

CaWORKs Project Research

**TANF Families in which there are
Alcohol or Other Drug, Mental Health,
or Domestic Violence Issues:**



***Child Well-
being After
One Year of
Welfare
Reform***

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CALWORKS PROJECT COLLABORATING ORGANIZATIONS AND STAFF

California Institute for Mental Health (www.cimh.org)

2030 J Street
Sacramento, CA 95814
(916) 556-3480
FAX: (916) 446-4519

Sandra Naylor Goodwin, PhD, MSW, Executive Director/Project Director
Joan Meisel, PhD, MBA, Policy and Practice Consultant
Daniel Chandler, PhD, Project Research Director
Pat Jordan, MSW, Project Consultant
Barbara Field, Administrative Support

Children & Family Futures (www.cffutures.org)

4940 Irvine Blvd., Suite 202
Irvine, CA 92620
(714) 505-3525
FAX: (714) 505-3626

Nancy K. Young, PhD, Director
Sid Gardner, MPA, President
Shaila Simpson & Terry Robinson, Associates

Family Violence Prevention Fund (www.fvpf.org)

383 Rhode Island Street, Suite 304
San Francisco, CA 94103
(415) 252-8900
FAX: (415) 252-8991

Janet Carter, Managing Director
Kiersten Stewart, Director of Public Policy
CarolAnn Peterson, Consultant

This report was written by Daniel Chandler, Joan Meisel and Pat Jordan. CarolAnn Peterson, Shaila Simpson, Terry Robinson and other CalWORKs Project staff members also contributed valuable assistance.

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Many other reports and technical assistance materials from the CalWORKs Project are available at the California Institute for Mental Health website: www.cimh.org/calworks

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CHILD WELL-BEING AND WELFARE: BACKGROUND

The major goal of the 1996 welfare reform legislation—The Personal Responsibility and Work Opportunity Reconciliation Act—was to assist poor parents become economically self-sufficient through transitioning from welfare to work. Welfare reform is implemented through Temporary Assistance to Needy Families (TANF)—known in California as CalWORKs. However, the primary goal of welfare historically and today is to provide a safety-net for poor children. Given a reduction in welfare caseloads from 5.1 million in 1994 to 2.2 million in 2001, the status of children in families still receiving TANF or having left the welfare rolls is a matter of great interest.

Children of TANF parents with AOD/MH/DV issues are at double jeopardy

The focus of this report is on a specific subset of TANF families: those that include parents who face alcohol and other drug (AOD), mental health (MH), and domestic violence (DV) issues. The risk to children in these families is significant. Each of these conditions may in itself have negative effects on children in the family and each also threatens a family's material well-being and success at finding stable employment. For these reasons measuring the well-being of children in TANF families where AOD/MH/DV issues exist is of critical importance.

Overall impact of welfare reform on the well-being of children. Recent analyses of welfare reform experiments—most of which are relevant to but predated TANF—lead to three general conclusions about behavioral/cognitive outcomes for children.

- Welfare reform programs that cause an increase in income (usually through supplements to income) regardless of employment gains have had generally positive outcomes for school-age children; those that have resulted in income losses have had negative results. Child Trends has identified a 5% increase or decrease in income as the operative threshold for impact on outcomes.¹ Programs with no effect on income have small and inconsistent effects.²
- Programs that mandate employment but which have not resulted in increased income have generally had either neutral or negative outcomes for younger children.
- Adolescents appear to do less well under welfare reform regardless of the type of mandate, perhaps due to more unsupervised time after school.

The effective causes of positive or negative outcomes thus appear to be income and to a lesser extent parental employment. The ways in which these causes are related to specific provisions of welfare reform (other than income supplements) and to intervening variables is still largely unclear, although there is a suggestion that for pre-school and elementary school children it comes primarily through access to

¹ Moore, K. A., Zaslow, M. J., Emig, C., & Scarupa, H. J. (April 2002). *The Unfinished Business of Welfare Reform: Improving Prospects for Poor Children and Youth, Perspectives from Research*. Child Trends. Available: <http://www.childtrends.org/>

² McGroder, S. M., Zaslow, M. J., Moore, K. A., & Brooks, J. L. (2002). Impacts of a Mandatory Welfare-to-Work Program on Children at School Entry and Beyond: Findings from the NEWWS Child Outcomes Study. Child Trends. Available: <http://aspe.hhs.gov/hsp/NEWWS/child-outcomes/brief.htm>.

outside agencies such as child care centers.³ A recent longitudinal study has associated positive parenting outcomes and child behavioral outcomes with the status of working while receiving welfare but not with working while *not* receiving welfare.⁴

Findings regarding the material deprivations experienced by families under welfare reform—from food insecurity to maintenance of medical coverage—show mixed results. On the positive side about 75 percent of parents work in the year after leaving welfare and child poverty overall is down.⁵ On the negative side, welfare reform has been accompanied by large reductions in use of food stamps and Medicaid by eligible persons after they leave welfare. Leavers studies have shown a relatively small but significant group of persons who fail to find stable employment and experience great material deprivation, while national survey data show hardships among leavers in general increased between 1997 and 1999⁶

A recent study shows that the poorest families (with income below 50% of the poverty standard) are likely to suffer most. The poorest children living in single parent families are less likely in 2000 than in 1996 to receive TANF, Medicaid, and food stamps. The impact is particularly significant for children under six, who were more likely than school age children to get cash assistance before welfare reform but are now less likely. The share of young children in extreme poverty who receive TANF is down from 61 to 26 percent.⁷

However, the impact of welfare reform, specifically, differs substantially by state. Johnson, and others, at the Nelson A. Rockefeller Institute of Government, have recently shown that the 16 states—including California—in which the most children in poverty live are among those that have adopted TANF policies that are least supportive to children in the family.⁸ In general, these states have adopted policies that put a premium on parental participation in the workforce, but have not given the same weight to supports for parents and families as is found in states with a lower proportion of children in poverty. Johnson hypothesizes that California and New York in particular have lagged far behind many low child poverty states in shifting funds from cash assistance to family supports due to the inertia of county-based welfare systems.

Much of the discussion about the effects of welfare reform on children, however, has ignored the larger context—namely, that the standard of living for poor children in the United States is lower than that of poor children in 12 of the other 13 leading industrial countries (including Norway, Canada, Sweden,

³ Moore. op. cit.

⁴ Dunifon, R., Kalil, A., & Danziger, S. K. *Maternal work behavior under welfare reform: How does the transition from welfare to work affect child development?* Joint Center for Poverty Research. Available: <http://www.jcpr.org/wp/WPprofile.cfm?ID=347> [2002, June 10].

⁵ Moffitt, R. (2002). *From Welfare to Work: What the Evidence Shows* (Policy Brief Number 13). Baltimore: Brookings Institute Welfare and Beyond Initiative.

⁶ Boushey, H. (2002). *Former welfare families need more help: Hardships await those making transition to workforce*. Economic Policy Institute (1660 L Street, NW • Suite 1200 • Washington, D.C. 20036 • 202/775-8810). Available: <http://epinet.org>. Acs, G., Loprest, P., & Roberts, T. *Final Synthesis Report of Findings from ASPE "Leavers" Grants*: The Urban Institute 2100 M Street, NW Washington, DC 20037: <http://aspe.hhs.gov/hsp/leavers99/synthesis02/index.htm#EE>.

⁷ Lyter, D. M., Sills, M., & Oh, G.-T. (2002). *Children in Single-Parent Families Living in Poverty Have Fewer Supports after Welfare Reform*. Institute for Women's Policy Research. Available: <http://www.iwpr.org/pdf/d451.pdf>.

⁸ Johnson, C. M., Gais, T. L., & Lawrence, C. (2002). *Children and Welfare Reform: What Policy Theories are Being implemented in States Where Most Poor Children Live?* Nelson A. Rockefeller Institute for Government. Copyright American Political Science Association. Available: http://www.rockinst.org/publications/welfare_and_jobs.html.

Australia, Germany, and France) and that the low standard of living for children significantly decreases the overall life chances of poor American children.⁹ For middle income children, American children lead or equal all but one of these other countries, and American high income children have income unequaled in any other country. It is low-income children that America fails—whether children receive welfare or not. The evidence in this report confirms this broader finding: regardless of welfare status, these low-income families and children are doing poorly. If parents face AOD/MH/DV issues, their children do even worse.

Impact of parental AOD/MH/DV issues on their children. A great deal of research suggests that serious mental health problems, substance abuse or domestic violence in one or both parents frequently has deleterious effects on the children. We summarize some of the most notable findings for each condition.

- Alcohol and other drugs: children of alcoholics or substance abusers are at increased risk for substance abuse themselves; they are also at risk for other school and behavior problems; they are frequently exposed to material deprivation, to a lack of stability in housing, and often to domestic conflict if not domestic violence. Substance abuse, including alcohol use during pregnancy, carries with it the risk of multiple development and health problems¹⁰ Parental addiction in combination with depression is a particular threat to children.¹¹
- Domestic violence: younger children who are exposed to spousal abuse suffer from a variety of psychological and behavioral problems such as low self-esteem, insomnia, depression and phobias and PTSD. Cognitive and learning problems also are related to witnessing violence. Delinquency, school problems and aggression characterize adolescents exposed to battery. Experts estimate 45 to 70 percent of children exposed to domestic violence suffer from child abuse.¹² Both child abuse and witnessing domestic violence are linked to child abusing and domestic violence as an adult. Victims of domestic violence often have mental health or substance abuse problems—or their partner does—which is also a risk factor for the children.¹³
- Mental health: the children of persons with Major Depressive Disorder or other affective disorders are themselves at higher risk for depression as well as anxiety disorders and alcohol dependence. The children suffer from developmental problems, behavioral problems, and experience relationship difficulties.¹⁴ Exposure to stressful conditions contributes to the high rates

⁹ Timothy M. Smeeding and Lee Rainwater. “Comparing Living Standards across Nations: Real Incomes at the Top, the Bottom, and the Middle.” (February) 2002. Working paper available on the web at:

<http://www-cpr.maxwell.syr.edu/faculty/smeeding/papers/index.htm>

¹⁰ Young, N. (1997). Effects of alcohol and other drugs on children. *J Psychoactive Drugs*, 29(1), 23-42.

¹¹ Nunes, E. V., Weissman, M. M., Goldstein, R. B., McAvay, G., Seracini, A. M., Verdelli, H., & Wickramaratne, P. J. (1998). Psychopathology in children of parents with opiate dependence and/or major depression. *Journal Of The American Academy Of Child And Adolescent Psychiatry*, 37(11), 1142-1151.

¹² *The Future of Children: Domestic Violence and Children. Volume 9, Number 3 - Winter 1999.* Eleven articles, recommendations and a bibliography. Available: http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=70473

¹³ Matlock, T., Slate, J. R., & Saarnio, D. A. (1995). Familial variables and domestic violence. *Journal of the Arkansas Medical Society*, 92(5), 222-224.

¹⁴ Lennon, M. C., Blome, J., & English, K. (April 2001). *Depression and Low-Income Women: Challenges for TANF and Welfare-to-Work Policies and Programs.* Research Forum on Children, Families and the New Federalism, National Center for Children in Poverty, Mailman School of Public Health, Columbia University.

Available: www.researchforum.org and Ahluwalia, S. K., McGroder, S. M., Zaslow, M. J., & Hair, E. C. (2002). *Symptoms of Depression Among Welfare Recipients: A Concern for Two Generations.* Child Trends Policy Briefs. Available: http://www.childtrends.org/PDF/Research%20_Brief_Depression.pdf

of disorder among children of women with affective disorder,¹⁵ and child depression may be a consequence of the same environmental factors (poverty, marital instability) that affect maternal depression.¹⁶

Two other research findings regarding threats to child well-being are important: First, not all children at risk from any one or more of these conditions experience adverse outcomes. There are preventive and protective factors that are not well-understood (including some provisions of welfare reform programs).¹⁷ Second, much research demonstrates that the *cumulative* impact of multiple risk factors is most predictive of negative outcomes for children rather than any particular risk factor.¹⁸

The CalWORKs Project and this Research

The CalWORKs Project is a collaborative effort of the California Institute for Mental Health (mental health focus), Children and Family Futures (alcohol and other drug focus), and the Family Violence Prevention Fund (domestic violence focus). Funding from the California Department of Social Services, voluntary contributions from California counties, the David and Lucile Packard Foundation, the California Wellness Foundation, and a grant from the National Institute of Justice supports the Project's work. Additional information about the Project and products from the Project are available at www.cimh.org or by calling (916) 556-3480, ext. 111.

This report summarizes information from two rounds of intensive research interviews in 1999 and 2000 with a random sample of women in Kern County who had received TANF cash aid for at least one year, and a random sample in Stanislaus County who just were applying for TANF. Participants were required to be: Age 18–59, fluent in English or Spanish, and a female head of the household (relative-caretakers and two-parent families were not eligible).

Of the Stanislaus study-eligible applicants 71 percent were interviewed (5 percent refusal rate). In Kern, 55 percent of the recertification sample were interviewed (7 percent refusal rate). In both counties most of the attrition was due to the inability of interviewers to reach CalWORKs participants by phone in order to try to schedule an interview. The completion rate for Stanislaus is comparable to that in the two post-welfare reform surveys that have focused on AOD/MH/DV issues of 63 percent and 70 percent.¹⁹ We compared characteristics of the Stanislaus and Kern interviewees with those who were eligible but did not participate in order to detect possible bias created by attrition. In Stanislaus the groups did not differ to a statistically significant degree on any measure. In Kern there are no significant differences between the sample actually interviewed and the population on demographic, geographic, and welfare tenure measures.

¹⁵ Adrian, C., & Hammen, C. (1993). Stress exposure and stress generation in children of depressed mothers. *Journal Of Consulting And Clinical Psychology, 61*(2), 354-359.

¹⁶ Fergusson, D. M., & Lynskey, M. T. (1993). The effects of maternal depression on child conduct disorder and attention deficit behaviours. *Social Psychiatry And Psychiatric Epidemiology, 28*(3), 116-123.

¹⁷ See, for example: Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence. *Violence And Victims, 11*(2), 113-128. Luthar, S. S., Cushing, G., Merikangas, K. R., & Rounsaville, B. J. (1998). Multiple jeopardy: risk and protective factors among addicted mothers' offspring. *Development And Psychopathology, 10*(1), 117-136.

¹⁸ Sameroff, A. J., Seifer, R., Baldwin, A. & Baldwin, C. (1993). Stability of intelligence from preschool to adolescence: The influence of social and family risk factors. *Child Development, 64*, 80—97.

¹⁹ Barusch, A. S., & Taylor, M. J. (1999). *Understanding Families with Multiple Barriers to self-sufficiency*. Salt Lake City: Social Research Institute, University of Utah; Speiglmann, R., Fujiwara, L., Norris, J., & Green, R. S. (1999). *Alameda County CalWORKs Needs Assessment: A Look at Potential Health-Related Barriers to self-sufficiency*. Berkeley, CA: Public Health Institute.

As a further test of representivity we replicated a series of analyses using post-stratification weights for race, age, and time on welfare. The raw percentages for AOD/MH/DV need measures (alone and cross-tabulated with whether participants worked at least 26 hours) usually did not differ more than one percentage point from the post-stratification adjusted percentages; in no case did they differ by more than 2 percent. Thus, we feel fairly confident that the study samples are representative of the sampled populations in Stanislaus and Kern. We do not know, however, the extent to which these populations themselves are similar to welfare reform populations in other California counties or in other counties around the country.²⁰

In Kern County, a total of 273 of 287 (95 percent) Round I respondents were re-interviewed in Round II. In Stanislaus County, 306 of the original 356 respondents (86 percent) were re-interviewed, yielding a total sample of 579 respondents who were present in both interview rounds. At the time of the second interview, from which most information in this report is drawn, in the summer of 2000, Stanislaus study participants had been subject to welfare-to-work activity requirements for a year.

Finally, in Round III we added two child behavioral scales and also collected information on parent criminal justice history. We report on these findings here. In Round III 89 percent of the original Round I respondents were located and interviewed in Kern while 87 percent were interviewed in Stanislaus.

Measures of AOD, MH, and DV

For each domain—alcohol and other drugs, mental health, and domestic violence—our primary analysis is based on a measure of “need for services.”²¹ This measure includes for each domain a serious AOD, MH or DV issue as we defined it *or* having sought services (self-defined need). It is important to note that the AOD/MH/DV need categories are not mutually exclusive; there is, in fact, a substantial degree of overlap. This is described in detail in prior publications²²

In addition to the “need for services” measure, we perform supplementary analyses using alternative measures that are of interest to the research and practitioner communities. Below we provide the definitions of the measures. The Round II percentages of each measure are shown for each county and the counties combined. The “need” measures are highlighted.

²⁰ The only accurate way to determine whether non-response creates a bias is to do more extensive follow-up, finding non-responders. An Iowa study of TANF leavers did just this, finding that while non-responders differed from responders in a few ways, the overall bias was quite low. Kauff, J., Olsen, R., & Fraker, T. (June 2002). *Nonrespondents and Nonresponse Bias: Evidence from a Survey of Former Welfare Recipients in Iowa*: Mathematica Policy Research, Inc.

²¹ These measures are described in detail in previous publications: Chandler, D., & Meisel, J. (2000). *The Prevalence of Mental Health, Alcohol and Other Drug, & Domestic Violence Issues Among CalWORKs Participants in Kern and Stanislaus Counties*. Sacramento: California Institute for Mental Health. Chandler, D., & Meisel, J. (2002). *Alcohol & Other Drugs, Mental Health, and Domestic Violence Issues in CalWORKs Programs: Need, Incidence, and Services*. Sacramento: California Institute for Mental Health. Both can be downloaded at: www.cimh.org/calworks

²² Ibid.

Mental health

1. *Diagnosis:* Major Depression, Generalized Anxiety Disorder, Post-Traumatic Distress Disorder, Panic Attack, and Specific Phobias. Table 1 collapse these into “Depression,” “PTSD,” and “Other anxiety disorders.”
2. *Functional impairment:* Scored positively if a respondent reported being unable to work due to MH symptoms at least five of prior 30 days. (This is the measure used in our employment reports.)
3. *Needed services:* Serious MH problems (symptom severity on the BASIS-32 scale equivalent to that for patients starting services at outpatient clinics) *or* used mental health services or said had needed them during the year.

