouble, only one respondent and four spouses were reported as having been in legal trouble in the last five years. Of these cases, it seems that most of the incidences were alcohol related, however. One spouse had his license revoked for alcohol related driving incidences and another was reported to the police for behavior while under the influence. One reported having committed a felony and another spouse was currently in jail.

Well-Being of Children

Respondents felt that 45% of the children in their care were always happy, while 41% were often happy. Only 14% of children were believed to be sometimes or rarely happy (see Figure 9). Seventeen percent of caregivers were always concerned about the ability of their children to make friends. Concern was rarely, sometimes, or often given for 22% of the children's ability to make friends. And for 47% of children, their caretakers were never concerned about their ability to make friends (see Figure 10).

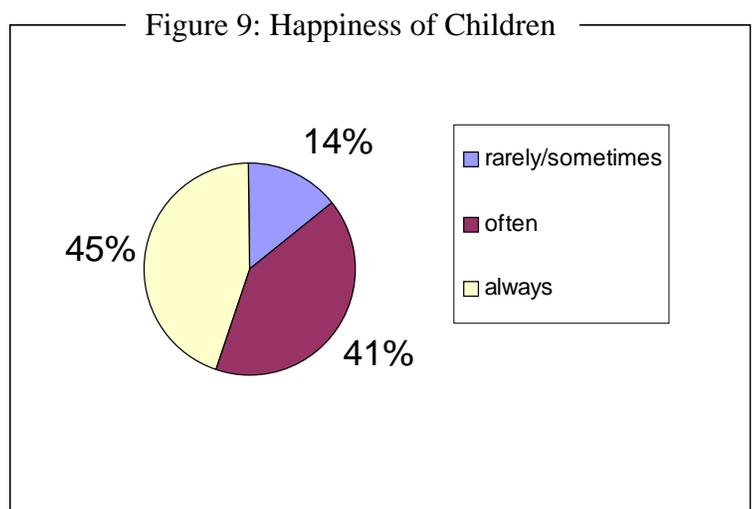


Figure 10: Ability of Children to Make Friends

Health Concerns of Children

In regard to the health of the children, 33% suffer or have suffered from serious or ongoing medical problems and 26% had required hospitalization. This is higher than the 13% of children who were found to be in fair or poor health in the Dunifon study. It is

also significantly higher than the national average for all children and even for all children associated with the child welfare system, at 5% and 10% respectively being described as in fair or poor health. More boys in this study (39%) were identified as having severe medical problems than girls were (28%). More girls, however, had been hospitalized (30%) than boys (21%).

A quarter of all children were identified as having learning disabilities, with the vast majorities of these being ADHD. Psychological/neurological were fairly common, with 10% of children having problems such as anxiety, depression, bipolar disorder, and emotional concerns. Thirty-three percent of children over the age of twelve had received psychological care at some point in time. The Dunifon study found that 13% of children living in TANF child-only families across the state had mental health issues. Both of these are higher than the national average for all children which is 6-7%

Approximately 17% of children were described as having respiratory issues, with the most common being asthma, chronic ear infections, and bronchitis. Six percent of children were identified as having other chronic medical issues including thyroid problems and seizures. Fourteen percent of children had broken a bone. Another 9% described a variety of other serious, but short term, medical incidents including an animal bite, dehydration, and appendicitis (see

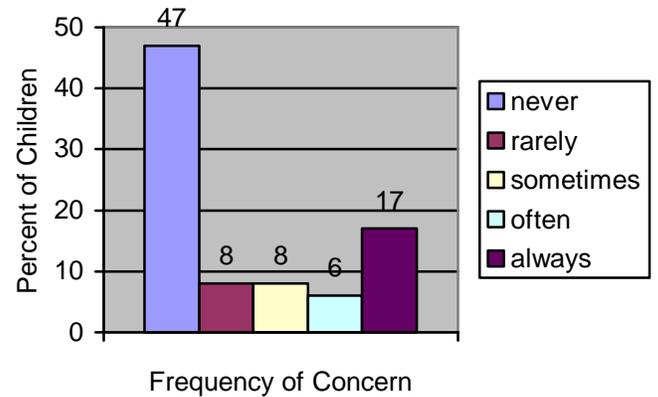


Table 5). Doctors had expressed concerns about weight for 16% of them, as well, though only one reported a serious eating issue. The percentage was higher for girls than boys, with 23% of girls having a doctor express concerns about weight compared to 9% of boys.

