Assessing the Implications of Welfare Reform for Children's SSI Receipt

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I. Introduction

The Personal Responsibility and Work Opportunity Act (PRWORA)[1], passed in August 1996, made sweeping changes in both of the major means-tested cash programs for low income Americans, Aid with Families to Dependent Children (AFDC) and the Supplemental Security Income program (SSI). Because the magnitude of change was more sweeping within the AFDC program, most of the focus and research has been centered on that program. Little, if any, attention has been paid to the changes in the SSI program. Yet, under PRWORA, the SSI eligibility guidelines for childhood disability were tightened. As a result of these changes, up to 100,000 children had lost benefits by 1998, and estimates are that roughly one quarter of a million children could eventually lose their SSI benefits (Rogowaski et al. 1998).[2] The PRWORA legislation is up for reauthorization during the summer of 2002, so determining its effects on children's well-being is useful for policymakers.

This paper is structured in three parts: 1) a background section citing potential effects of the legislation, 2) a data issues a section which discusses the limitations of this data source, and 3) an analysis and conclusion section which considers what the SPD can tell us about SSI receipt for children.

II. Background

SSI is a means-tested program, and a family must meet both the income and asset criteria. For couples, the income ceiling is approximately $17,940 annually; for individuals the amount is $12,300. Assets cannot exceed $2,000 for individuals or $3,000 for couples. Additionally, to receive SSI, an individual must meet an income-need criterion, or be aged, blind, or disabled. Disabled persons are those who are unable to engage in any substantial gainful activity by reason of a medically determined physical or mental impairment expected to last for a continuous period of at least 12 months. With the 1990 Supreme Court ruling of Sullivan v. Zebley, eligibility for children was distinguished from adults. From that point on, children were defined as disabled if they were unable to behave in ways that children of similar ages did. If a child's impairment was not on the "listing of impairments," an individualized functional assessment (IFA) was undertaken. If the assessment determined that the child was unable to engage in age-appropriate activities, he/she was considered disabled and, therefore, SSI eligible.

After the Zebley decision, more and more children began receiving SSI benefits, and children became an increasing percentage of the overall caseload. A report from the General Accounting Office (GAO) found that from 1989 to 1992, the number of children receiving SSI more than doubled, from 300,000 to 770,500. Additionally, the report concluded that much of this growth was the result of increasing mental disorders, particularly mental retardation and attention deficit activity. The GAO concluded that in many cases, the IFA final case ruling was driven by subjective, rather than objective, criteria. By 1996, one of every seven SSI recipients was a child, and children represented the fastest growing segment of the caseload (Social Security Administration [SSA] 1997).

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[1] On August 22, 1996, President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act, which became Public Law 104-193 (The Federal Register 1996).

[2] Children who are stripped of their eligibility have the option of going through an appeal process, so many cases may be in limbo for some time.

With the signing of PWRORA, however, eligibility for children was tightened considerably. According to the new regulations, a child is considered disabled if he/she "has a medically determinable physical or mental impairment which results in marked and severe limitations" (SSA 1997). In particular, the definition of 'childhood mental disorders' was changed so that reference to maladaptive behavior was dropped from the listing criteria. Presumably, this new definition eliminated many children with Attention Deficit Hyperactivity Disorder (ADHD), the proportion of the SSI recipient population that had been increasing in recent years. The individualized functioning assessment (IFA) that had been used since the Zebley ruling was also eliminated under PWRORA. Consequently, rulings of eligibility would have to be based only on objective criteria.

In addition, a child's eligibility for SSI had to be reassessed in the month prior to his/her 18th birthday under the 1996 welfare reform law, using the eligibility rules for adults (SSA 1997). Under the Balanced Budget Act of 1997, though, this provision in the law was modified allowing the Social Security Administration to redetermine within one year of the child's 18th birthday. It would therefore be useful to examine whether or not a large drop-off in receipt occurs near a child's 18th birthday.

At the same time that these restrictions were tightened for children under the 1996 welfare reform legislation, changes were also enacted regarding immigrants. Initially, all new unnaturalized immigrants, legal or undocumented, were stripped of their SSI benefits. With the 1997 Balanced Budget Act, however, most restrictions were relaxed. Specifically, immigrants who were disabled recipients and who had been in the country prior to the passage of PRWORA had benefits reinstated (Congressional Research Service 1998). Thus, there may have been some immigrant children who lost SSI benefits from 1996 to 1997, but had eligibility reinstated with the 1997 Balanced Budget Act. It is therefore important to consider how SSI benefits may be lost at a higher rate among immigrant children. According to the 1997 Balanced Budget Act legislation, immigrants arriving after the 1996 reform legislation are subject to a waiting period of five years before being eligible for benefits. While the Balanced Budget Act reduced the impact of the PRWORA legislation on benefits to immigrants, over time the cumulative effect of these restrictions may become substantial. As more children continue to be cut from the SSI rolls, the implications for their well-being are just beginning to be felt.