Table 1: Round II comparison of different measures of mental health status, by county

Measure of Mental Health Status	Kern N	Kern Percent of Sample	Stanislaus N	Stanislaus Percent of Sample	Counties Combined N	Counties Combined Percent
Need: Needed or Got MH Services	91	33.3%	101	33.0%	192	33.2%
Outpatient Level Symptom Score	54	19.8	46	15.0	100	17.3
Unable To Do Daily Activities 5 Of Last 30 Days	41	15.0	43	14.0	84	14.5
Diagnoses						
Major Depression	52	19.0	70	22.9	122	21.1
PTSD	28	10.2	45	14.7	78	13.5
Other Anxiety Diagnoses	61	22.3	69	22.5	130	22.4
Generalized Anxiety	30	11.0	42	13.7	72	12.4
Social Phobia	35	12.8	23	7.5	58	10.0
Panic Disorder	38	13.9	33	10.8	71	12.3

The percentages of each measure are very similar across the counties.

Alcohol and other drugs

- *Prevalence:* Any indication that alcohol or drugs caused a problem in the respondent’s life. [Diagnosis of alcohol or drug dependence or abuse, *or* used AOD services or said they needed them, *or* had employment problems (flunked a drug test, fired due to AOD) *or* came to the research

interview under the influence, *or* binge drinking, *or* a self-definition as an “alcoholic or problem drinker” *or* as a “drug addict or problem drug user” *or* used illicit drugs]

- *Serious condition:* A diagnosis of alcohol or drug dependence or abuse, which in itself indicates a significant level of impairment and that services are appropriate.
- *Needed services:* Serious AOD, *or* used AOD services or said they needed them, *or* had employment problems (flunked a drug test, fired due to AOD) *or* came to the research interview under the influence.

Table 2: Comparison of different measures of substance abuse in Round II, by county

Measure of AOD Issues	Kern	Kern	Stanis-	Stanis-	Com-	Com-
	N	Percent	laus	laus		
			N	Percent	N	Percent
Need: Needed or Got AOD Services	34	12.4	42	13.7	71	12.3
Any Illegal Drug Use	44	16.1	62	20.3	106	18.3
Alcohol Dependence	11	4.0	9	2.9	20	3.5
Alcohol Abuse or Dependence	14	5.1	16	5.2	30	5.2
Drug Dependence	6	2.2	11	3.6	17	2.9
Drug Dependence or Abuse	7	2.6	18	5.9	25	4.4
Alcohol <i>or</i> Drug Dependence	15	5.5	16	5.2	31	5.4
Alcohol or Drug Abuse or Dependence	18	6.6	27	8.8	45	7.8
Alcohol or Drug Abuse or Dependence or Work-Related Impairment	23	8.4	36	11.8	59	10.2
AOD Prevalence	76	27.8	91	29.9	167	28.8

Domestic violence

- *Prevalence:* Any domestic violence in the past year; includes any physical or emotional abuse, serious threats, stalking, or interference with work.
- *Serious condition:* Physical injury; having been choked or beaten-up; stalking; threats by the abuser to kill the woman or himself or threats to kidnap the children or call CPS; and preventing the woman from working or harassing her at work.
- *Physical abuse:* The physical abuse scale of the Conflict Tactics Scale.

- *Needed services: Serious DV or used DV services (including police or courts) or had Post Traumatic Stress Disorder as a result of adult intimate partner violence or partner had actively interfered with their working*²³

Table 3: Comparison of different measures of domestic violence, by county

Measure of Domestic Violence	Kern N	Kern Percent of Sample	Stanislaus N	Stanislaus Percent of Sample	Counties Combined N	Counties Combined Percent
Need: Needed Or Got DV Services	49	17.9	78	25.5	127	21.9
Any Reported Domestic Violence in Year	86	31.5	117	38.2	203	35.1
At Least 1 Type Physical Abuse	37	13.5	57	18.6	94	16.2
Serious Abuse	41	15.0	62	20.3	103	17.8
Child Sexual/Physical Abuse ²⁴	50	18.3	46	15.0	96	16.6

Stanislaus has somewhat higher percentages on all measures except adults who report abuse as children.

Measures of child well-being

In this report we look at a number of measures which we have identified as being “threats” to child well-being. Some of the measures we use—school performance, say—are commonly used as outcome measures. Here, though, they serve a different function: they indicate potential “threats” or “risks” to the well-being of the children in the family at the present time. So, to use the school performance measure as an example, being expelled from school may or may not be a result (“outcome”) of either receiving welfare or of AOD/MH/DV status in the parents; regardless of its cause, it is a warning sign that the family needs help now. While these threats *may* cause developmental problems in the long run, they are also likely to have *immediate* negative consequences for the quality of life of the children, particularly when a number of them are present. It is important to note that none of the measures we use is intrinsically related to welfare reform or AOD/MH/DV status of the parents. In the context of providing services to TANF parents with AOD/MH/DV issues however, their occurrence indicates we should assess each child’s need for services. In the terminology of the report, then, the same behavior is both a “risk” to child well-being and an “indicator” of the need for an assessment of the child.

A total of 51 potential “threats” to child well-being are included in the Round II interview with 21 in the baseline interview at Round I. Note that there is a very wide range of types of “threat” from the immediate problem of lack of food to long range developmental performance and from direct consequences such as child abuse to indirect ones such as high parental stress. We list the measures below and provide more detail in Part I.

²³ Respondents who volunteered in response to a question about why they did not talk to someone about the abuse that it was very minor or that they just took care of it themselves were not counted as having needed services.

²⁴ This category encompasses only those reporting child sexual or physical abuse who reported it was worse than abuse experienced as an adult (if any).

It may be useful as context for the risk factors we present to think in terms of three general areas in which these “threats” might negatively affect children.

1. Financial/Material - In general, employment and increased income are associated with more material resources (as is increased payment of child support and full utilization of available entitlements such as food stamps). The availability of material resources, such as nutritional food and books, are thought to affect development positively and their lack in negative ways. These threats are quite direct.
2. Social/Environmental - A second important element in child well-being is the relationships between the child and significant others. In this context, welfare provisions might affect parental stress, or how parents are viewed as role models, or whether children need to live “doubled up” with other families or are placed out of home, or the extent to which children come in contact with skilled child care professionals.²⁵ Such threats are much less direct.
3. Psychological - A third general approach focuses on stress as a cause for psychological problems and stressful situations (such as frequent moving to keep ahead of the bill collector, or witnessing domestic violence) as the proximate cause of stress.²⁶ AOD/MH/DV in the parent enters each of these pathways in complex ways. The same depression that makes it difficult to get a job and increase income, for example, may negatively affect parent-child interactions, which increases the stress experienced by the child. And all of these effects may differ depending on the age, sex, or race/ethnicity of the child.

In general, each of the 51 “threats” presented here would be expected to increase material deprivation, or negatively affect relationships, or increase stress for the children in the family. While these threats *may* cause developmental problems in the long run, many are also likely to have *immediate* negative consequences for the quality of life of the children. However, none of the measures we use is intrinsically related to welfare reform or AOD/MH/DV status of the parents. Rather, all of the measures can be taken as indicators of *need for an assessment of the child* in the context of providing services to TANF parents.

In Round II we used 51 measures of “threats” to child well-being; in Round I there were 21. A major difference, even when the measures were ostensibly the same, is that in Round I all questions were asked regarding “any child” while in Round II most were asked about a specific “focal child.” In Round II different questions were asked regarding children 4-6, 7-11, and 12-17. One consequence of the change was greater precision but a second was relatively small groups for comparison. The Round III items we report on apply to the same focal child as in Round II (with few exceptions).

Measures of welfare tenure and employment

Although the primary focus of this report is on AOD/MH/DV issues, we also analyze the interaction of welfare/employment status and AOD/MH/DV condition. That is, we are interested both in the well-being

²⁵ A good discussion of research on these issues in: Gennetian, L. A., & Miller, C. (2002). Children and welfare reform: a view from an experimental welfare program in Minnesota. *Child Development*, 73(2), 601-620.

²⁶ An article illustrative of this stressful-situation approach is: Smith, J. R., Brooks-Gunn, J., Kohen, D., & McCarton, C. (2001). Transitions on and off AFDC: implications for parenting and children's cognitive development. *Child Dev*, 72(5), 1512-1533.

of children in relationship to AOD/MH/DV and to whether the parent is employed, and the interaction of these factors.²⁷

At the time of the first interview, 100 percent of the samples received cash aid, with both parent and child (or children) on the case. Table 4 describes the employment and welfare status of the mothers in our samples one year after welfare reform requirements were actively applied.²⁸

Table 4: Welfare and employment categories at Round II (N-579), Percentages

Category	Kern Recipients	Stanislaus Applicants	Counties Combined	Statewide Sample ²⁹
Working No Cash	15%	26%	21%	15%
Working & Cash	25	25	25	31
Only Cash	51	34	42	40
No Work or Cash	10	15	12	14

Stanislaus respondents were considerably more likely to have left welfare and be working and less likely to remain on welfare without working. Included in these figures are 10 percent who became “child only” cases during the year. They receive the cash aid (or vouchers) that would ordinarily go to their children but do not get their own part of the grant. Their access to food stamps and Medicaid is also more limited than for those still receiving a full grant. Three fourths of the mothers receiving child-only aid are not working. For those working, the same income exemptions apply as ordinarily. Child-only cases where the mother is not working are considered as “Only Cash” and where working as “Working & Cash.”

Although these categories are “point in time” (the time of the interview) they also reflect other measures of welfare tenure and employment. Table 5 shows the mean number of weeks worked by women in each of these four categories. The fact that the “no work/no cash” group has worked on average slightly more than those only getting cash is probably due to the occurrence in this group of persons in between jobs.

²⁷ By the end of the year before the second interview a total of 13 Kern and 4 Stanislaus clients had begun to receive SSI income (rather than CalWORKs). Ten of the 17 received SSI all 12 months. In this table we have not “taken out” those receiving SSI. In the multivariate analyses presented later SSI status is included as a predictor.

²⁸ In Stanislaus all the welfare reform requirements (work first, time limits, welfare-to-work plan with at least 26 hours of work activities) applied immediately. In Kern, although all respondents had received a letter notifying them of the applicability of the requirements they were not applied until after the first interview, at varying times.

²⁹ *Characteristics and Employment Characteristics and Employment of Current and Former of Current and Former CalWORKs Recipients: CalWORKs Recipients: What We Know From Statewide Administrative Data.* (June 2000). California Department of Social Services. http://www.dss.cahwnet.gov/research/CalWORKsRe_400.htm. Data are for 720,000 persons who were on welfare at least a month at the 1998 start date; the figures are for 7 to 9 months later. That is, the statewide group had less time to move from cash only to one of the other statuses than did our study participants.

Table 5: Mean number of weeks worked by welfare/work type, by county

Number of weeks worked in past year (based on work and welfare status at time of second interview)	Kern	Kern	Stanislaus	Stanislaus
	N	Mean Weeks Worked	N	Mean Weeks Worked
Working No Cash	40	41	75	38
Working & Cash	68	37	79	33
Only Cash	125	9	99	7
No Work or Cash	26	14	42	12
Group overall	259	22	295	23

Another critical factor is the number of times respondents left jobs during the year (voluntarily or were fired or laid off), as frequent transitions are stressful to parents and children alike.³⁰ A total of 21 percent of the sample lost a job during the year (43 percent of these left voluntarily, while 45 percent were laid off or the job ended; 11 percent were fired). None of the persons who, at the time of the interview, were working and not on welfare or working and on welfare had lost a job. Among those receiving cash-only at the interview, a third had lost a job. Among those with neither cash nor a job, 47 percent had lost a job during the year.

AOD/MH/DV needs and welfare/employment status interact: mothers with AOD/MH/DV needs are more likely not to have any cash aid and less likely to be working than are other TANF recipients. In Table 6 we see that AOD/MH/DV mothers are under-represented in the groups working and over-represented in the groups only receiving cash or not working or receiving cash. For example, only 11 percent of those with an AOD service need are working and not getting welfare compared to 21 percent overall and 23 percent for those with no AOD/MH/DV condition. And twice the percentage of those with an AOD need as overall receive no cash and are not working.

Table 6: Round II welfare and employment status associated with AOD/MH/DV conditions, percentages by county

	Overall N=579	No AOD/MH/DV	AOD*** N=76	MH** N=192	DV** N=127
Working No Cash	21%	23%	11%	18%	20%
Working & Cash	25	29	20	19	15
Only Cash	42	38	43	47	50
No Work or Cash	12	11	26	16	14

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or “No AOD/MH/DV,” which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

³⁰ Danziger. Also the report about the cyclers people being in worse situation than those who stay long time.

Family descriptors

Table 7 shows for each county separately and the counties combined, a number of family descriptors. These will be used later as controls and effect modifiers in multivariate analysis. In most respects the counties are similar, but vary significantly (shown by the symbol*) in other respects: Kern respondents are more likely to have a current partner, have four or more children, have a focal child age 7-11, have limited English, have less education, be over 35 and be Hispanic or Black. Stanislaus respondents are more likely to be white, younger and more have completed high school or their GED.

Table 7: Respondent and family descriptors, by county and combined, Round II percentages by county

	Kern N=273	Stanislaus N=306	Total N=579
Has a current partner *	46%	35%	40%
Pregnant during the year	5	6	6
Has a child age six or under	61	64	63
Has 4 or more children with her *	22	11	16
Focal child 4-6	18	20	19
Focal child 7-11 *	36	25	30
Focal child 12-17	21	16	18
Learning disabled or special education as child	18	23	20
Limited English *	7	1	4
Very low self-esteem	12	17	15
Functional impairment due to health	32	29	31
Received SSI during the year	5	1	3
No driver's license	39	40	39
No high school degree or GED *	44	34	39
Age 36 or more *	40	31	35
Age 25 or less	26	28	27
Race *			
White	32	48	40
Hispanic	40	34	37
Black	22	10	16
Other	6	8	7

*Next to a descriptor indicates the counties are statistically different at a .05 level.

Organization of the Report

There are three sections in the report, followed by detailed tables in appendices:

- The first section analyzes rates in this research for the 51 threats to child well-being in comparison to findings from other relevant studies. We also look at differences between counties and over time (for those measures that are the same in both interview rounds). And we present findings regarding the impact of welfare tenure, employment and income on each of the child well-being measures.
- In the second section, the relationship between each of the child risks and AOD, MH or DV is described. We present alternative measures of AOD/MH/DV and also replicate the analysis for families with children under six, since that is a particularly vulnerable age.
- In the fourth and final section, we use multivariate modeling in order to remove the influence of confounding variables.

PART I: SUMMARY OF CHILD WELL-BEING FINDINGS BY COUNTY AND EMPLOYMENT STATUS

Child poverty and welfare as a safety net for children

Welfare was originally designed as a safety net for children, and two-thirds of current cash aid recipients are children. However, it is important to understand the status of children receiving welfare in the larger context of child poverty in the nation and in California.

Nationally, one child in five lives in poverty.³¹ Claims have rightly been made by defenders of welfare reform that childhood poverty rates decreased in the 1990s. However, the percentage of children in poverty in the United States still exceeds that in 12 of 13 other industrialized countries, and the gap between the average income of the lowest 10% of the population and the highest 10% is greater in the United States than in any industrialized country.³² Although down from the early 1990s, the percentage of children in female-headed families who live in poverty was 28% in 2002.³³ As Americans we cannot be proud of this basic fact.

In the past, government transfer payments (social security, welfare, food stamps) have reduced child poverty to some extent. For example, it is estimated that taking into account all such transfer payments, 14% rather than 18% of children in the United States lived in poverty in 1998.³⁴ The overall impact of welfare reform on poverty is, as noted above, mixed.

A new report on child poverty in California, points out that the nature of poverty has changed significantly in the last 10 years. The National Center for the Study of Poverty August 2002 report, *The Changing Face of Child Poverty in California*, states:

- “California alone has accounted for all of the net national increase of 800,000 in the number of children in poverty since the late 1970s.”
- “More than two in three poor children in California live in working families with at least one employed parent.” This percentage is up from one in two 20 years ago.
- “Poverty rates for Hispanic children increased from 30 to 34 percent, an increase of 14 percent. Poverty rates for African-American children went from 32 to 24 per-cent. At the same time, the poverty rates for white children stayed nearly flat at about 11 percent...The share of poor children in California who are Hispanic has increased [in the past 20 years] by almost one half, to 61

³¹ *Poverty, Welfare, and Children: A Summary of the Data (1998)*. Child Trends Research Brief. 4301 Connecticut Avenue, NW, Suite 100, Washington, DC 20008.

³² Timothy M. Smeeding and Lee Rainwater. “Comparing Living Standards across Nations: Real Incomes at the Top, the Bottom, and the Middle.” (February) 2002. Working paper available on the web at: <http://www-cpr.maxwell.syr.edu/faculty/smeeding/papers/index.htm>

³³ US. Census. Cited in Brookings Welfare Reform and Beyond Initiative, February 2002. PowerPoint presentation on the web: http://www.brook.edu/dybdocroot/wrb/resources/facts/pres_200207.htm

³⁴ *Poverty, Welfare, and Children: A Summary of the Data*. Child Trends Research Brief. 4301 Connecticut Avenue, NW, Suite 100, Washington, DC 20008. In 2002, the poverty rate overall was 16.2 percent.

percent. At the same time, the proportion of poor children who are white has decreased sharply, from 30 percent to 21 percent. The share of poor children who are African American has fallen from 16 percent to 7 percent.”

- “The child poverty rate for California children whose parents did not complete high school rose from 46 to 49 percent. A high school degree or even some college education are less likely to protect children from poverty now than they were two decades ago.”
- Overall, 48% of California children in poverty live in two-parent families and 48% in one parent families; 4% do not live with their parents.

So, as Californians we have even less to be proud of.

Overall, the context for looking at the safety net for children whose families receive cash aid in Kern and Stanislaus counties is one in which poverty is by no means limited to welfare recipients—more poor California children are in families where parents work than not. And while families in this study have a single mother this cannot be the only cause of poverty: half of California children in poverty have two parents. As we will see, the families in this study are for the most part living in desperate conditions. But this is true for those who have left welfare to work, not just those receiving cash aid.³⁵

Initial differences between counties. It is important to see how children fare in our two study counties one year after welfare reform was implemented—to what extent does the “safety net” of government programs ensure that child health, nutrition, and physical safety are being protected? In one of our study counties—Kern—study participants had received welfare at least one year at the time of the first research interview. In the other county, Stanislaus, study participants had just applied for welfare and were in orientation sessions when the first interview was conducted. Thus the differences between the two county samples at the time of the Round I interview, may illuminate how welfare prior to implementation of reforms served as a safety net with regard to the risks attendant on losing an income source. As seen in Table 8, for all six of the risks of income-related hardship there is a highly statistically significant relationship favoring women already receiving welfare (Kern), indicating that AFDC did serve as a safety net of sorts for families with regard to bare necessities, healthcare for children, and neighborhood safety.³⁶ We say “of a sort” because large numbers of families which had been receiving aid at least a year were also suffering hardships we would expect to be related to lack of resources: 14 percent had no home of their own; 17 percent of adults and/or children had been hungry in the past 60 days, almost one fifth did not have or had lost phone service in the past 60 days, 9 percent had had power or heat turned off in the past 60 days, and almost a third said their neighborhood was unsafe at least sometimes (significantly more than the Stanislaus applicants). So while new applicants were clearly worse off than were on-going recipients, as many as 30 percent of the families experienced significant material hardships or lived in neighborhoods they perceived as lacking in safety.