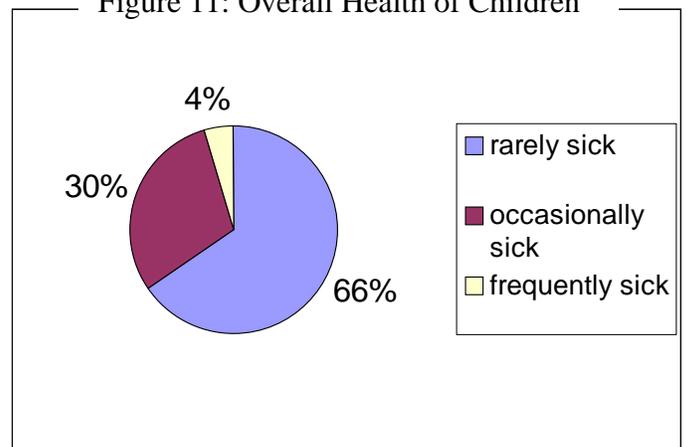
On an ongoing basis, however, 66% of the children were described as rarely being sick, with an additional 30% occasionally sick, and only 4% frequently sick (see Figure 11).

Approximately 80% of children had dental care within the last two years.

Table 5: Children’s Medical Issues

Medical Issue	Number of Children	Percent of Children
Psychological/Neurological	7	10%
Learning Disabilities	17	25%
Respiratory	12	17%
Other Chronic	4	6%
Other Acute	6	9%
Weight Concerns	11	16%

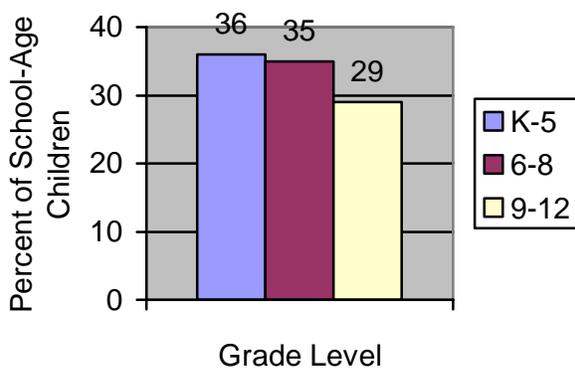
Figure 11: Overall Health of Children



Education

Fifty six of the 58 children of age to attend school, are enrolled. The average grade of

Figure 12: Grade Level of Children in School



attendance is sixth grade, though, on average, the girls were one grade level higher than the boys. Thirty-six percent of the school age children in this study are enrolled in kindergarten through fifth grades. Thirty-five percent are in sixth through eighth grades and 29% of the children are in grades ninth

through twelfth grades (see Figure 12). For all school age children the average number of days of school missed was 1.5.

Nearly 31% of the children (or 18 children) had been held back a grade, while none had skipped a grade. A slightly higher percentage of boys had been held back, 36%, compared to 28% of girls. Sixty-one percent of these children were described as having serious medical problems currently or in the past, compared to 33% of all the children. Five of the 18 children who had been held back (27%) were listed as having ADHD. These eighteen children also had an average of 5.3 school days missed in the last year compared to the average which was 1.5 for all children in the survey.

Thirty-four percent of all children in school in this study were in remedial classes and 45% received extra tutoring. The Dunifon study looked at slightly different categories, but reported that 27% of children surveyed had been held back a grade and 29% had been placed in special education classes. The respondents and spouses surveyed in Madison County helped at least 79% of the children with homework. When asked whether they believed that the children in their care were performing below average, average, or advanced in school, 60% believed their kids to be

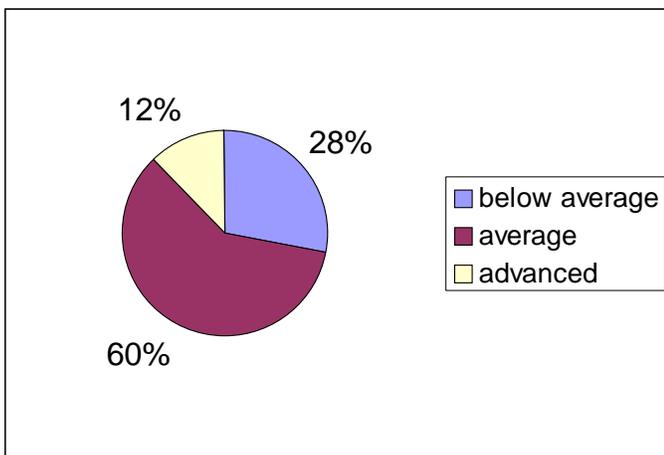
Figure 13: Educational Progress of Children

doing average, though more were below average

(28%) than above it (12%) (see Figure 13).