³⁵ Stagner, M., Kortenkamp, K., & Reardon-Anderson, J. (2002). *Work, Income, and Well-Being among Long-Term Welfare Recipients: Findings from a Survey of California’s “Precarious” Families*. Urban Institute: Assessing the New Federalism Discussion Papers. Available: http://www.urban.org/UploadedPDF/310559_DPO2-10.pdf.

“We categorize families...into groups of working nonpoor, working poor, and nonemployed poor families. We find that long-term welfare recipients who are better off financially and vocationally are generally better off in terms of social, physical, and emotional well-being. However, even though they have more vocational success, the working poor face many of the same hardships as the nonemployed poor.”

³⁶ Poor neighborhoods are associated with lower child attainments, other things being equal. Haveman, R., & Wolfe, B. (1995). The Determinants of Children's Attainments: A Review of Methods and Findings. *Journal of Economic Literature*, 33(4), 1829-1878.

Table 8: Deprivation, medical care, and safety in Round I, percentages by county

	Kern N=286	Stanislaus N=355	Combined N=
No home of own	14%***	26%***	21%
Hungry in past 60 days	17***	34***	26
Lost telephone or no phone in last 60 days	18***	35***	28
One or more child does not get needed medical care “all of the time”	6***	22***	14
Power or heat turned off in last 60 days	9**	14**	13
Neighborhood unsafe due to gangs, drugs etc ³⁷	31**	24**	27
Child not always safe from physical harm in neighborhood	16***	9***	12

*Statistically significant p 0.10; **Statistically significant p 0.05; ***Statistically significant p 0.01.

Table 9: Deprivation, medical care, and safety in Round II, percentages by county

	Kern N=273 Percent	Stanislaus N=306 Percent	Combined N=579 Percent
No home of own	15%***	41%***	29%
Hungry in past 60 days	9	8	8
Lost telephone or no phone in last 60 days	15**	23**	19
One or more child does not get needed medical care “all of the time”	10***	19***	15
Power or heat turned off in last 60 days	3***	8***	5
Neighborhood unsafe due to gangs, drugs etc	24	23	23
Child not always safe from physical harm in neighborhood	14	13	14

*Statistically significant p 0.10; **Statistically significant p 0.05; ***Statistically significant p 0.01.

Round II differences between counties. We initially hypothesized that these differences reflected the different welfare status of the respondents.. Results one year later (when Stanislaus clients had all received cash aid), however, only partially supported the hypothesis. As shown in Table 9, although there were no longer any differences on hunger, a significant difference was still found in the Stanislaus sample with regard to neglect of children’s medical care. Likewise, though at lower levels in both counties, phone and utilities being cut-off was still significantly more likely to have occurred in Stanislaus—as was not having one’s own home. Thus, four out of the seven measures still showed Stanislaus families at a

³⁷ How often is your neighborhood safe....? If answered “Some of the time, very little, or none,” then classified as unsafe neighborhood.

disadvantage one year later. Note, however, that these are almost all housing associated issues. We discuss the housing situation in Stanislaus below.

Stability and change over time among families. The data above are cross-sectional. In Table 10 we show (for measures available in both years) the extent to which the same vs. different families are experiencing these threats to child well-being over time.

There are several important implications of this table. First is that all of these safety net measures show a good deal of turnover as to who is experiencing them; that is, the families with “persistent” risks comprise less than a third of the families overall who experienced problems. In other words, to a large extent we are looking at changing situational factors rather than stable personal factors. Second, as might be expected neighborhood safety appeared most persistent of the issues followed by lack of a phone. Third, not having a home of one’s own increased in the second year (primarily in Stanislaus but also in Kern) while most other measures decreased—such as hunger, which decreased very significantly. Lack of needed medical care for a child occurred in a quarter of the families over the two years; it was a stable characteristic for 20 percent of these families. The increase in housing problems and access to medical-dental care are discussed in the next section.

Table 10: Stability and change over time in safety net measures, percentages in both counties combined

N Interviewed Both Years=579	None In Two Years Percent	Round I Only Percent	Round II Only Percent	Persistent (I & II) Percent	Persistent as a percent of total respondents in two years
No home of own	59%	12%	21%	8%	20%
Hungry in past 60 days	71	20	4	4	14
Lost telephone or no phone in last 60 days	63	18	10	9	24
One or more child does not get needed medical care “all of the time”	76	9	10	5	21
Power or heat turned off in last 60 days	84	11	4	2	13
Neighborhood unsafe due to gangs, drugs etc	61	15	11	12	31
Child not always safe from physical harm in neighborhood	79	8	9	4	19

Safety net risks measured only Round II. A number of safety net measures were added in Round II. These additional measures add confirmation to the difference between the counties on medical/dental care for the children (Stanislaus children have worse care) and housing (Stanislaus is worse).

A child not having medical insurance for part of the year or the mother not having it for three months (which is an indirect threat to the children) were significantly different between counties as was care for the children. Dental care for children in California is in general poor, with 50% having untreated caries in 1999 and 28% having no dental insurance.³⁸ Dental services are also in short supply in rural areas and among minority populations in California. Since the Stanislaus population includes rural parts of the county and the Kern sample only Bakersfield, this may explain part of the discrepancy found in our data.

With respect to housing, California in general is undergoing an acute shortage; however, it is particularly acute in Stanislaus County. In order to afford a one bedroom house in 2001, a resident must work 40 hours a week and earn \$10.33 in Stanislaus; in Kern the wage needed is \$9.61.³⁹ Stanislaus rents are being forced higher by an influx of Bay Area residents. A caseworker in Stanislaus reports:

I have one family of five that has lived in a motel room for over a year because they have an eviction and poor credit. He works full time and earns about \$65 a day. They pay \$35 a day 7 days a week to keep a roof over their heads. That is over \$1000 a month. Prior to that, I found this same family living in a lean-to next to the river, where they had been for six months. There are only limited reduced income housing units available and they often have a two year or more waiting list.

Food insecurity and hunger is widespread among low-income families in California, with 28 percent of those at 200 percent of poverty and 36 percent of those at poverty or below experiencing food insecurity.⁴⁰ Rates are about 28 percent in the Stanislaus/Kern study group.

A recent study looked at the effects of homelessness on school-age children. Anxiety and depression among homeless children was higher, according to parent reports, than among never homeless children.⁴¹ In 5 percent of the Stanislaus/Kern study group families the mother was homeless on the street with a child during some part of the year.

New in these second round figures are the indirect measures which focus on income. All of these measures can be assumed to have direct or indirect effects on the children. For example, having more than \$1,000 in debts means repayment will have to come out of the current income, reducing resources available to children. As another example, welfare reform includes much stepped-up efforts at enforcing child support decrees, since this both adds to the mother's income (which associated with better child development outcomes) and decreases welfare costs. The low percentage of women receiving child support indicates loss of potential income that could benefit the children as well as a failure of welfare reform to increase this source of support (which would continue long beyond the time limits of welfare).

In comparison to Kern, Stanislaus respondents reported significantly less receipt of food stamps (even those working should have been eligible), less child support, but more debts of over \$1000, more sharp declines in income, and more extremely low incomes.

³⁸ www.futurehealth.ucsf.edu/dentalaccess2.html

³⁹ National Low Income Housing Coalition, data from HUD: www.nlihc.org

⁴⁰ Harrison, G. G., DiSogra, C. A., Manalo-LeClair, G., Aguayo, J., & Yen, W. (November 4, 2002). *Over 2.2 Million Low-Income California Adults are Food Insecure: 658,000 Suffer Hunger, November 3, 2002*. California Food Policy Advocates. Available: http://www.cfpa.net/RevisedCHIS_11.04.PDF.

⁴¹ Buckner, J. C., Bassuk, E. L., Weinreb, L. F., & Brooks, M. G. (1999). Homelessness and its relation to the mental health and behavior of low-income school-age children. *Dev Psychol*, 35(1), 246-257.

Table 11: Additional Round II safety net measures, percentages by county and overall

	Kern N=273	Stanislaus N=306	Combined N=549
HOUSING			
Actually homeless on street or in shelter past year	4% **	8% **	6%
Had child while homeless on street or in shelter past year	3**	7**	5
Moved at least twice in the year	11***	24***	18
Had to move at least once	14	26	20
FOOD INSECURITY			
Cut size or skip meals past year	21	25	23
Had to use food bank to have enough to eat	26	28	27
HEALTH			
One or more child did not have medical insurance all 12 months of past year	4**	8**	6
One or more child does not get needed dental care “all of the time”	14***	37***	26
Mother lacked health coverage at least three months in prior year	8***	26***	17
INCOME AND DEBT			
No food stamps prior month	21***	38***	30
Received no child support	64**	73**	69
Had more than \$1,000 in debts	31***	44***	38
Reports total annual income for mother and children of \$5,000 or less	16***	36***	26
Reports “much” lower household income in 1999 than 1998	8***	22***	15

*Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

The safety net in relationship to employment and welfare status. Table 12 summarizes the status of each of the material deprivation and health/safety variables—ones that are logically related to adequacy and regularity of income. The housing variables differ significantly across the categories. Living with others rather than having your own home was much more likely (42 percent) among those not working and not getting cash aid than among the other groups. Those working with no cash aid reported having been homeless on the street or in a shelter in the past year in two percent of the time while among those not working and not receiving cash aid 14 percent reported it (19 percent in Kern). Likewise, the difference is significant for those having had at least one child with them in the shelter or on the street—it reached 10% among those not working or receiving cash aid (15 percent in Kern). Having been homeless has been reported to be associated with child depression and anxiety.⁴²

⁴² Menke, E. M., & Wagner, J. D. (1998). A comparative study of homeless, previously homeless, and never homeless school-aged children's health. *Issues In Comprehensive Pediatric Nursing*, 20(3), 153-173.

Table 12: Round II Deprivation and Safety, percentages by Welfare and Work Status (N=579)

	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
HOUSING				
Lived with others # **	25%	24%	30%	42%
Actually homeless on street or in shelter **	2	4	7	14
Had child while homeless on street or in shelter **	1	3	6	10
Moved at least twice in the year **	20	17	25	39
<i>Had</i> to move at least once**	16	13	23	35
Neighborhood unsafe due to gangs, drugs etc ⁴³ **	17	20	28	24
Child not always safe from physical harm in neighborhood	42	43	41	27
UTILITIES				
Lost telephone or no phone in last 60 days	16	17	23	15
Power or heat turned off in last 60 days	6	6	5	1
FOOD INSECURITY				
Parent or child hungry in past 60 days	8	5	10	11
Cut size or skip meals past year	22	20	24	24
Had to use food bank to have enough to eat**	18	24	34	26
HEALTH				
One or more child does not get needed medical care “all of the time”	20	13	13	18
One or more child does not get needed dental care “all of the time”	26	27	25	29

+Includes “child-only” cases.

#Living with others rather than having own home regardless of whether or not pay rent.

Statistical significance: Chi-square: $p \leq 0.01$ is ***, $p \leq 0.05$ is **, $p \leq 0.10$ is *.

Mobility was very high in all elements of the sample. Even among those working and not receiving welfare one fifth moved two or more times during the year; among those not receiving welfare and not working it was two fifths. A huge preponderance of these families had moved at least once because they

⁴³ How often is your neighborhood safe....? If answered Some of the time, very little, or none, then classified as unsafe neighborhood.

had to, particularly because they could not afford the rent.⁴⁴ Although differences between the welfare/work categories were not significant, a very large 40 percent of the samples were unable to say their children were safe in their neighborhoods “all of the time.” Thirteen percent said their children were safe only “some,” “very little,” or “none” of the time. *Overall, then housing is a very significant problem for many of these clients, with those mothers not working and not receiving aid substantially worse off on most measures.*

Loss of utilities in the past 60 days is reported by only 5 percent overall, with little difference between welfare and work categories (those not working or receiving aid are very low, possibly because 40 percent live with others). However, not having a phone or having the service disconnected for non-payment within the past six months occurred in 19 percent of the families. The highest rate (25 percent) was among those still on welfare but not working. Lack of a phone is a very severe handicap in trying to find or retain work.

Food insecurity is also high in all categories. Two of our questions referred to the “past year” so may not accurately reflect difficulties in any particular welfare/work category—none of the differences were statistically significant except whether the family used a food bank (highest for those receiving welfare but not working). Overall, 27 percent had used a food bank in the prior year and 23 percent had “cut the size” or “skipped” meals because “there wasn’t enough money for food.” A more direct measure of deprivation is whether the respondent or her children (we specified either/or) were hungry because “you just could not afford to buy food.” Overall, 8 percent said they were hungry, with only 55 percent of these saying they were hungry for 3 or fewer days of the 60.

Overall, only housing measures were substantially different between welfare/work categories. The very high rates of health, safety, and material deprivation reported may be associated with poverty in general rather than with welfare reform—though clearly receipt of cash aid in the era of welfare reform does not end these threats to child well-being. *In fact, neither success in leaving welfare for work or continued welfare tenure (with or without concurrent work) appeared to reduce the serious threats to child well-being associated with low income.*

Other less direct safety net threats include a number of income-related measures (since reduced income has been associated with negative child outcomes for welfare participants), the mother’s health care coverage (since lack of benefits may make it difficult or impossible to take time off when her child is sick), and very limited education (since much work supports the notion that mothers with low educational resources are on average poorly equipped to provide the developmental environment and tools young children need).

There is a fairly clear but disturbing pattern: a majority of those not receiving cash aid—whether working or not—no longer receive food stamps. Only 25% percent of those working with no cash aid still get food stamps, though it is virtually certain they would be eligible. These same two groups are less likely to receive child support and to have lacked health insurance for the mother during at least three of the previous 12 months. Forty percent of those with no cash aid and no work report incomes of less than \$5,000 in the prior year.

⁴⁴ There is clear evidence that stress from geographic moves has strong negative effects on a variety of child attainments. Haveman, R., & Wolfe, B. (1995). The Determinants of Children's Attainments: A Review of Methods and Findings. *Journal of Economic Literature*, 33(4), 1829-1878.

Table 13: Round II safety net measures, percentages of mother's income and resources

	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
No food stamps prior month***	75%	9%	9%	64%
Received no child support***	77	59	67	79
Had more than \$1,000 in debts	43	41	35	35
Reports total annual income for mother and children of \$5,000 or less**	21	25	25	40
Reports "much" lower household income in 1999 than 1998	14	13	14	24
Mother lacked health coverage at least three months in prior year***	39	6	6	39

Implications: the child safety-net under welfare reform. If we take the average of the threats in the two counties as representing the whole population (new recipients as well as long-term recipients) as they experience welfare reform provisions the first year after the implementation, the picture is alarming. A great many families under welfare reform in these two counties are experiencing crowded, impermanent housing and up to 8% experienced on the street homelessness; at least a quarter are experiencing food insecurity; access to healthcare is less than universal and not all child medical and dental problems are being cared for; high proportions do not get income they need (child support) and are entitled to (food stamps) and report economic privations (very low income, drop in income, high debts). In short, for many in our samples, although especially in Stanislaus County, welfare reform provisions were unsuccessful in assuring that basic food, housing, safety, health and income needs would be met.

Adequacy of child care

While lack of adequate child care is widely recognized as contributing to the difficulty of helping mothers move from welfare to economic independence, it is also a key factor in assessing threats to child well-being. From a positive side, most advantages that have been found to accrue to children whose parents are subject to welfare reform requirements come through the children being exposed to the educational curricula in child care centers. When women go to work and their children stay with relatives or in other kinds of child care, improvements in child cognitive and behavioral outcomes have not been found.⁴⁵ Our respondents are highly disadvantaged in this respect, from a state, county and local perspective.

⁴⁵ Fuller, B., Kagan, S. L., & Loeb, S. (April 2002). *New Lives for Poor Families? New Lives for Poor Families? Mothers and Young Children Move through Welfare Reform*. University of California, Berkeley; Teachers College, Columbia University; Stanford University; Yale University. Available: @pace.berkeley.edu.

Nationally, 56 percent of children age 3-5 attend center-based child care and early education programs.⁴⁶ In our sample 48 percent of children 4-6 did so.

Stanislaus and Kern have in the range of 9-14 center slots per 100 children, among the lowest in the state. Finally, areas with zip codes in which the level of parent education is relatively low have fewer center slots—many of the areas our respondents reside in fit this description.⁴⁷

Child care may be of poor quality—thus directly threatening the safety and health of the child—or it may require long transportation time making employment difficult. And when mothers work 30 hours or more before a child is nine months old, there are some poorer developmental outcomes at age three.⁴⁸

We asked a series of questions about child care as used by the mothers in our sample for work, for attending training or for going to school. In Round I, 73% responded to these questions; in Round II only 62% of the sample responded to them.⁴⁹ Although mothers who did not use child care for work or work-related activities may indeed have had some of the same issues, we are able to look only at threats to child well-being due to work or training related child care. For this reason, the denominator of the percentages is those responding they did use child care in order to attend work or training. Note, however, that all respondents were asked the question, “Do any of your children under 13 years old take care of themselves on a regular basis, even for a small amount of time?” Eighty-seven percent did have a child under 13. We do not compare these Round II data with Round I data because so few respondents worked in Round I.

Implications: Child care arrangements as a threat to children. The child care risks show a mixed picture. On the positive side, only 6 percent rated their child care as fair or poor in quality. However, at least 15 percent said they sometimes left a child under 13 alone, that child care is difficult to arrange, that safety or reliability problems interfered with work or training, and that it took 30 minutes or more a day to travel one way to the child care site. About half of the families receive assistance with child care from an agency and about 40% are in agency-based care (far higher than we would expect). Fully a third had more than two child care arrangements in the past year for their youngest child.

⁴⁶ *America's Children: Key National Indicators of Well-Being, 2002.* (2002). National Institute of Child Health and Human Development. Available: <http://www.nichd.nih.gov/new/releases/americas02.cfm>. [Education Module]

⁴⁷ Fuller, B., Boots, S. W., Castilla, E., & Hirschberg, D. (2002). *A Stark Plateau: California Families See Little Growth in Child Care Centers.* PACE Child Development Project, University of California, Berkeley. Available: http://pace.berkeley.edu/pace_publications.html.

⁴⁸

⁴⁹ In the year before the second interview 70% did in fact work some and 41% received training or schooling. In sum, these questions were relevant in theory to 82% of the mothers. We are not sure why some respondents did not respond who might have.

Table 14: Round II work-related child care measures, percentages by county and overall

Child care for work, training, school	Kern N=162	Stanislaus N=190	Combined N=352
Regularly leave child under 13 alone ⁵⁰	12%	16%	14%
Child care very difficult to arrange	21	22	22
Child care quality is “fair” or “poor”	7	5	6
Child care caused work problems due to safety concerns or reliability	14	16	15
30 or more minutes travel time to child care	20**	11**	15
More than two child care arrangements lasting at least a week in last year for youngest child	29	35	32
Receive child care assistance from an agency	53	47	50
Child in Head Start or other agency-based child care in past month	36*	45*	41

*Statistical significance: p<=0.01 is ***; p<=0.05 is **; p<=0.10 is *.*

Welfare and the adequacy of work-related child care. As shown in Figure 15 only three of the 8 risks show a significant difference based on employment/welfare status and they do not fall into a consistent pattern. As might be expected, those working and receiving welfare are by far the most likely to receive child care assistance. The lower percentages of those not working or receiving aid reflect the focus of the questions on work-related child care. ***It is disturbing that only 11 percent of families where the mother is not working and not receiving cash aid attend child care in an agency-based center.***

Parental stress and low social support

In this section we present indicators of two related but countervailing patterns: factors which contribute to or measure parental stress and factors which are ordinarily thought to alleviate parental stress by sharing the burden. Parental stress is directly related to depression; and social support, and particularly partner support, is associated with alleviating parental stress and hence with preventing parental depression (with its consequent effects on the children).⁵¹

The three questions making up the parental frustration scale are, “How much of the time in the past month have you felt... a) Your children are much harder to care for than most children, b) Your children do things that really bother you a lot, c) You felt angry with your children.” A low score indicates high parental frustration (range 1-3). Cronbach’s alpha is .69.⁵²

⁵⁰ Percentages over the entire population were the same as when limited to those using child care for work.

⁵¹ Williams, H., & Carmichael, A. (1991). Depression in mothers and behaviour problems with their preschool children. *Journal Of Paediatrics And Child Health*, 27(2), 76-82.

⁵² These items were drawn from the HOME scale. Caldwell, B. M., & Bradley, R. H. (1984). *Home Observation for Measurement of the Environment*. Little Rock: University of Arkansas Press.

The support scale is six items that ask about emotional, personal, financial, and decision-making help (Cronbach's alpha is .84.) Additional questions asked about support from girlfriends, employment counselors or welfare staff and whether or not the person had a steady partner during the year.⁵³

Table 15: Round II work-related child care, percentages by welfare and work status (N=579)

	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
Regularly leave child under 13 alone	14%	16%	15%	10%
Child care very difficult to arrange	10	10	17	13
Child care quality is "fair" or "poor"	3	3	5	3
Child care caused work problems due to safety concerns or reliability	7	9	11	4
30 or more minutes travel time to child care**	7	7	13	4
More than two child care arrangements lasting at least a week in last year for youngest child	12	8	7	4
Receive child care assistance from an agency***	27	48	27	6
Child in Head Start or other agency-based child care in past month**	28	29	26	11

*Statistical significance: Chi-2: p<=0.01 is ***; p<=0.05 is **; p<=0.10 is *.*

⁵³ An additional question was intended to ask about family support but a typographical error made it difficult to know if respondents would have interpreted it correctly.

Table 16: Round II social support and parental frustration measures, percentages by county and overall

Parent support and frustration	Kern N=273	Stanislaus N=306	Combined N=579
STRESS			
Cares for at least one child two or under	32%	34%	33%
Cares for four or more children	22***	11***	16
Below one standard deviation on parental frustration scale	16*	12*	14
LACK OF SUPPORT			
No partner or partner less than a year	52***	64***	58
Friends provide little or no support in past year	48	42	45
Welfare/employment staff provided little or no support	61**	69**	65
Below one standard deviation on social support scale	15	11	13

*Statistical significance: p<=0.01 is ***; p<=0.05 is **; p<=0.10 is *.*

On most of the measures in Table 16 Kern mothers do not appear to be doing as well as Stanislaus mothers. There are equal numbers of women caring for a child under two (one third) and more women in Stanislaus did *not* have a partner than in Kern. Otherwise, Kern women indicate both more parental stress and report less social support to deal with it.

Welfare and Parental Stress and Low Social Support. Parental stress is directly related to child-well being. Welfare reform may reduce such stress by increasing income or it may increase it due to the problems entailed in managing work and being a mother. How a mother copes with stress is likely to be affected by the amount of social support she has. We measured not only emotional support from friends and family and professionals but also the mother’s ability to ask others for various kinds of material support—which might have very direct effects on child well-being.

The difference on caring for a very young child approaches statistical significance (p 0.12) with those on welfare and off welfare but not working having higher percentages. The distribution of those with four or more children is statistically significantly different, with mothers still on welfare almost three times as likely as those working and off welfare to have four children (23% vs. 8%). Mothers who are not working (whether on welfare or not) had significantly higher scores on the parental frustration scale.

Table 17: Round II parental stress and lack of support: percentages by welfare and work status (N=579)

Stress and Support Measures	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
STRESS				
Cares for at least one child two or under	29%	27%	37%	39%
Cares for four or more children***	8	15	23	11
Below one standard deviation on parental frustration scale***	6	10	20	14
LACK OF SUPPORT				
No partner or partner less than a year	64	60	55	53
Friends provide little or no support in past year	41	43	50	36
Welfare/employment staff provided little or no support ***	80	58	60	75
Below one standard deviation on social support scale *	7	15	16	11

*Statistical significance: p<=0.01 is ***; p<=0.05 is **; p<=0.10 is *.*

There is a non-significant trend for women not working to be less likely not to have a partner or to have had that partner for at least a year. (Those working are less likely to have a long-time partner.) Although “little or no support from friends or girlfriends” is not differentially distributed by employment/welfare status, the uniformly high percentages (36 percent to half) are noteworthy. Low support from welfare or employment staff records those who specifically said they received a small amount or no support from welfare or employment staff. Surprisingly 80% of those working and not on welfare say they got minimal support—presumably because they found their jobs on their own. The other group indicating help was not received were those off welfare but not working. Those working while on welfare and those only on welfare are less likely to indicate low support from TANF-related staff. Scores below one standard deviation on the six item support scale is a marginally significant indicator (p 0.10), with those employed and not on welfare less likely to indicate low support.

In sum, associations with welfare/employment status were found for two of the three parental stress measures and two of the four measures of low social support.

Implications: Parental Stress and Lack of support. Overall, stress related to parenting appears to be a less significant problem than lack of support, which affects over 40 percent regardless of the measure (with the exception of the final support scale score which is constrained to be around 15 percent).

Domestic violence with direct relevance to the children

Two questions on the domestic violence section of the survey protocol asked whether the abusive partner had a) threatened harm to a child or b) had threatened the mother by saying he would report the mother to child welfare or would kidnap the child. In addition, if a woman reported physical abuse, she was asked if it had occurred during pregnancy. *Neither of these measures is significantly different depending on welfare/employment status.*

Table 19: Round II domestic abuse related to children, by county and combined

Domestic abuse	Kern N=273	Stanislaus N=306	Combined N=579
Intimate partner threatened a child or threatened the mother regarding a child	4.8%	6.9%	5.9%
Intimate partner physically abused mother while pregnant in prior 12 months	1.5%	2.9%	2.3%

*Statistical significance: $p <= 0.01$ is ***; $p <= 0.05$ is **; $p <= 0.10$ is *.*

Welfare/employment status and domestic violence threats.

Table 20: Round II Intimate Partner Child Threats and Abuse During Pregnancy, by work/welfare status

Measures	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
Intimate partner threatened a child or threatened the mother regarding a child	1.7%	6.3%	7.4%	6.9%
Intimate partner physically abused mother while pregnant in prior 12 months	0.8%	2.1%	2.5%	4.2%

*Statistical significance: $p <= 0.01$ is ***; $p <= 0.05$ is **; $p <= 0.10$ is *.*

Implications: Domestic violence as a threat to children: As a percentage of the overall sample, threats which involve the children occurred in about 6 percent of the families, not differing significantly by county. Physical abuse while pregnant occurred in about 2 percent of the overall sample—again not differing significantly by county. Of those who were pregnant during the year, the percentage being physically abused was 29 percent in Kern and 50 percent in Stanislaus!

Child status threats: disability and living away from home

Child well-being is affected when children live away from their parents. “Children living with relatives fare worse than children living with their parents on most measures of behavioral, emotional, and physical

well-being. This is not necessarily surprising given that these children have experienced a separation from their biological parents and some may have been abused or neglected.”⁵⁴ The number of children living with relatives (usually grandparents) increased 1.4 million to 2.2 million between 1990 and 2000, while the number of children living with non-relatives also increased from 346,000 to 837,000 (US Bureau of the Census 2001b). Government statistics show 588,000 children in foster care in March 2000, up from 414,000 in 1991.⁵⁵

Child disabilities have obvious implications for well-being. Besides the direct effects of a disability, such children need special care from parents and usually from professionals, which puts added stress on parents. And, in fact, success in finding employment is reduced for parents with a disabled child.⁵⁶

In this study, a total of 12 percent of the mothers age 33 or less had a child not living with her.⁵⁷ Only 2.4 percent reported having children who were currently placed in foster care by Child Protective Services.⁵⁸

We asked: “Do any of your children living with you have an on-going physical, mental or emotional problem or disability that limits his/her/their activities?” A report on child disability in the AFDC era using a similar definition found 11 percent to 15 percent of the children were disabled. A more recent report finds that in the country overall about 13 percent of families have a child with a disability and this rate is close to 20 percent for those receiving welfare.⁵⁹ In our sample, the rate is very similar to the more recent study’s rate for the country overall and the older study’s AFDC rate.

⁵⁴ Billing, A., Ehrle, J., & Kortenkamp, K. (May 2002). *Children cared for by relatives: What Do We Know about Their Well-Being?* Urban Institute: Number B-46 in Series, "New Federalism: National Survey of America's Families". Available: <http://www.urban.org/>

⁵⁵ Administration of Children 2001.

⁵⁶ Lee, S., Sills, M., & Oh, G.-T. (June 20, 2002). *Disabilities among Children and Mothers in Low-Income Families*. Institute for Women's Policy Research. Available: <http://www.iwpr.org>.

⁵⁷ The questions about children living out of home did not explicitly limit the ages of the children in question to those under 18. Therefore, we limited the respondents to those in which the mother’s age is 33 or less on the assumption that this would exclude those who might have listed children 18 and over as living away from home. In Kern 54% were 33 or under, in Stanislaus 63% (58% combined).

⁵⁸ Kern and Stanislaus counties are beginning to look at the overlap in child welfare and CalWORKs populations. Stanislaus reported to us in July 2002 that 23 cases of the child welfare caseload also receive TANF. Personal Communication from Virginia Wilson.

⁵⁹ Under AFDC the rate appears to have been lower than currently. Loprest, P. & Acs, G., *Profile of Disability Among AFDC Families* (1995). Urban Institute: Available: http://www.urban.org/periodcl/26_2/prf26_2d.htm
Lee, S., Sills, M., & Oh, G.-T. (June 20, 2002). *Disabilities among Children and Mothers in Low-Income Families*. Institute for Women's Policy Research. Available: <http://www.iwpr.org>

Table 21: Round II out of home placement or child disability, by county and combined

Domestic abuse	Kern N=273	Stanislaus N=306	Combined N=579
A child has physical/emotional disability	15%	12%	13%
A child placed by CPS	1.8%	2.9%	2.4%
A child lives away from mother who is 33 or under	9% (N=147)	14% (N=192)	12% (N=339)

*Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

Welfare/employment and child status threats. The only statistically significant association between child status and welfare/employment status is the percentage of families with a child who was placed by CPS—those not working and not getting cash aid have a higher percentage. Note that while statistically significant (using chi-square and Fisher’s exact test) the numbers are very small.

Table 22: Round II threats associated with child status, percentages by welfare and work status (N=579)

	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
A child(ren) lives away from mother ⁶⁰	23%	12%	9%	20%
A child(ren) placed by CPS***	1	4	1	7
Child(ren) has physical/emotional disability	9	15	15	12

*Statistical significance: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

Overall, child status threats reported by our respondents do not show them to be excessively high overall (to the extent we have overall data), nor associated with work/aid status. The exception is the percentage of families in which a child lives in a foster care placement—which occurs disproportionately among families with neither cash aid nor work.

Child behavior and school performance

There is a general consensus that different behavioral measures of how a child is doing are needed depending on where a child is developmentally—which in general corresponds to age. In this study we have separate measures for children 4-6, 7-11, and 12-17. In Round II we used a random procedure to identify a single focal child about whom to ask. Overall 28 percent of the focal children were three or under, 20 percent were 4-6, 32 percent were 7-11 and 20 percent were 12-17. In a few cases the only

⁶⁰ And the mother is 33 or less. This restriction is due to the fact that we did not ask the age of the child, so limiting the age of the mother ensures that children over 18 are not counted.

eligible child had turned 18, so we did not include them. In some cases the low N has necessitated combining questions. For the four to six year olds, for example, the problematic behaviors were the occurrence of “not getting along,” “being sad or depressed,” or “acting young for her/his age. We created one indicator that measures whether any one or more of these three behaviors occurred “often” in the prior month.

For age 4-6 there are two measures: the behavioral scale and whether parents read to their children at least three times a week. The latter is a commonly used behavioral indicator for child development. For example, in 2001 49 percent of a national sample with 12th grade education read to their 3-5 year olds *every day* while 42 percent of those with less than a high school degree did..⁶¹ Children in families at poverty level or below and in single-parent families are also less likely to be read to daily. In this sample (both counties combined), 34 percent reported reading to their 4-6 year old every day (33 percent if less than high school education).

For age 7-11 we added two other problematic behaviors (lies or cheats, feels worthless or inferior) and combined all five items to make a behavioral index (Cronbach’s alpha .62) that runs from a very high score of 3 to a very low score of 1, with a mean of 2.54 and a standard deviation of 0.40. We test statistical significance using one-way ANOVA (with a “robust” correction due to skew). We also asked whether the child was attending school and if not, why. Only one child in this age range was not, due to being home schooled, so this measure does not appear in the table.

For age 12-17 we use the same risks as for the younger children plus five that are much more likely to apply to adolescents: running away, getting in trouble with the law, using drugs or drinking, pregnancy, or getting in with a bad crowd or gang. However, the frequency of each of these “teen” issues was very low since there were only 107 children age 12-17 chosen for a focal child. So we have combined them into “Teen trouble,” which indicates that any one of these issues was present. Here are the basic frequencies for each item: ranaway=6, lawtrouble=6, drugs/alcohol=9, pregnant=1, bad crowd or gang=8. A total of 20 of the 107 got into one or more of these kinds of trouble.

For school performance in the prior year we used six measures: the parent’s rating of the child’s progress in school, whether the parent was contacted by the school about the child’s performance, whether the child had to change schools during the year, whether the child was held back a grade, whether the child was in special education, and whether the child was suspended or expelled.

Finally, although their absence is not counted as a “risk,” we asked about high achievers: did children participate in organized sports, did they take computer classes, did they play a musical instrument.

⁶¹ *America's Children: Key National Indicators of Well-Being, 2002*. (2002). National Institute of Child Health and Human Development. <http://www.nichd.nih.gov/new/releases/americas02.cfm>

Table 23: Round II behavior and parenting of children age 4-6, by county and overall

	Kern N=49	Stanislaus N=60	Combined N=109
Read to less than 3 times a week	39%	32%	35%
Does not get along with other kids in past month/depressed/acts young for age “often”	22%**	8%**	15%

*Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

There is a strong difference between the Kern and Stanislaus parents’ ratings of behavioral problems of their children, with Kern parents reporting a rate 2.5 times higher.

Table :Round II behavior and school measures for children 7-11, by county and overall

	Kern N=97	Stanislaus N=78	Combined N=175
Mean of 5 Item Behavioral Scale (Lower is Better)	.46	.40	0.44
Parent rates child as below average in school	15%	8%	12%
Changed school during year	21%***	40%***	29%
Contacted by school about attendance or performance	38%	33%	36%
Held back a grade	5%	5%	5%
In special education class	23%	26%	24%
Suspended/expelled	20%*	10%*	15%

*Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

Stanislaus children appear to be equal or somewhat better off on all measures except for changing school during the year—which is presumably due to the severe housing problems in Stanislaus. However, the overall rates for having been contacted by the school regarding performance, a child in special education, or a child suspended/expelled show this to be a population in which children are having significant difficulties in school.

Table 24: Round II behavior and school measures for children 12-17, by county and overall

	Kern N=57	Stanislaus N=50	Combined N=107
Mean of 5 Item Behavioral Scale (Lower is Better)	.45	.43	.44
Parent rates child as below average in school	18%	14%	16%
Changed school during year	16%*	30%*	22%
Contacted by school about attendance or performance	40%	44%	42%
Held back a grade	4%	2%	3%
In special education class	30%	32%	31%
Suspended/expelled	26%	22%	24%
Teen troubles	14%	24%	19%

None of the differences between counties rose to statistical significance. However, the school difficulties that were apparent in the younger children are even more prevalent: a third of the older children are in special education, and a quarter were expelled or suspended.

Welfare/employment and child behavior and school performance. Again, the N is small but it appears the women who are working and not receiving welfare are considerably more likely to read to their children age 4-6 more than twice a week. There is an apparent difference on the combined measure of behavioral difficulties—with more of those not working and not receiving cash aid reporting behavior problems—but the N is very small and the difference is not statistically significant.

Table 25: Round II child behaviors (age 4-6): by welfare and work status (N=579)

	Working, No Cash Aid N=19	Working & Cash Aid+ N=34	Cash Aid, Not Working+ N=45	Not Working, No Cash Aid N=10
Read to less than 3 times a week*	11%	41%	42%	30%
Does not get along with other kids in past month/depressed/acts young for age “often”	10%	12%	16%	30%

*Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

Although the results in the table below suggest that for several measures the children of mothers not working *or* receiving aid are doing less well than (say) those who are working, the N’s are too small to judge reliably (the differences are not statistically significant).