The educational progress had changed for 21% of the respondents over the last year.

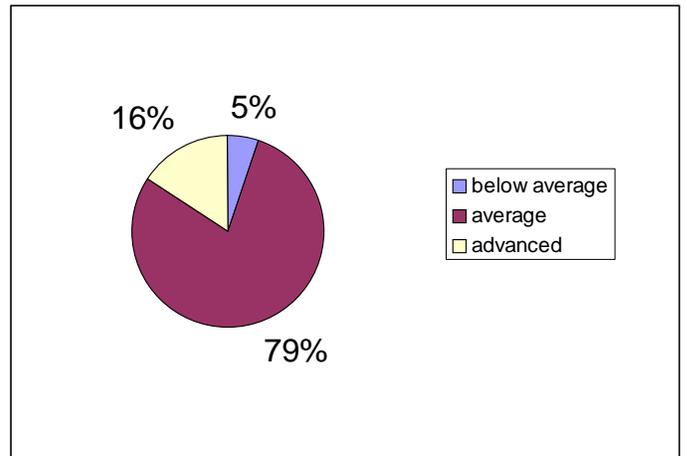
Seventy-nine percent of respondents thought that the schools themselves were performing at an average level, with only 5% reporting what they believed to be



below average performance (see Figure 14).

Figure 14: Quality of School

After school, about 66% of the children come directly home, where they primarily do homework, watch television, or play on the computer, supervised by the respondent. By gender, 73% of boys versus 59% of girls come straight home after school. Approximately 59% of the children over the age of five were involved in at least one extracurricular



activity. Fifteen, or 44% of all the children over the age of five, were involved in more than one category of extracurricular activity. Athletics was the most common extracurricular that children were involved in with 43% reporting participation. Sixteen percent reported involvement in each of the categories of music and hobby clubs and 7% were involved in each of the categories of educational and art/theater clubs (see Table 6). The number of each gender participating in each activity was fairly balanced.

Table 6: Involvement in Extracurricular Activities

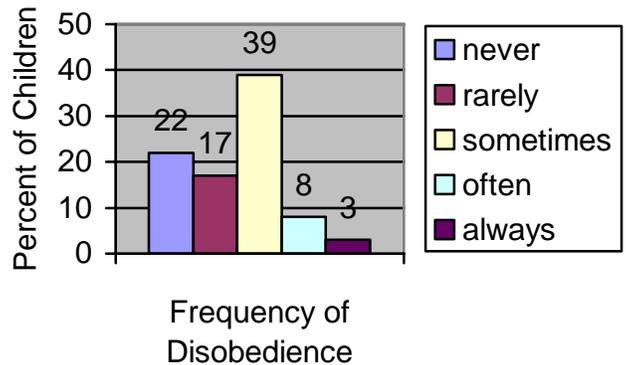
Extracurricular Activity	Number of Children Participating	Percent of Children
Athletics	25	43%
Music	9	16%
Educational	4	7%
Hobby	9	16%
Art/Theater	4	7%
Involvement in More than One Category	15	44%

The Madison County 2003 Teen Assessment Project (TAP), looked at a variety of different aspects of life for children and teenagers in Madison County. It was administered in middle and high school health classes, with 945 students responding. While these children are not necessarily involved in the child welfare system, it is useful to compare the leisure activities of children in this study with those of comparable age in the same county. They found that 44% of children spent two or more hours participating in school and community sponsored activities, which is down from the 54% percent reported to be doing so in the 1999 version of the study. Thus, the finding that 59% of children receiving child-only welfare were involved in at least one extracurricular activity seems average for the county. Other activities the TAP survey found students to be engaged in after school were chatting online and doing homework. Children receiving child-only welfare were involved in similar activities.

Behavior

In regard to the children’s behavior, 38% of children over age 12 never or rarely disobey the applicant, while 39% sometimes do, and 11% often or always do (see Figure 15). At school, concern had been expressed about a quarter of the children’s behavior. Seventy-six percent of the kids had a caretaker visit with the teacher or principal for regular meetings or for obedience issues. And approximately 36% of children over age twelve had been in a physical fight.