For age 12-17 we use the same risks as for the younger children plus five that are much more likely to apply to adolescents: running away, getting in trouble with the law, using drugs or drinking, pregnancy, or getting in with a bad crowd or gang. Only the combined measure of the teen-age problems is significantly different by welfare/employment status with only 4% of those working and receiving welfare reporting these problems and 50% of those with *neither* work nor cash aid reporting the problems. Again, the numbers are too small to be considered reliable.

Table 26: Round II child behaviors (age 7-11): by welfare and work status (N=175)

	Working, No Cash Aid N=36	Working & Cash Aid+ N=47	Cash Aid, Not Working+ N=77	Not Working, No Cash Aid N=15
Mean of 5 Item Behavioral Scale (Lower is better)	0.33	0.48	0.46	0.44
Parent rates child as below average in school	6%	17%	10%	20%
Changed school during year	25%	24%	32%	47%
Contacted by school about attendance or performance	28%	35%	42%	33%
Held back a grade	3%	4%	7%	13%
In special education class	19%	22%	27%	27%
Suspended/expelled	19%	15%	16%	7%

N varies slightly on different measures. *Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

Table 27: Round II Child Behaviors (Age 12-17): by Welfare and Work Status (N=107)

	Working, No Cash Aid N=25	Working & Cash Aid+ N=26	Cash Aid, Not Working+ N=48	Not Working, No Cash Aid N=8
Mean of 5 Item Behavioral Scale (Lower is better)	0.39	0.45	0.45	0.52
Parent rates child as below average in school	12%	23%	10%	37%
Changed school during year	17%	20%	25%	37%
Contacted by school about attendance or performance	37%	28%	52%	50%
Held back a grade	0%	4%	4%	0%
In special education class	29%	38%	27%	37%
Suspended or expelled	17%	27%	25%	37%
Teen trouble**	20%	4%	21%	50%

N varies slightly on different measures. *Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

Implications: child behavior and school performance as threats Overall, a significant group of children in this study are experiencing school performance and behavior difficulties as reported by their mothers. These numbers increase as the children get older, making a case for early intervention with these families.

High achievement. The figures regarding risks are so discouraging that it is welcome news that many of the 7-17 year olds also were doing well in school (Table 28). Almost a third got on the honor roll and almost a third took a class in using computers while half participated in sports or some other organized activity. Children in Kern were much more likely than those in Stanislaus to excel, perhaps due in part to the greater transitoriness of school attendance in Stanislaus.

Table 28: Round II positive behavior and school measures for children 7-17, percentages by county and overall

	Kern N=154	Stanislaus N=128	Combined N=252
Got on the honor roll	36%***	22%***	29%
Participated in organized sports or activities	56**	36**	48
Took a class in how to use computers	31	24	28
Took lessons on a musical instrument or played in a musical group	8	9	9

*Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

Welfare and employment: cumulative threats to well-being

Cumulative impact. For each risk category and overall we summed the number of risks per family. In Table 29 we present the mean of each outcome domain and the total mean. Note that because of the use of a focal child in Round II, some measures do not apply to the entire sample; mothers who only have children under six will have fewer total measures. We used the sum of the non-missing risks to create a set of “indexes.”⁶² Finally, we calculated the mean and standard deviation for the overall sum of threats and present the percentage overall and in each AOD/MH/DV group who have negative scores outside the first standard deviation. Significant differences are found for housing, hunger, medical care, material resources and safety net measures overall. Child status measures and parental support/frustration measures also showed a significant difference between categories. The mean score of all threats showed a significant difference between welfare/work categories but the percentage with “very high” scores was not significantly different.⁶³

⁶²Although not a necessary component of an index (as opposed to a scale), high internal reliability measured by Cronbach’s alpha would indicate that the items we have grouped together on logical grounds “fit” together empirically (have high inter-item correlations). This fit was high, over .70, for some items, moderate for others, .50-.70, and low, below .50, for others. It was: .70 for the index of safety net items; .56 for child care items; the parental frustration and low support items together have an alpha of .78; the child status items have very little consistency, .17 as did the combination of threatening a child and physical abuse while pregnant, .34. The two items in the index for 4-6 year olds was low, .22; for items applicable to ages 7 through 11 the alpha is .59; for items applicable to 12-17 only, it is .63. The overall index (all 51 items) had an alpha of .59. Even those indexes with low alpha scores have relatively high correlations between the individual items and the overall test score.

⁶³ The threshold for “Very high” scores is arrived at by taking the overall percentage with more threats than those have who are one standard deviation above the mean. In this case, one standard deviation above the mean is 14.5

Looking at cumulative impact is particularly important for two reasons:

- a) Problems *do* cluster in families. For example, women with mental health issues also have a higher number of other barriers to finding employment. So, although it is important to understand the specific threats facing different employment/welfare groups, it is even more important to understand that some children (in the no work-no cash and cash only categories) face multiple risks.
- b) As noted in the introduction, the impact of risk factors on long-range development appears to be linked more to the total number of them than to specific constellations of risks.

Specifically for those working but not cash the cumulative score was 9.3; for those working *and* getting cash it was 9.9; for those getting only cash it was 10.8 and for those not working or getting cash it was 10.5. Given these cumulative totals (see Table 29):

- The number of threats in the “Cash only” and “No work/no cash” groups are both significantly higher than in the “working only” group.
- The “Work only” group is significantly lower than the other three groups combined.
- The “Cash only” and “No work/no cash” groups are *not* different from each other.
- The “Work & cash” group is significantly lower than the “Cash only” group.

As we will see in the next section, however, the magnitude of the differences among these groups is far smaller than the magnitude for groups defined by AOD/MH/DV need for services.

threats. Overall 14 percent of the samples exceeded this number of threats. This percentage was lower among those working and higher among those not working, but the difference did not reach statistical significance.

Table 29: Welfare status and mean number of threats to child well-being out of 51 possible in Round II

TYPE OF THREAT	Working, No Cash Aid N=120	Working & Cash Aid+ N=143	Cash Aid, Not Working+ N=244	Not Working, No Cash Aid N=72
SAFETY NET				
Housing***	1.19	1.20	1.51	1.79
Utilities	0.22	0.23	0.29	0.17
Hunger*	0.48	0.49	0.68	0.61
Medical***	0.63	0.41	0.40	0.58
Resources***	1.66	2.17	2.05	1.94
SUBTOTAL**	4.18	4.50	4.92	5.10
CHILD CARE	1.70	1.62	1.86	1.72
SUPPORT FOR PARENT/ FRUSTRATION*	2.35	2.29	2.59	2.39
CHILD STATUS* SCHOOL/ BEHAVIOR #	0.31	0.51	0.42	0.50
4 to 6	0.03	0.13	0.11	0.08
7 to 11	0.40	0.54	0.56	0.40
12 to 17	0.35	0.35	0.41	0.34
GRAND TOTAL***	9.32	9.92	10.85	10.52
Percent over one standard deviation from overall mean (≥ 14.52) (NS)	12%	10%	17%	18%

#The school/behavior subcategories are mutually exclusive so they do not have a total.

Statistical significance: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.

PART II: RELATIONSHIPS BETWEEN AOD/MH/DV SERVICE NEEDS AND CHILD WELL-BEING

AOD/MH/DV need as the predictor of threats to child well-being

In this section we focus on the overall need for services (AOD, MH or DV) and the association of that need with threats to child well-being. In the next section we confine the analysis to families having children six and under, since they are especially vulnerable. In succeeding sections we look at this association using alternative measures of AOD/MH/DV problems.

Figure 1 summarizes the relationship of AOD, of MH and DV service needs to the six risk categories we have discussed. A black circle indicates a statistically significant association ($p < 0.05$) while a white circle indicates lack of such an association. The measures in each risk category were summed and the average number of risks in the group having a particular AOD/MH/DV need was compared with the average number of risks in those who did not have the particular need. *Overall, all three conditions are significantly associated with all of the risk categories—with the exception of parental frustration/support for AOD and child behavior/school performance for DV.*

Figure 1: Statistically significant associations between mother’s AOD/MH/DV service needs and child well-being measures ($P < 0.05$): measures are sum of risks in each risk category

RISK CATEGORIES	Participants with AOD Needs N=76	Participants with MH Needs N=192	Participants with DV Needs N=127
SAFETY NET (21 risks covering housing, utilities, food insecurity, medical care, resources)	●	●	●
CHILD CARE (8 risks)	●	●	●
PARENT SUPPORT & FRUSTRATION (7 risks)	○	●	●
ABUSIVE PARTNER THREATENS CHILD (threats regarding a child by partner or physical abuse while pregnant)	●	●	●
CHILD STATUS (living away from mother, placed out of home, or serious disability)	●	●	●
SCHOOL PERFORMANCE & PROBLEMATIC BEHAVIOR (7 risks)	●	●	○
TOTAL (51 RISKS)	●	●	●

In the rest of this section we present the information for each of the risks separately as well as the actual data for the summary measures of each category. For each broad domain we also show one or two graphs of representative risks. In Sections B, C, D and E of this Part we show a summary of the same results but

for families with children five or under only followed by summaries for alternative measures of MH, AOD and DV. The detailed tables for these results are in the Appendix.

The Impact of AOD/MH/DV Need on Safety Net Provisions

Statistically significant associations of AOD/MH/DV conditions with safety net risks before and after welfare reform implementation. We begin with illustrative graphs of three key Round II risks: extent of homelessness, use of a food bank during the prior year, and extent to which a child did not get all needed medical care. The graphs show the overall percentage having the risk, the percentage having the risk if no AOD, MH or DV service need was identified, and the need for those with AOD/MH/DV service needs. There is overlap between the AOD/MH/DV groups.

In each graph it is clear that AOD, MH and DV problems are associated with rates of threats to child well-being two to five times greater than the risks for those with no AOD/MH/DV service needs.

Figure 2: Homeless on street or in a shelter during the year, by AOD/MH/DV service need

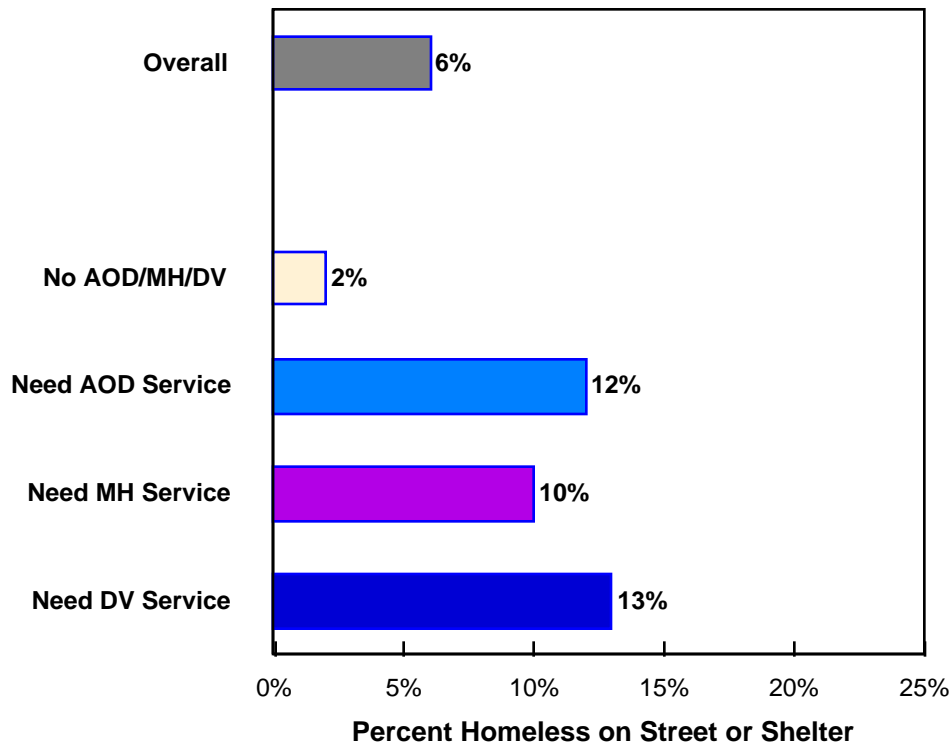


Figure 3: Had to use food bank in previous year, by AOD/MH/DV service need

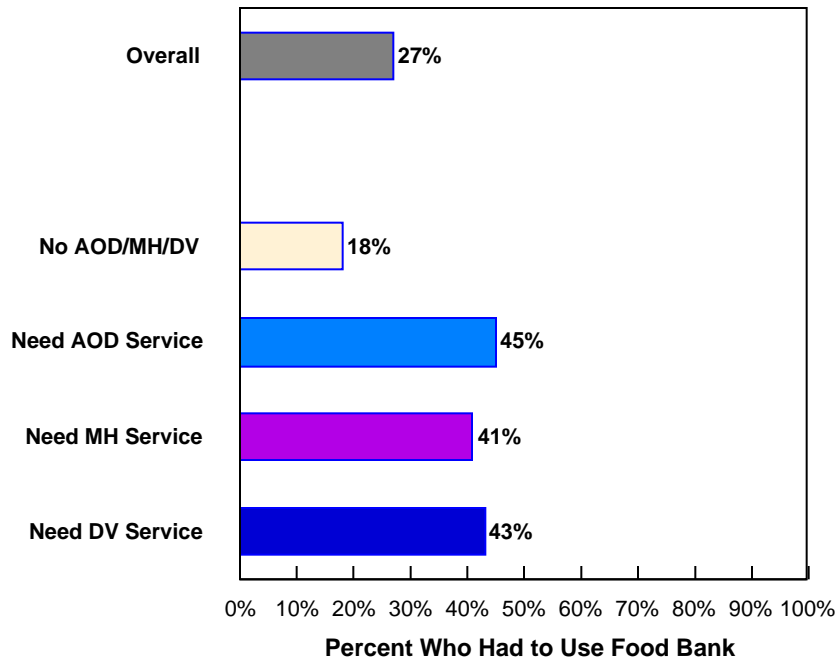
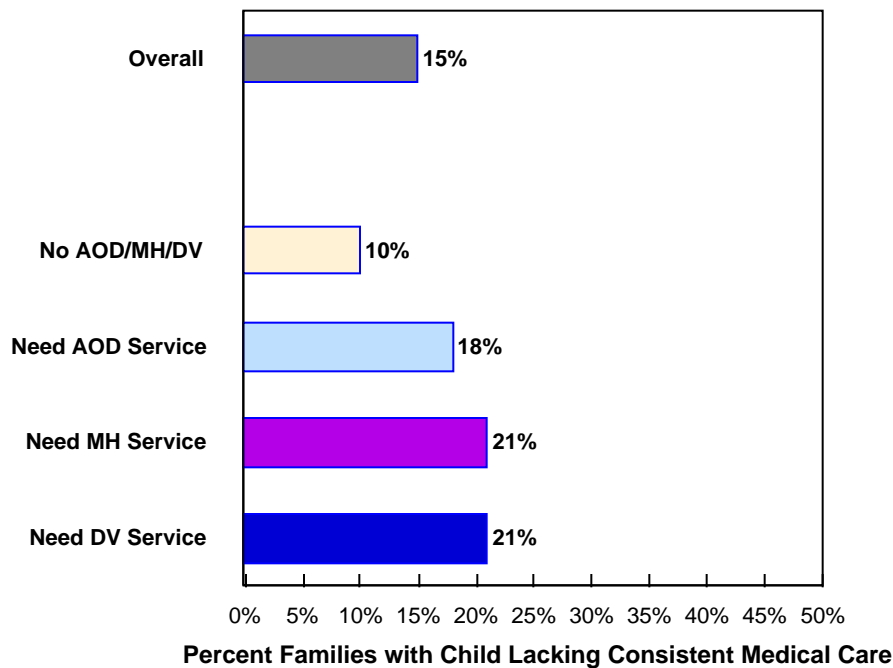


Figure 4: Families in which a child in the family did not receive needed medical care “all of the time,” by AOD/MH/DV service need



In Round I we measured only seven safety net risks. Of these, five showed a statistically significant relationship with either AOD, MH or DV—and with two conditions in the case of three risks (Table 30).

Table 30: Round I percentages of safety net measures associated with AOD/MH/DV service needs

	Overall N=643	No AOD, MH or DV N=306	AOD N=111	MH N=197	DV N=203
No home of own: lived with others	21%	16%	22%	24%	32%***
Neighborhood unsafe	27	26	21*	31	32*
Child not always safe from physical harm in neighborhood or home	32	12	31	38**	34
Lost telephone or no phone in last 60 days	28	24	32	33**	35***
No heat/power because could not pay in last 60 days	13	11	14	13	15
Parent and/or child hungry in past 60 days	26	17	31	36***	40***
Children's medical care not always provided	14	14	14	18	17

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

In Round II, using the same seven risks, there were significant relationships with at least one of the conditions for all seven. In six of the seven risks there were associations with at least two of the conditions (Table 31). In Round II we also added nine other direct risks: for eight of them there were associations with at least two of the conditions and for six with all three AOD/MH/DV conditions. We also added six indirect economic threats (Table 32). Four of these were associated with at least one AOD/MH/DV issue and three with more than one AOD/MH/DV issue. Thus threats to the child economic and health safety nets appeared to be a particular problem when mothers face AOD/MH/DV issues both before the mothers started welfare to work activity but even more afterwards. Then the tables are shown.

In summary, threats to the children's economic and health safety net were a serious problem when mothers faced AOD/MH/DV issues before they started welfare to work activity. However, these threats seem to be even more pronounced one year after welfare to work requirements were applied.