Figure 15: Disobeying Caregivers



Regarding legal issues, four children, about 11% of children over the age of 12 had been in legal trouble. One got in trouble for trying to run-away, another had behavioral issues and required the authorities to come restrain her, and two other had been in legal trouble for involvement with a fight.

Plans and Hopes

Of the 36 children over the age of 12, 75% had talked about hopes for the future. Seventy-seven percent of boys versus 67% of girls reportedly did so. For 42% of all the children over the age of 12 this included talk about vocational school, and for 55% of them it involved college. The future career interests were quite varied among the children, according to their caretakers. The most common interests were in teaching, military service, beauty salons, and professional sports, with 3 or 4 children expressing interest in each. Other interests included cooking, carpentry, massage therapy, heavy equipment operation, nursing, computer graphics/design, police force, counseling and singing.

The Dunifon study was able to complete comprehensive case studies to gather similar information. They also found that the children had fairly typical career aspirations, with some looking to become singers and pro-athletes and many others focused on careers such as teaching, nursing, and military service. Some had more realistic plans than others, though many participants in this qualitative study included college or further education as a part of the process. Several caretakers in this study expressed concerns that the children's goals were simply too unrealistic. Besides career interests, about 39% of caretakers in this study had heard the children in their care express a desire to have a family. In regard to money, only 11% expressed concern about it, and 39% saved at least some of the money they were given or earned

Discussion

Many of the findings in this study of Madison County child-only cases were similar to those of the Dunifon project, which looked at these cases across New York state. The use of government and community programs was common among households in Madison County as well as across the state. Particularly, food stamps, WIC/fuel assistance, Medicaid, free school lunches, and child support were frequently contributing to the income of these households. In addition, the findings were similar in relation to the significant amount of stress the families exhibited regarding finances as well as in terms of overall well-being. In both studies, the amount of stress and concern for having enough money for food and housing was higher than the national average.

Both studies also found the children to be struggling in school, with about a third of children having been held back a grade and quarter being placed in special education classes. In addition to education, both of these studies attempted to look at the plans and goals of the children. Both studies found that the children had fairly typical career aspirations, with some looking to become singers and pro-athletes and many others focused on careers such as teaching, nursing, and military service. Some had more realistic plans than others, though many included college or further education as a part of the process.

There were some interesting differences between the findings in this study and those of the Dunifon study, however. Demographically, more child-only families in Madison County have a spouse or partner living in the home than was found in the Dunifon study. In addition, the different approach to looking at household income in the two studies has some important implications. The Dunifon study included government benefits in the calculation of household income. Their findings showed many households living below the poverty line despite receiving

government benefits. This study emphasized even further the severity of the economic problems in these household, as it showed how they would be doing without benefits. Together these findings emphasize that government benefits are not adequate to address the financial problems of many households, but that they certainly are significant in helping some families stay above the poverty line.

Other major differences were found in relation to health concerns. While this study found that a large percentage of caretakers faced significant health problems, it seems that it is a lower percentage than of the households across New York State which the Dunifon study surveyed. Compared to the national average for all non-elderly adults who have severe medical problems this number is quite high, however. The findings in regards to the health of the children are even more pronounced. The children in this study were more often sick and seemed to have greater health problems. Particularly compared to the national average for all children, but even for all children associated with the child welfare system, the percentage in fair or poor health was high. This suggests that children in child-only households are less healthy than other children. The Dunifon study had similar findings regarding the number of caregivers with mental health issues, though this study found a higher percentage of children described as having such problems than in the Dunifon study. The number of children having mental health concerns in both this study and the Dunifon study was higher than the national average for children and children a part of the welfare system.

This study also looked at one important area that the Dunifon study did not attempt to address, which was the ways in children spent their afternoons and evenings. First of all, the lack of participation in extracurricular activities by half of the children, and their tendency toward sedentary activities if they come home after school is of concern with the growing obesity

problem in this country. In comparison to the Teen Assessment Project Report, one can see that the low level of participation in extracurricular activities is not limited to children in the child-only welfare system, however; it is a problem in all Madison County. In both of these studies, it was found that many children did spend at least a portion of their afternoons at home doing homework, and many did so with the, at least occasional, assistance of the caregiver or the spouse. This suggests the promise of academic improvement, and that afternoons that are spent at home may not be spent entirely in unsocial and unproductive activities such as watching television.