Table 31: Round II safety net measures associated with AOD/MH/DV needs, percentages

	Overall N=549	No AOD, MH or DV N=318	AOD N=76	MH N=192	DV N=127
HOUSING					
No home of own, lived with others	29%	26%	39%	32%	38%**
Actually homeless on street or in shelter past year	6	2	12**	10**	13***
Had child while homeless on street or in shelter past year	5	2	8	8**	9**
Moved at least twice in the year	18	12	31**	25***	33***
<i>Had</i> to move at least once	20	14	36**	28***	36***
Neighborhood unsafe due to gangs, drugs etc	23	17	30	32***	32***
Child not always safe from physical harm in neighborhood	13	8	20*	23***	15
UTILITIES					
Lost telephone or no phone in last 60 days	19	14	22	24**	29***
Power or heat turned off in last 60 days	5	3	5	6	11***
FOOD INSECURITY					
Parent or child hungry in past 60 days	8	5	8	15***	15***
Cut size or skip meals past year	23	13	30*	38***	35***
Had to use food bank to have enough to eat	27	18	45***	41***	43***
HEALTH					
One or more child did not have medical insurance all 12 months of past year	6	6	5	6	6
One or more child does not get needed medical care “all of the time”	15	10	18	21***	21**
One or more child does not get needed dental care “all of the time”	26	22	37**	31**	31

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: p<=0.01 is ***; p<=0.05 is **; p<=0.10 is *.*

Table 32: Round II indirect safety net measures: mother’s income and resources

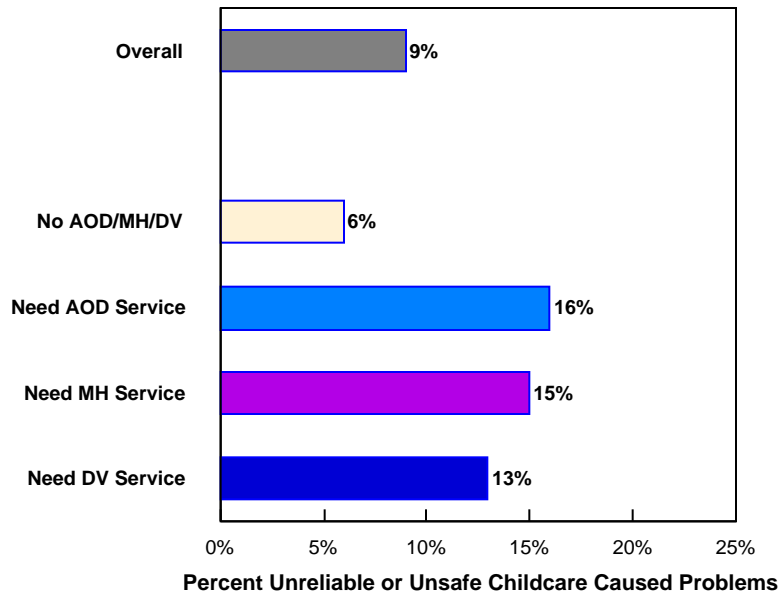
	Overall N=579	No AOD, MH or DV N=318	AOD N=76	MH N=192	DV N=127
No food stamps prior month	29%	32%	29%	30%	32%
Received no child support	69	70	66	74	67
Had more than \$1,000 in debts	38	32	47*	47***	49***
Reports total annual income for mother and children of \$5,000 or less	26	23	29	31*	32*
Reports “much” lower household income in 1999 than 1998	15	11	22*	19**	29***
Mother lacked health coverage at least three months in prior year	17	16	22	21	29***

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

AOD/MH/DV and the adequacy of work-related child care

We start with a graph of the extent to which unreliable child care caused work problems:

Figure 5: Respondents who report unreliable or unsafe child care caused work problems in previous 12 months, by AOD/MH/DV service needs



As shown in Table 33, five of the eight indicators of the adequacy of child care were associated with at least one AOD/MH/DV condition, while three were associated with two and one with all three.

Table 33: Round II percentages of work-related child care measures associated with AOD/MH/DV conditions

Child care for work, training, school	Overall N=352	No AOD, MH or DV N=318	AOD N=46	MH N=108	DV N=75
Regularly leave child under 13 alone ⁶⁴	14%	13%	18%	16%	17%
Child care very difficult to arrange	22	10	20	31***	33***
Child care quality is “fair” or “poor”	6	2	4	12***	12***
Child care caused work problems due to safety concerns or reliability	15	6	26**	26***	23**
30 or more minutes travel time to child care	15	8	22	19	19
More than two child care arrangements lasting at least a week in last year for youngest child	32	14	50***	43***	48***
Receive child care assistance from an agency	50	33	48	42**	41*
Child in Head Start or other agency-based child care in past month	41	25	35	42	48

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

AOD/MH/DV and Parental Stress and Low Social Support

Table 34 shows the parental stress and social support risks. For AOD/MH/DV conditions, family structure and professional support were not differentiating issues (those with mental health problems were *less* likely to have very young children). However, on each of the psychological and social support dimensions (parental frustration, friend support, social support) mothers with DV and MH conditions were significantly less well off than those without these conditions. (See Figure 6 for very low social support.)

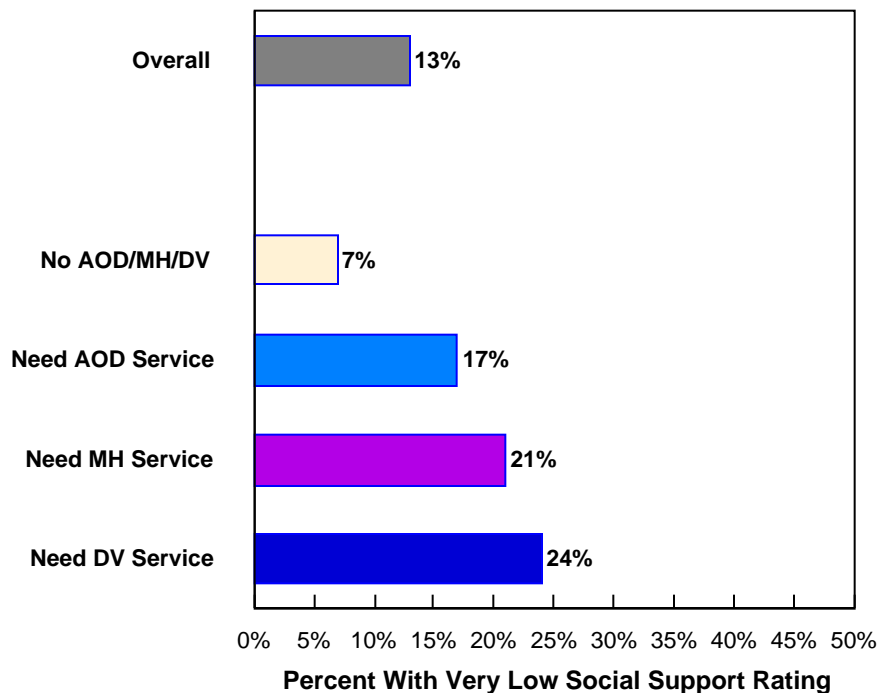
⁶⁴ N: This question was asked of all groups: Overall=579; no AOD/MH/DV=318; AOD=76; MH=192; DV=127

Table 34: Round II percentages of parental stress and support measures associated with AOD/MH/DV conditions

Stress and Support Measures	Overall N=579	No AOD, MH or DV N=318	AOD N=81	MH N=192	DV N=127
STRESS					
Cares for at least one child two or under	33%	36%	30%	27%**	29%
Cares for four or more children	16	19	10	15	13
Below one standard deviation on parental frustration scale	14	10	18	20**	21***
LACK OF SUPPORT					
No partner or partner less than a year	58	56	55	60	65*
Friends provide little or no support in past year	45	40	46	55***	53**
Welfare/employment staff provided little or no support	65	65	66	70*	68
Below one standard deviation on social support scale	13	7	17	21***	24***

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

Figure 6: Very low social support reported by mother, by AOD/MH/DV service needs



Domestic Violence: Abusive Partner is a Threat to Children

As shown in Table 35, significantly more women with AOD/MH and DV issues or their children were threatened by an intimate partners. For those with DV service needs, 7.9 percent *overall* were physically abused while pregnant. For this last measure, it is also valid to limit the denominator to those who were pregnant during the year. Overall, there were 32 women who were pregnant during the year and 13 of them (41 percent) reported physical abuse during the pregnancy. Of those with no AOD/MH/DV needs, 2 of 8, or 25 percent reported physical abuse during pregnancy compared to 5 of 10 (50 percent) of those with AOD needs, 6 of 17 (35 percent) with MH needs, and 10 of 18 (56 percent) with DV needs.

Table 35: Round II intimate partner child threats and abuse during pregnancy, percentages by AOD/MH/DV conditions

Measures	Overall N=579	No AOD, MH or DV N=318	AOD N=81	MH N=192	DV N=127
Intimate partner threatened a child or threatened the mother regarding a child	5.9%	<1%	13.2%***	13.5%***	21.3%***
Intimate partner physically abused mother while pregnant in prior 12 months	2.3%	<1%	6.6%***	3.1%	7.9%***

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: p<=0.01 is ***; p<=0.05 is **; p<=0.10 is *.*

AOD/MH/DV and Child Status Threats

Both the percentages of mothers with children living elsewhere overall and the percentages with children living in foster care due to CPS placement are significantly higher for AOD and DV and MH. Figure 7 shows foster care placements while Table 36 presents all the measures.

Figure 7: One or more child placed in foster care by child welfare, by AOD/MH/DV service needs

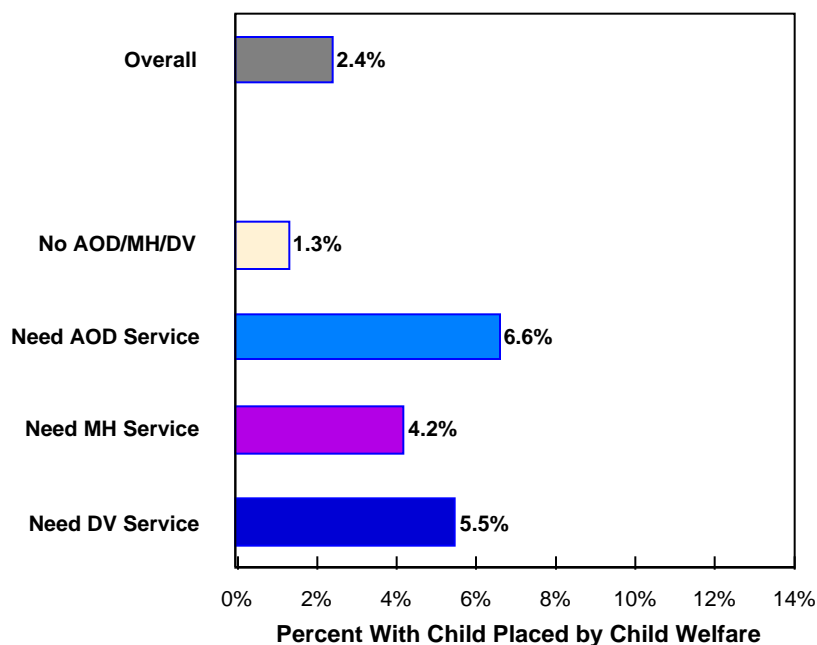


Table 36: Round II child statuses associated with AOD/MH/DV conditions

Measures	Overall N=579	No AOD, MH or DV N=318	AOD N=81	MH N=192	DV N=127
A child lives away from mother ⁶⁵	12%	6%	30%***	17%**	27%***
A child placed by CPS	2.4%	1.3%	6.6%***	4.2%**	5.5%***
A child has physical/emotional disability	13%	11%	17%	17%	14%

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

⁶⁵ Limited to women age 33 or less since the question did not specify that those living away from the mother were under age 18. The N's are: MH=109; DV=82; AOD=47.

AOD/MH/DV and child behaviors and school performance

Neither of the measures for four to six year olds were significantly different for women with vs. those without any of the three conditions. .

Table 37: Round II child behaviors (age 4-6) associated with AOD/MH/DV conditions

Measures	Overall N=109	No AOD, MH or DV N=53	AOD N=19	MH N=38	DV N=29
Read to less than 3 times a week	35%	30%	37%	39%	34%
Does not get along with other kids in past month/depressed/acts young for age “often”	15%	15%	10%	21%	10%

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

Children age 7-11 in families with any of the AOD/MH/DV conditions have more negative behavioral scale scores than those without the conditions (and than the average), but only in MH does this reach significance (probably because of the considerably larger N for MH than AOD or DV). It is not known whether the mental health problems of the mothers might result in them perceiving more behavioral problems than mothers without such problems.⁶⁶ Mothers with MH issues are also significantly higher in reporting that they have been contacted by the school regarding their child’s attendance or performance.

Children of mothers with domestic violence issues were significantly *less* likely than mothers without DV issues to say their children had been suspended or expelled.

Among children age 12-17 (Table 39), mothers with all three conditions rated their children’s behavior significantly more negatively than mothers who did not have the conditions. Mothers with AOD problems said their children performed below average in school more often than women without AOD problems. And women with mental health problems were more likely to say they had been contacted by their child’s school than were women without such problems. “Teen troubles” was not significantly associated with AOD/MH/DV, due to small sample size, even though the percentage among families with DV issues was almost twice as high as those without (29 percent vs. 16 percent) and higher for MH (26 percent vs. 15 percent) and AOD (27 percent vs. 18 percent). The fact that threats occur for older children but to a much lesser degree for younger children may indicate that prevention and early intervention efforts *would* benefit earlier children.

⁶⁶ White, C., & Barrowclough, C. (1998). Depressed and non-depressed mothers with problematic preschoolers: attributions for child behaviours. *British Journal Of Clinical Psychology*, 37 (Pt 4), 385-398.

Table 38: Round II child behaviors (age 7-11) associated with AOD/MH/DV conditions (N=175)

Behavior and school	Overall N=175	No AOD, MH or DV N=104	AOD N=16	MH N=55	DV N=29
Mean of 5 Item Behavioral Scale (Lower is Better)	0.44	0.35	0.58	0.53	0.63***
Parent rates child as below average in school	12%	12%	12%	15%	14%
Changed school during year	29%	25%	37%	36%	34%
Contacted by school about attendance or performance	36%	27%	50%	51%***	45%
Held back a grade	5%	6%	6%	5%	0%
In special education class	24%	21%	31%	31%	17%
Suspended/expelled	16%	15%	19%	18%	3%*

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

Table 39: Round II Child Behaviors (Age 12-17) Associated with AOD/MH/DV Conditions (N=107)

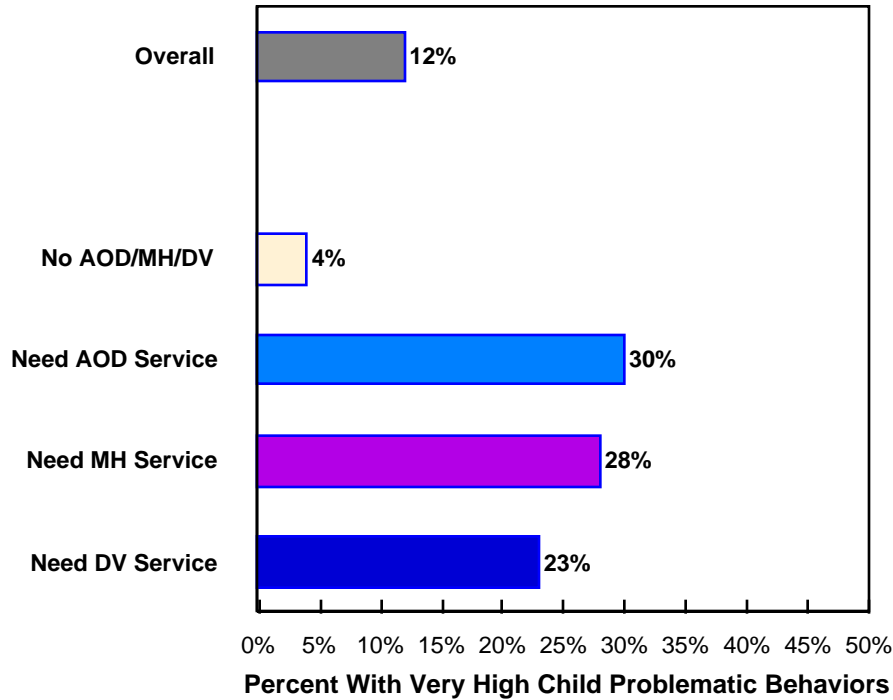
Behavior and school	Overall N=107	No AOD, MH or DV N=64	AOD N=11	MH N=34	DV N=24
Mean of 5 Item Behavioral Scale (Lower is Better)	0.44	0.33	0.75***	0.65***	0.61***
Parent rates child as below average in school	16%	11%	36%**	23%	21%
Changed school during year	23%	17%	36%	33%*	17%
Contacted by school about attendance or performance	43%	36%	54%	61%***	48%
Held back a grade	3%	2%	9%	3%	0%
In special education class	31%	30%	54%*	32%	29%
Suspended/expelled	24%	19%	27%	32%	33%
Teen trouble	19%	16%	27%	26%	29%

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *.*

In Appendix I, we present relevant risks for the 7-17 year old group, in order to avoid the issue of a small N. The only significant change in the findings when we do this is that all three AOD/MH/DV conditions have a significant impact on the Behavioral Scale. Among the 7-11 year olds (above), the differences did

not rise to significance even though they were substantially higher for children whose parents had an AOD/MH/DV condition and were also higher than the overall sample. Figure 8 shows the percentages in each group with very high scores when 7- 17 year olds are grouped together.

Figure 8: Very high scores on child behavior difficulties, age 7-17, by AOD/MH/DV service needs



AOD/MH/DV and the cumulative impact of threats to child well-being

As noted earlier, one of the clearest findings regarding risks factors and childhood development is that the total number of risk factors is highly predictive of less positive outcomes. This quantitative cumulative impact may be more important than the specific risks facing any given family. Table 40 shows the mean score on each of the “indexes” that we created by summing the number of risks each family experienced.

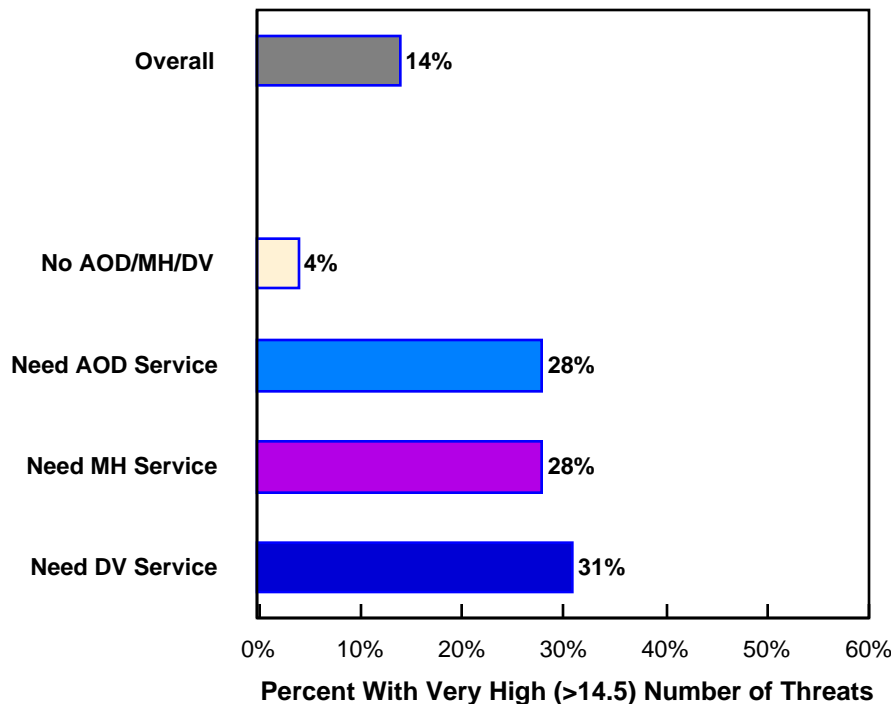
Table 40: AOD/MH/DV status and mean number of threats to child well-being (out of 51 possible), by domain in Round II

TYPES OF THREATS	Overall Sample N=549	No AOD/MH/ DV N=318	AOD Needs N=76	MH Needs N=192	DV Needs N=127
SAFETY NET					
Housing (7 measures)	1.40	1.07	2.03***	1.81***	2.02***
Utilities (2 measures)	0.24	0.18	0.28	0.30**	0.40***
Hunger (3 measures)	0.58	0.36	0.83***	0.94***	0.92***
Medical (3 measures)	0.47	0.38	0.61*	0.58***	0.59**
Resources (6 measures)	1.98	1.81	2.21**	2.23***	2.35***
SUBTOTAL (21 measures)	4.68	3.80	5.95***	5.88***	6.28***
CHILD CARE (8 measures)	1.75	1.58	2.05***	1.99***	2.02***
PARENT SUPPORT/ FRUSTRATION (7 measures)	2.44	2.33	2.42	2.70***	2.72***
ABUSIVE PARTNER THREATS TO CHILD (2 measures)	0.08	0.02	0.20***	0.17***	0.29***
CHILD STATUS (3 measures)	0.23	0.16	0.63***	0.52***	0.54**
SCHOOL/ BEHAVIOR					
4 to 6 (2 measures)	0.50	0.45	0.45	0.61	0.45
7 to 11 (7 measures)	1.65	1.40	2.14	2.19***	1.67
12 to 17 (8 measures)	2.01	1.63	3.2***	2.73***	2.36
GRAND TOTAL (51 measures)+	10.35	8.92	12.28***	12.49***	12.79***
Percent over one standard deviation from grand total mean (>=14.52)	14%	4%	28%***	28%***	31%***

+The school/behavior subcategories are mutually exclusive for different age categories, so the denominators vary. The means shown are for the families with a focal child in that age group. Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *. AOD/MH/DV categories are not mutually exclusive (there is overlap).

Implications: Cumulative impact of threats to child well-being. Overall (mean of the sum of all 51 risks), each of the AOD/MH/DV groups is statistically different from those who do not have these conditions. This is true whether we look at the mean of the sum or the percentage falling outside one standard deviation from the mean (in a negative direction). While overall 15 percent fall outside one standard deviation, in the AOD group it is 28 percent, in MH 29 percent and in DV 31 percent.

Figure 9: Women with a “very high” number (more than 14.5) threats to children in their families, by AOD/MH/DV service needs



In other words, very high levels of threat to child well-being are experienced by twice as many families in these groups as in the overall sample. Families in which the mother has no AOD/MH/DV issue experience only one sixth of the threats experienced by families having AOD/MH/DV issues.

The association of threats to child well-being and AOD/MH/DV need among families with children six and under

There is particular concern regarding the potential for developmental impact when children are five or under. Below we show the same summary table as above but the results are limited to the families with children age five and under.. In each domain the individual measures are summed and then the means are compared—those having the condition against those not having the condition. We would expect fewer statistically significant results just because the size of the sample is considerably smaller, but this is not generally the case. The table below summarizes significant results. The actual figures are contained in the Appendix.

Figure 10: Statistically significant associations between mother’s AOD/MH/DV needs and child well-being measures (P<0.05) for families with a child five or under: measures are sum of risks in each risk category

	Participants with AOD Needs	Participants with MH Needs	Participants with DV Needs
RISK CATEGORIES	N=53	N=115	N=79
SAFETY NET (21 risks covering housing, utilities, food insecurity, medical care, resources)	●	●	●
CHILD CARE (8 risks)	○	●	●
PARENT SUPPORT & FRUSTRATION (7 risks)	○	●	○
ABUSIVE PARTNER THREATENS CHILD (threats regarding a child by partner or physical abuse while pregnant)	●	●	●
CHILD STATUS (living away from mother, placed out of home, or serious disability)	●	○	●
SCHOOL PERFORMANCE & PROBLEMATIC BEHAVIOR 4–5 ONLY (2 MEASURES)	○	○	○
TOTAL (51 RISKS)	●	●	●

The association of threats to child well-being with depression, PTSD and other anxiety disorders

Although up until now we have used broad measures of parental need for MH services as the independent variable, many clinicians might be more interested in specific diagnoses—and much of the research literature focusing on impact on children is based upon diagnoses, especially depression. Below we show the statistically significant (p .05) measures by domain using mothers’ diagnoses of Major Depression, Post-Traumatic Stress Disorder (PTSD)(due to adult domestic abuse only), and either Panic Attack, Generalized Anxiety Disorder, or Social Phobia disorder (at least one). The persons having these disorders are not mutually exclusive; in fact, 18 percent of those in the Round II interviews had two or more of these diagnoses. The actual figures are in the Appendix.

Figure 11: Statistically significant associations between mother’s MH diagnosis and child well-being measures (P<0.05): measures are sum of risks in each risk category

RISK CATEGORIES	Major Depression N=122	PTSD (Adult Trauma) N=58	Other Anxiety Diagnosis N=130
SAFETY NET (21 risks covering housing, utilities, food insecurity, medical care, resources)	●	●	●
CHILD CARE (8 risks)	●	●	○
PARENT SUPPORT & FRUSTRATION (7 risks)	●	●	●
ABUSIVE PARTNER THREATENS CHILD (threats regarding a child by partner or physical abuse while pregnant)	●	●	●
CHILD STATUS (living away from mother, placed out of home, or serious disability)	●	●	●
SCHOOL PERFORMANCE & PROBLEMATIC BEHAVIOR (7 risks)			
4 to 6 (2 measures)	○	○	○
7 to 11 (7 measures)	●	○	●
12 to 17 (8 measures)	○	○	●
TOTAL (51 RISKS)	●	●	●

Implications: Threats to child-well being by parent’s mental health diagnosis. In summary, these results indicate that there are significant threats to the well-being of children of parents with any of these diagnostic conditions in the areas of: safety net measures, child care, parental frustration/social support, abusive partner threats to child, child status threats, and all measures combined. Other anxiety diagnoses (but not PTSD or depression) are significant for behavior problems for 12-17 year olds.

The association of threats to child well-being with use of illicit drugs, alcohol or drug dependence, and with any AOD problem

The three alternative measures for AOD are alcohol/drug dependence, any use of an illicit drug in the prior year (including “on your own” use of prescription meds), and “AOD prevalence” a very broad measure that includes all of the measures of AOD use, treatment, or issues contained in the survey. The N involved varies greatly by these measures, with only 31 having a diagnosis of drug or alcohol dependence, 106 having used illicit drugs, and 167 having some AOD issue. Nonetheless, the domains showing a significant difference between those having the AOD issue and those not were identical for

each of the three measures. They are: safety net measures, abusive partner threats to child, child status threats, behavior for 12-17 year olds, and all measures combined. Detailed figures supporting the display are in the Appendix.

Figure 12: Statistically significant associations between three alternative AOD measures and child well-being measures (P<0.05): measures are sum of risks in each risk category

RISK CATEGORIES	Any Dependence N=31	Any Illicit Drug Use N=106	Any AOD Issue N=167
SAFETY NET (21 risks covering housing, utilities, food insecurity, medical care, resources)	●	●	●
CHILD CARE (8 risks)	○	○	○
PARENT SUPPORT & FRUSTRATION (7 risks)	○	○	○
ABUSIVE PARTNER THREATENS CHILD (threats regarding a child by partner or physical abuse while pregnant)	●	●	●
CHILD STATUS (living away from mother, placed out of home, or serious disability)	●	●	●
SCHOOL PERFORMANCE & PROBLEMATIC BEHAVIOR (7 risks)			
4 to 6 (2 measures)	○	○	○
7 to 11 (7 measures)	○	○	○
12 to 17 (8 measures)	●	●	●
TOTAL (51 RISKS)	●	●	●

The association of threats to child well-being with serious domestic violence, “any abuse,” and physical abuse

The most relevant alternative categories for domestic violence appear to be serious abuse, physical abuse (not all types of physical abuse are incorporated in the serious abuse category), and the broadest category of “any abuse” (which subsumes both the other categories but does not include interference with working measures). The “any abuse” category comprises twice as many persons as either of the other categories. Note that PTSD, presented above, is also a DV measure as the only trauma we measured was adult sexual abuse or domestic violence. The detailed figures supporting this display are in the Appendix.

Figure 13: Statistically significant associations between type of DV mother experienced and child well-being measures (P<0.05): measures are sum of risks in each risk category

RISK CATEGORIES	Physical Abuse	Any Abuse	
	Serious Abuse N=103	Abuse N=94	N=198
SAFETY NET (21 risks covering housing, utilities, food insecurity, medical care, resources)	●	●	●
CHILD CARE (8 risks)	●	●	●
PARENT SUPPORT & FRUSTRATION (7 risks)	●	●	●
ABUSIVE PARTNER THREATENS CHILD (threats regarding a child by partner or physical abuse while pregnant)	●	●	●
CHILD STATUS (living away from mother, placed out of home, or serious disability)	●	●	●
SCHOOL PERFORMANCE & PROBLEMATIC BEHAVIOR (7 risks)			
4 to 6 (2 measures)	○	○	○
7 to 11 (7 measures)	○	○	○
12 to 17 (8 measures)	●	●	●
TOTAL (51 RISKS)	●	●	●

Not surprisingly, since they share about 75 percent of their cases, serious abuse and physical abuse show very similar patterns. More surprising is the fact that the “any abuse” category—which includes twice as many families—nonetheless shows essentially the same pattern of risks to children in the families. We take this to mean that in offering assistance to women reporting domestic violence *even apparently less minor types of abuse should trigger concerns about assessing and supporting the children in the family as well.*

All three measures are significant for: safety net measures, child care, parental frustration/social support, abusive partner threats to child, child status threats, behavior for 12-17 year olds, and all measures combined.

Measures added in Round III

Scales for child behavior and functioning (age 7-17)

The items and scales used in Round II for measuring child functioning and the severity of negative behaviors were relatively few. By adding to the survey results two scales developed in Ohio and also pilot tested in California with 20 items each we are able to get a much better picture of these domains⁶⁷—albeit one year later than for the other measures. The functioning scale includes questions such as the extent to which the child has trouble getting along with friends, family, or maintaining good health. The severity of behavior items focus on acts such as fighting, fits of anger, or nightmares. Because the scores are ratings by the mothers, it is not possible to determine if negative ratings reflect actual behavior or a perceptual bias on the part of the mother. Either would be of concern. Table 41 shows these results for those with and without DV service need. Results differ by county so are shown separately.

Table 41: Effect of “Need DV services” on function and behavior scores⁶⁸ of children age in the family, by county

County	No Need Mean	Need DV Mean	T-score	Alpha
Kern Behavior	13.7	17.1	-1.04	0.30
Stanislaus Behavior	11.2	18.2	-3.33	0.00
Kern Functioning	63.9	60.5	1.15	0.25
Stanislaus Functioning	64.0	58.9	2.40	0.02

Behavior Scale: Maximum score of 100. Higher is “worse;” Functioning Scale: Maximum score is 80, higher is better.

Stanislaus respondents report more negative behavior *and* functioning if they needed DV services. In Kern results were not significant for either scale.

This finding adds to the complexity regarding the impacts of domestic violence, because with respect to employment the finding was the opposite: DV interfered seriously with employment in Kern but had much less impact in Stanislaus.⁶⁹

⁶⁷ Cronbach’s alpha for the behavioral scale is 0.92 and for the functional scale it is 0.93.

⁶⁸ We report t-test results. However, equivalent levels of statistical significance were reached using a rank sum test and O’Brien’s generalized t test in order to adjust for the skewed shape of the distributions.

⁶⁹ Chandler, D., & Meisel, J. (2002). Alcohol & Other Drug, Mental Health, and Domestic Violence Issues: Effects on Employment and Welfare Tenure After One Year. CalWORKs Project. Available: www.cimh.org/calworks

Table 42: Effect of need for MH and AOD services on function and behavior scores of children age in the family (counties combined)

County	No Need Mean	Have Need Mean	T-score	Alpha
AOD Behavior	13.4	17.6	-1.65	0.10
MH Behavior	10.5	21.1	-6.06	0.00
AOD Functioning	63.8	56.1	3.26	0.00
MH Functioning	65.3	57.6	4.58	0.00

Behavior Scale: Maximum score of 100. Higher is “worse;” Functioning Scale: Maximum score is 80, higher is better.

For both the behavior and functioning scales having a mental health or an AOD need is statistically associated with substantially poorer scores.

Round III child health measures

We asked mothers to rate their (focal) child’s overall health status. Overall, only 3.7 percent rated the focal child’s health as fair or poor, and there were no differences based on AOD/MH/DV need.

We also asked if during the prior 12 months “any of your children ever had an accident, injury or poisoning requiring a visit to a hospital emergency room or clinic.” A very high 19 percent had, but there was no differential by AOD/MH/DV service need of the mother.

For parents of a focal child aged 0–3 we asked if the child had all the baby shots and immunizations s/he is supposed to have at his/her age. Eight of the 111 parents with a focal child age 0–3 (7 percent) said their child did not have all of them. Again, there was no relationship AOD/MH/DV need for services.

Round III: The risk of mother’s criminal justice system involvement

Only in Round III did we ask about the respondents’ involvement with the criminal justice system. We asked several questions that cover arrest, convictions and jail time (over the prior three years). Women in both counties with MH, AOD or DV needs for services were significantly more likely to also report having been arrested and also to have been convicted since they turned 18 (Table 43).

Table 43: History of arrest or conviction, by AOD/MH/DV need*

	NO DV	DV	NO AOD	AOD	NO MH	MH
	N	N	N	N	N	N
	Percent	Percent	Percent	Percent	Percent	Percent
Arrested since age 18	120 30%	68 43%	145 30%	43 52%	112 29%	76 43%
Convicted since age 18	91 22%	48 31%	104 22%	35 43%	80 21%	59 33%
Mean jail days over 3 years	7.2	27.1	9.6	31.2	9.7	19.5

*N=Number in the group defined by the intersection of rows and columns. Percentages are of the entire population. All relationships are statistically significant at 0.05 except jail days for MH, which is not significant.

Women with AOD or DV needs also reported significantly more time spent in jail during the three years 1998-2000. Note that the mean number of days uses the entire group as a denominator not just those who were convicted; so it combines the influence of differential arrest and conviction with number of jail days. Since it is the effect on the children we are particularly concerned with, this seems the appropriate measure rather than comparing jail days only among those convicted.

PART III: MULTIVARIATE RELATIONSHIPS BETWEEN AOD/MH/DV NEEDS, EMPLOYMENT AND WELFARE TENURE, AND THREATS TO CHILD WELL-BEING

Methodological considerations. Multiple linear regression is a method which allows us to model statistically the effects of one variable on a continuous outcome (in this case indices of different types of child well-being) while taking account of the effects of other variables. It allows us to say, for example, what the effect of mental health issues on behavioral/school problems is if other possible predictors (such as AOD, DV) are held “constant.” This is useful because relationships we are interested in are often enmeshed in other relationships. For example, the likelihood of working may depend both on age and education and the effect of age may differ with different levels of education. Multiple regression lets us disentangle the separate and combined effects of both.

In practice, TANF staff are likely to encounter families with “complexes” of issues—not the “pure” effects shown by regression models. For example, while regression can separate out the effects of mental health needs from those of not having worked in the recent past a great many families will be found in which both conditions occur. In some cases the “raw” variable may simply be a convenient “stand in” for a complex of unmeasured or unmeasurable factors. So, for example, illicit drug use *per se* is unlikely to cause child well-being threats but *is* likely to be associated with a host of other attitudes, behaviors and opportunity-structures which together cause threats to child well-being.

One advantage of multivariate analysis, however, is that it presents relationships that are more likely to generalize from specific settings than are the “raw” relationships. Finding that strong relationships between risk factors and threats to child well-being exist when controlled through regression analysis for the effects of other variables provides good evidence that these same factors are likely to be important elsewhere.

Predicting the cumulative number of threats in a family

We present three statistical models for predicting higher or lower sums of the cumulative threats experienced by families. In the first model only AOD/MH/DV need for service is used as a predictor. In the second model, other “family environment” predictors are added: these include self-esteem, functional health status, whether the mother had a partner for over a year, and the number of children in the family. The third model adds human capital and demographic factors relevant to fiscal hardship and employment as well as introducing interactions with county.

Table 44 presents the first two models. In Model I all three AOD/MH/DV factors are significant. Note that the AOD predictor is not overall service need, which we used as the main measure above, but whether the mother used any illicit drugs during the year. Overall need for AOD treatment was not statistically significant in a variant of Model I and only marginally so when substituted for any drug use in Model II. The coefficients tell us the predicted change in the sum of all threats if the given factor is present *independent* of the effects of the other AOD/MH/DV factors. Thus, if a mother used an illicit drug, we would predict on average 1.2 additional threats to child well-being while if she needed mental health services we would expect an additional 2.5 threats and 2.1 if DV need was present. Overall, the

adjusted R-squared (a measure of explanatory power) was .19; that is, about 20 percent of the variability in the cumulative risks is explained by these three factors.

When we add other personal and family variables, the overall predictive power of the model increases about 50 percent to an adjusted R-squared of .26. The predictor with the most impact (increase of 2.6 threats on average) is whether the mother was pregnant during the year.

Table 44: Comparison of two limited regression models

	Model I Coefficients AOD/MH/DV Need Only	Model II Coefficients AOD/MH/DV Need & Personal/Family Factors
Used any drug	1.221**	1.20**
MH Need	2.499**	1.96**
DV Need	2.140**	1.73**
Self Esteem Score	NA	1.11**
Health Problems Impair Functions	NA	.79*
Number of Children	NA	.55**
Constant	8.826**	5.43**
Observations	579	579
Adjusted R-squared	0.186	0.259
+ significant at 10%;		
* significant at 5%;		
** significant at 1%		

Table 45 shows the third regression model for the sum of all 51 threats. The adjusted R-squared increases another .09 to .36. That is, this model explains somewhat more than one third of the variability in the sum of child well-being risks. Surprisingly, several income related variables—a variable that shows the number of months in the year cash aid was received from CalWORKs, a dummy variable for receiving SSI, and a variable for Unemployment Insurance earnings (or alternatively the log of the earnings)—were all non-significant.⁷⁰ That is, the child well-being measures in the aggregate are clearly not a direct reflection of economic need. The work vs. welfare variable we have used in bivariate analysis was significant only to the extent that those who both worked and received welfare were significantly different from those who neither worked nor received welfare. (“No work, no cash aid” was the omitted category.)