In conclusion, both studies found that child-only households face significant health problem, have stressful lives, and are often concerned about having enough money, despite accessing many government and community resources to supplement their income. In addition, both showed that many children living in child-only households are struggling academically and have behavior issues. The children, however, have similar plans and goals to most American children.

Recommendations

Both these studies suggest that individuals in child-only households suffer from serious health problems. It is impossible to determine from this study whether these health problems can be attributed to a lack of utilization or access to affordable health care or whether it has more to do with living in poor economic situations and the added stress this may cause. It seems likely that it is a combination of both factors. Further research would help determine whether educational programs, health services, or funding would most help improve the health of individuals in child-only households. Specifically research needs to be done regarding the factors

contributing to diabetes, cardiovascular illnesses, and psychological problems, and the best means of dealing with them in low income populations. It seems important to look at whether nutrition and eating habits in these households, many of which are household often concerned about having enough money to buy food, may be impacting the overall health of caretakers and children.

In addition, these studies suggest that the government and community programs that are currently available are not enough to relieve the financial concerns in these households. Programs to help families better manage their finances (as the Dunifon study suggests) and career building skills which help people find and train for higher paying jobs could be useful in helping these households gain greater financial independence and security.

More after-school tutoring and mentoring programs might help improve the academic progress of children living in child-only welfare households. Or perhaps improving schools beyond the average level, which most were rated, would help improve performance and increase the opportunities for these children as they approach the age of 18. More programs specifically designed to help children with ADHD might also be useful, due to the prevalence of this learning disability among children in this study. And improving the overall health of these children could also have an impact on their success in school. In addition, more extracurricular opportunities after school and increased encouragement to participate might help keep children from spending too much of their afternoons at home in front of the television. It also might help them improve social skills which could be a contributing factor to the high number of physical fights in which children in this study had been involved.

One obstacle to children participating in extracurricular activities could be transportation. While this study did not explore the transportation concerns of the households, it seems that staying after school for programs might be difficult if caregivers must then have the means of

transportation to bring them home. This is could be a particularly significant concern in rural Madison County where children may go to school a fair distance from where they live. More fuel assistance or additional bus runs or carpool systems later in the afternoon might allow more kids to be involved in extracurricular activities. Further research could look at the way transportation effects the choices of low-income families, particularly in rural areas.

The Dunifon study recommended increased educational programs for caregivers, a recommendation that this study supports. Parenting programs might help them address the behavior and mental issues of children in their care. And, as many of the children living in non-parent households may have come from homes that were not ideal environments, helping caregivers learn the skills to speak and work with the children in their care could be beneficial. In addition, caregivers might benefit from programs that teach specific skills, such as how to help children with ADHD with homework, or teach about accessing community programs and health care.

This study did not look at how the children living in non-parent households came to be separated from their parents, but it seems to be an important area for further research. The Dunifon study found that 74% of cases where the children were not living with their biological mother were related to mother's drinking or drug problem. In their survey, participants were allowed to select more than one response, and so 36% identified child abuse/abandonment as reason for separation from the mother, and 34% were removed by child welfare officials. They also found that health problems and lack of money in the biological parents household were also reasons for the child living with a non-parent relative. It would be interesting to see if these findings were similar in Madison County and to explore them in even greater depth across New York State. It seems that identifying and addressing the causes for child-only welfare households,

thus allowing more children to remain in the care of their biological parents, should be a priority as it precedes the problems faced by the non-parent child-only welfare households.

Conclusions

As children in child-only households have become an increasingly large percentage of the total welfare recipients, more research has begun to focus on their unique needs. This study has shown that individuals in child-only households in Madison County face significant poverty, health, and education related concerns. Despite use of government and community programs, most of these households are still financially unstable and many live below the poverty line. Severe physical and mental health issues affect the lives of both caregivers and children in these households. And the children are struggling in school, with 31% repeating a grade and 34% in remedial classes. Many of these children have been diagnosed with ADHD.

Recommendations include better educational tutoring and mentoring programs, improved health care, and more extracurricular opportunities and means of transportation to and from them for the youth. For the caregivers, improved career and financial planning and more educational programs catered to their specific parenting needs are the primary recommendations. In addition, further research about health problems, transportation availability, and the reasons children are living with non-parent caregivers would be an important next step in addressing the specific needs of child-only households in Madison County and all of New York State. Without some of these changes, it is unlikely that the well-being of child-only households is going to improve.

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