Of the variables of primary concern in this report, mental health (and the related low self-esteem measure) remained highly predictive of higher scores as did domestic violence. In fact, while being pregnant during the year had the largest impact, MH and DV continued to have the next greatest impacts. However, the impact of domestic violence in Kern County was considerably lower than in Stanislaus. AOD was not predictive when the overall need for services measure was used but was for alcohol dependence, any illegal use, and the broadest “any AOD issue⁷¹” measure. However, the impact was about half that for

⁷⁰ An interaction term of months of cash aid * earnings in the year was also non-significant.

⁷¹ This measure is described in Table 2, bottom row. We tried this regression model with each of the variants of AOD issues described. Somewhat surprisingly, the one that had the largest coefficient (biggest effect size) was illicit drug use of any kind.

mental health and it was no longer significant if 3 highly influential cases were removed from the regression.⁷²

Other important predictors of high risks were age, human capital measures (less than high school education, reporting job discrimination “often”, not having used at least 3 job skills in the past year) and poor health status. Of interest is the fact that women who did *not* work in the year prior to the first interview (before welfare to work requirements were applied) were predicted to have significantly fewer risks than those who had worked. The same finding obtains for several other work participation measures, e.g., having low work skills, having lost a job in the year, and having worked fewer weeks during the year. It is unclear whether this is related to being a “full time mom.”

Table 45: Regression Model III for Sum of All Child Well-Being Threats

Predictor	Coefficient	95% Confidence Interval
AOD/MH/DV VARIABLES		
Any illegal drug use	0.779	(0.030 - 1.528)*
Need MH services	1.891	(1.238 - 2.544)**
Need DV services	2.181	(1.273 - 3.089)**
Need DV services*Kern	-1.633	(-3.011 - -0.255)*
OTHER PERSONAL/FAMILY		
Self-Esteem Scores	1.330	(0.755 - 1.904)**
Functional health impairment	0.966	(0.332 - 1.601)**
Number of children	0.732	(0.518 - 0.946)**
Pregnant in the year	2.614	(1.362 - 3.866)**
WORKFORCE RELATED		
Less than H.S.	-0.689	(-1.522 - 0.143)
Less than H.S.*Kern	1.934	(0.774 - 3.094)**
Used <4 of 9 work skills in year	-1.790	(-2.474 - -1.107)**
Reports work discrimination	1.452	(0.203 - 2.702)*
Did not work in year before Interview I	-0.792	(-1.454 - -0.130)*
Working no cash	0.711	(-0.599 - 2.022)
Working & cash	1.257	(0.017 - 2.497)*
Only cash aid	0.540	(-0.370 - 1.450)
No driver license	0.818	(0.225 - 1.411)**
Lost at least 1 job	-1.492	(-2.939 - -0.045)*
Number of jobs in year that ended	1.576	(0.614 - 2.538)**
Weeks Worked in Year II	-0.032	(-0.054 - -0.011)**
County is Kern	-1.602	(-2.385 - -0.818)**
Constant	5.614	(4.089 - 7.139)**

Observations 576

Adjusted R-squared **0.359**

95% confidence intervals in parentheses

+ significant at 10%; * significant at 5%; ** significant at 1%

False discovery rate and effect-size measures. When multiple parameters are tested, as above, there is a danger that statistical tests will yield “false discoveries.” For many years there has been an alternative, which is to adjust the threshold for statistical significance based on the number of parameters being

⁷² Influence was determined by Hadi’s influence measure. The three cases were outliers.

tested.⁷³ However, these adjustments for multiple significance tests are frequently ignored because they are too “conservative,” rejecting as of “no significance” important findings. In the past few years new methods of correction have been developed, particularly by Benjamini.⁷⁴ We applied a FDR method to the Model III regression. Below is a list, in rank order of adjusted statistical significance, of the variables that remained statistically significant (the adjusted and the unadjusted threshold was .05). Thus the predictors are ranked as highest if they have the lowest likelihood of being chance. Adjusted this way, the “work or welfare” categories dropped out.

Table 45: Rank order of significant predictors after adjusting for False Discovery Rate (Omitting Constant)

Still Significant Predictors	Rank Order of Not Being Chance
Number of Children	1 ⁷⁵
Mental Health Needs	2
Less than Four Work Skills (Negative Prediction)	3
DV Need	4
Self Esteem	5
Pregnant in the Year	6
County	7
Less than High School * County	8
Number of Jobs	9
Health Problems	10
Weeks Worked in Year (Negative Prediction)	11
No Driver’s License	12
Did Not Work in Year Before Round I (Negative Prediction)	13
DV Need * County	14
Discriminated Against Often	15
Use of Illicit Drug	16
Lost a Job in Year (Negative Prediction)	17

⁷³ The Bonnferroni method is most common.

⁷⁴ Benjamini Y., A. Krieger, and D. Yekutieli. 2001. Two staged linear step-up FDR controlling procedure. Downloadable from: Yoav Benjamini's website at <http://www.math.tau.ac.il/~ybenja/>.

⁷⁵ The level of statistical significance tells us the likelihood that such a result might be found strictly by chance if in fact there were no true association. So this rank order goes from fewer than one chance in 10,000 to one chance in 20. Nonetheless the rank order does not describe “real world” importance.

PART IV: CONCLUSIONS AND IMPLICATIONS

The information presented in this report supports several important conclusions:

- 1) The rates of most of the 51 threats to child well-being are disturbingly high in this sample of families. They lend credence to information cited in the introduction regarding the very difficult circumstances of children who live in poverty in California and the nation as a whole.
- 2) Whether a mother worked, got cash aid, did both, or neither worked nor got cash aid is statistically associated with the cumulative impact of these threats to child well-being. Families in which the mother worked and did not receive cash aid did better—but only 21 percent were in this category.
- 3) Even larger impacts were experienced in families where the mother experienced need for mental health, AOD, or domestic violence services. These impacts affected virtually all of the domains we measured, with the exception of behavior and school performance of younger children.
- 4) The effects of AOD/MH/DV problems on threats to child well-being remained statistically significant and large a) when the analysis was limited to the especially vulnerable families having a child under six years of age; b) when three alternative—diagnosis based—mental health measures were used instead of the comprehensive measure of mental health need for services; c) when serious abuse, physical abuse and “any abuse” were substituted for the need for DV services and d) when alcohol/drug dependence, any illicit drug use, or a broad AOD prevalence measure were substituted for the comprehensive need for AOD service measure.
- 5) Being pregnant in the year before had a strong negative association with the number of total threats. In addition, *physical abuse during pregnancy occurred for 30 to 50 percent of these mothers.*
- 6) The impact of all three types of problem remained strong and statistically significant in multivariate analysis, controlling for a broad range of personal, demographic, and income-related factors. Of the other factors in the regression model, the number of children in the family and whether the mother had been pregnant during the year had the largest impacts. Perhaps paradoxically, indicators that the mother did not work (was at home), appeared associated with *fewer* threats to child well-being

Implications. Taken in the context of welfare reform, these findings have a number of important implications for service provision.

- First, AOD/MH/DV issues cannot be looked upon solely as affecting the parent or related to finding employment. Rather, they are extremely significant markers for the need for a full-family assessment and family supports.
- Assessing the needs of a family is a complex task. AOD/MH/DV service providers are perhaps best prepared to do this, yet a “family focus” and services for the children are not commonly provided. County social service departments need to write into their contracts for AOD/MH/DV services that the children in the family will also be a focus of assessment and services if needed. Pregnant women in particular should be the focus of close attention due to the very high occurrence of physical abuse during pregnancy.

- Many of the “threats” measured here (lack of food, lack of food stamps, lack of health insurance) are specifically intended to be the focus of services or entitlements. For example, efforts are already being made at the state and county level to ensure that Medi-Cal eligibility does not lapse when families leave welfare.
- The fact that the behavioral and school performance measures in this study indicated serious threats to children age 12-17 but less significant threats to younger children suggest on one hand the need to focus therapeutic and/or remedial services on adolescents⁷⁶ and on the other the need to provide prevention and early intervention services for younger children. Professionals dealing with mothers having AOD/MH/DV issues might take special care to try an help them arrange center-based child care.

The high levels of threat to child well-being experienced by these families strongly support the categorical funding provided by the Legislature for AOD and MH services linked to CalWORKs. They provide evidence as well for the need for similar funding for domestic violence. And the findings invite public-policy oriented efforts to further address the safety net of services for children in poverty.

⁷⁶ Note that a general conclusion of studies looking at welfare reform is that adolescents do worse. Moore, K. A., Zaslow, M. J., Emig, C., & Scarupa, H. J. (April 2002). *The Unfinished Business of Welfare Reform: Improving Prospects for Poor Children and Youth, Perspectives from Research*. Child Trends. Available: <http://www.childtrends.org/>; also Morris, P., Knox, V., & Gennetian, L. A. (2002). *Welfare Policies Matter for Children and Youth: Lessons for TANF Reauthorization*. MDRC. Available: [www.mdrc.org/Next Generation](http://www.mdrc.org/Next_Generation).

APPENDIX I: ALTERNATIVE VERSION OF CHILD BEHAVIOR MEASURES WITH DIFFERENT AGES

In the tables in the body of the report, children between the ages of 7 and 17 were broken out into 7-11 and 12-18 categories. In this appendix we show results for children 7-17 (using the same measures). The advantage of this approach is that the N is increased; the disadvantage is that the measures have different salience for different age groups.

Table 46: Round II Child Behaviors (Age 7-17) Associated with AOD/MH/DV Conditions (N=284)

Child care for work, training, school	Overall N=284	AOD N=27	MH N=89	DV N=53
Mean of 5 Item Behavioral Scale (Lower is Better)	0.44	0.64***	0.63***	0.57***
Parent rates child as below average in school	13%	22%	18%	17%
Changed school during year	27%	37%	35% **	27%
Contacted by school about attendance or performance	39%	52%	54% ***	46%
Held back a grade	4.3%	7.4%	4.5%	0%*
In special education class	27%	41%*	31%	23%
Suspended/expelled/not in school	19%	22%	24%	17%

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *. Behavioral scale tested using the rank sum test due to skewed distribution.*

Table 47: Round II Child Behaviors (Age 12-17) Associated with AOD/MH/DV Conditions (N=107)

Child care for work, training, school	Overall N=107	AOD N=11	MH N=34	DV N=24
Teen troubles (any of 5)	19%	27%	26%	29%

*Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *.*

APPENDIX II: DETAILED TABLES

Table 48: AOD/MH/DV status and mean number of threats to child well-being (out of 51 possible), by domain in Round II for families in which at least one child is under age six

TYPES OF THREATS	Overall Sample (Family with Child Under 6) N=363	No AOD/MH/DV N=199	AOD Needs N=53	MH Needs N=115	DV Needs N=79
SAFETY NET					
Housing (7 measures)	1.43	1.07	2.09	1.87**	1.99**
Utilities (2 measures)	0.28	0.21	0.34	0.34	0.40**
Hunger (3 measures)	0.56	0.36	0.74	0.91**	0.89**
Medical (3 measures)	0.48	0.39	0.60	0.62**	0.59*
Resources (6 measures)	2.03	1.87	2.21	2.28**	2.38**
SUBTOTAL (21 measures)	4.79	3.90	5.98	6.02**	6.25**
CHILD CARE (8 measures)	1.83	1.62	2.02	2.18**	2.20**
PARENT SUPPORT/ FRUSTRATION (7 measures)	2.60	2.55	2.43	2.91**	2.68
ABUSIVE PARTNER THREATS TO CHILD (2 measures)	0.11	0.02	0.24	0.23**	0.39**
CHILD STATUS (3 measures)	0.22	0.14	0.40	0.32	0.34**
SCHOOL/ BEHAVIOR	0.49		0.45	0.60	0.45
4 to 6 (2 measures)	(N=109)	0.45	(N=20)	(N=38)	(N=29)
GRAND TOTAL (46 measures)+	8.36	8.36	11.24** *	11.87**	12.04**
Percent over one standard deviation from grand total mean (>)	16%	6%	25%*	34%***	34%***

+The school/behavior subcategories are mutually exclusive for different age categories, so the denominators vary. The means shown are for the families with a focal child in that age group. Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *. AOD/MH/DV categories are not mutually exclusive (there is overlap).

Table 49: MH diagnoses and mean number of threats to child well-being, by domain in Round II

TYPES OF THREATS	Overall Sample N=549	No MH Diagnosis N=379	Major Depression N=122	PTSD Adult N=58	Other Anxiety Dx N=130
SAFETY NET					
Housing (7 measures)	1.40	1.16	1.97**	2.36**	1.90**
Utilities (2 measures)	0.24	0.18	0.34**	0.41**	0.39**
Hunger (3 measures)	0.58	0.39	1.01**	1.12**	1.01**
Medical (3 measures)	0.47	0.42	0.65**	0.57	0.63**
Resources (6 measures)	1.98	1.85	2.28**	2.50**	2.25**
SUBTOTAL (21 measures)	4.68	4.00	6.25**	6.97**	6.18**
CHILD CARE (8 measures)	1.75	1.63	1.99**	2.12**	1.83
PARENT SUPPORT/ FRUSTRATION (7 measures)	2.44	2.28	2.81**	2.74**	2.80**
ABUSIVE PARTNER THREATS TO CHILD (2 measures)	0.08	0.03	0.14**	0.24**	0.19**
CHILD STATUS (3 measures)	0.23	0.17	0.39**	0.45**	0.36**
SCHOOL/ BEHAVIOR					
4 to 6 (2 measures)	0.50	0.52	0.58	0.23	0.59
7 to 11 (7 measures)	1.65	1.36	2.4***	2.03	2.10**
12 to 17 (8 measures)	2.01	1.71	2.35	2.55	2.82**
GRAND TOTAL (51 measures)+	10.35	9.14	13.05**	13.77**	12.94**
Percent over one standard deviation from grand total mean (≥ 14.52)	14%	7%	28%***	34%***	31%***

*+The school/behavior subcategories are mutually exclusive for different age categories, so the denominators vary. The means shown are for the families with a focal child in that age group. Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p < 0.01$ is ***; $p < 0.05$ is **; $p < 0.10$ is *. Diagnostic categories are not mutually exclusive (there is overlap).*

Table 50: Alternative AOD issues and mean number of threats to child well-being, by domain in Round II

TYPES OF THREATS	Overall Sample N=549	No AOD Issues N=412	Any Dependence N=31	Illicit Drugs N=106	Any AOD Issue N=167
SAFETY NET					
Housing (7 measures)	1.40	1.29	2.48***	1.89**	1.68**
Utilities (2 measures)	0.24	0.22	0.35	0.35**	0.30*
Hunger (3 measures)	0.58	0.52	1.19***	0.83**	0.74***
Medical (3 measures)	0.47	0.41	0.77***	0.73**	0.63***
Resources (6 measures)	1.98	1.91	2.41**	2.20**	2.14**
SUBTOTAL (21 measures)	4.68	4.36	7.23***	5.94**	5.49***
CHILD CARE (8 measures)	1.75	1.70	2.00	1.88	1.86
PARENT SUPPORT/FRUSTRATION (7 measures)	2.44	2.43	2.61	2.56	2.47
ABUSIVE PARTNER THREATS TO CHILD (2 measures)	0.08	0.06	0.23***	0.14**	0.13**
CHILD STATUS (3 measures)	0.23	0.18	0.42**	0.37**	0.34***
SCHOOL/BEHAVIOR					
4 to 6 (2 measures)	0.50	0.46	0.57	0.63	0.54
7 to 11 (7 measures)	1.65	1.58	1.24	1.88	1.94
12 to 17 (8 measures)	2.01	1.70	4.40***	2.98**	2.96***
GRAND TOTAL (51 measures)+	10.35	9.86	13.72***	12.08**	11.54***
Percent over one standard deviation from grand total mean (≥ 14.52)	14%	11%	32%***	22%***	20%***

*+The school/behavior subcategories are mutually exclusive for different age categories, so the denominators vary. The means shown are for the families with a focal child in that age group. Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *. AOD categories are not mutually exclusive (there is overlap).*

Table 51: Alternative DV issues and mean number of threats to child well-being, by domain in Round II

TYPES OF THREATS	Overall Sample N=549	No Abuse N=381	Serious Abuse N=103	Physical Abuse N=94	Any DV N=198
SAFETY NET					
Housing (7 measures)	1.40	1.17	2.04***	2.07***	1.84***
Utilities (2 measures)	0.24	0.17	0.46***	0.45***	0.39***
Hunger (3 measures)	0.58	0.47	1.01***	1.13***	0.79***
Medical (3 measures)	0.47	0.40	0.57	0.57	0.62***
Resources (6 measures)	1.98	1.88	2.30**	2.40***	2.19***
SUBTOTAL (21 measures)	4.68	4.09	6.37***	6.63***	5.83***
CHILD CARE (8 measures)	1.75	1.54	2.12***	2.18***	2.14***
PARENT SUPPORT/ FRUSTRATION (7 measures)	2.44	2.35	2.71***	2.72***	2.62***
ABUSIVE PARTNER THREATS TO CHILD (2 measures)	0.08	0.00	0.46***	0.39***	0.24***
CHILD STATUS (3 measures)	0.23	0.18	0.36***	0.34***	0.32***
SCHOOL/ BEHAVIOR					
4 to 6 (2 measures)	0.50	0.45	0.57	0.54	0.55
7 to 11 (7 measures)	1.65	1.59	2.12*	1.82	1.79
12 to 17 (8 measures)	2.01	1.79	3.5***	3.33***	2.72**
GRAND TOTAL (51 measures)+	10.35	9.34	13.27***	13.37***	12.28***
Percent over one standard deviation from grand total mean (≥ 14.52)	14%	9%	32%***	32%***	23%***

+The school/behavior subcategories are mutually exclusive for different age categories, so the denominators vary. The means shown are for the families with a focal child in that age group. Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *. DV categories are not mutually exclusive (there is overlap).



California Institute for Mental Health
2030 J Street
Sacramento, CA 95814

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