III. Working with the Data

In order to answer these questions, we used data from the Survey of Income and Program Participation (SIPP), and the Survey of Program Dynamics (SPD). From the 1992 and 1993 panels of the SIPP, we used the core data files that were administered concurrently during the fall of 1994. In addition, we used the 1998 Survey of Program Dynamics experimental data file, begun in 1997, which is comprised of roughly 18,500 households sub-sampled from the 30,125 households in 1992 and 1993 SIPP panels. We linked these SIPP and SPD data files using household and person-level identifiers in order to provide two points of analysis: fall, 1994 before the welfare legislation went into effect, and summer, 1998, two years after the legislation went into effect.

Our first issue in working with the data was reading the ascii data into SAS data sets, making these files compatible across survey instruments, and then linking data over the two time points to each respondent. While there are 56,487 individual records on the 1998 SPD experimental file, just 48,546 individuals had records in both the SIPP and

SPD files. Newcomers to SPD households comprise part of this discrepancy because they do not have records to link back to in the SIPP data file, but we are concerned that others are unable to be linked due to other reasons. There are roughly 10 percent without data linking back to the SIPP, and this rate seems high.

Once we controlled for whether an individual had actually completed a partial or full interview in 1998, the number of individuals linked across the two files decreased from 48,546 to 41,271 respondents. To analyze children, our effective sample sizes in the 1998 SPD file were therefore 14,751 children ages 3 to 21 and 12,199 children ages 3 to 17 years old. Children less than three years old were not a part of the samples in the SIPP panel surveys. Nonresponse is an issue within the 1998 sample frame and sample attrition also adversely affects the usefulness of these data longitudinally.

We experienced several problems when using the 1998 SPD experimental file because important lead-in information and variables that allow the researcher to define the universe for variables in the 1998 SPD are derived from the 1997 SPD bridge file (which was actually the core CPS March instrument). In order to use some of the variables on the 1998 SPD experimental data file, it is necessary to link and extract variables from the 1997 SPD bridge data file. When the 1998 SPD experimental data file is reissued as part of a longitudinal data file, it would be helpful to have these variables that allow the researcher to define the valid universe on the 1998 file. In some cases, these items were asked again in the 1998 SPD as screener questions, but were not saved on the 1998 SPD public-use experimental data file. Specifically, we were unable to include U.S. citizenship status and income in our analyses due to this issue.

Another SPD data issue in analyzing the welfare reform legislation is the negligible number of children reporting to have received SSI payments. There were 108 children 0 to 21 years old who received individual SSI payments in the 1998 SPD. Just 97 of these children can linked back to the 1992 and 1993 SIPP panel data files, because they are 3 years of age and older.

The SPD asked additional questions in two areas that we planned to examine but these variables were not included on the 1998 SPD public-use experimental data file: 1) marital or cohabiting partner conflict and 2) respondent depression. We hope that the next public-use file will provide these interesting data, because it is important to consider the extent that cohabiting partner conflict and parental depression may co-vary with changes in SSI recipiency. We understand that some of these issues are being addressed in the longitudinal data file edits in the SPD. Because of the data limitations noted above, we reframed our analysis to examine SSI receipt and children in the post-welfare reform era using these data. We concentrated our efforts on the available recipiency, disability, and child well-being measures available on the 1998 SPD experimental data file.

IV. Preliminary Findings

Although changes over time in these situations were our original primary concern, we are only able to show cross-sectional findings, and, unfortunately, are not able to determine the extent of any longitudinal changes in behavior or children's receipt of SSI. We then used the 1998 experimental data file to examine children who reside in households with SSI receipt. Our final working analysis file consisted of 18,934 children aged 0 to 21 in the 1998 SPD experimental data file. The average age was 10.5. Children

from multiple households are represented in our sample; we did not randomly choose only one child per household.

Disability Status

We first describe the prevalence of various disabilities for children in our sample. Overall, four percent of young children (0 to 5 years old) in the SPD were considered to have a developmental or learning disability. As one would expect, children in households that received SSI were significantly more likely to have this condition than other children. The SPD also asked about difficulty with age appropriate tasks. Among all children, just under 4 percent had this problem. Again, children in households that received SSI were significantly more likely to be classified in this way (15 percent).

Table 1. Percentage of Children with Disabilities by Household SSI Status
Children 0 to 5 years old

Types of disabilities	Percent of Children with a Disability and whether Household receives SSI	
	Yes	No
Has a developmental or learning disability	15	4
Has difficulty with age appropriate task	15	3

Bold indicates significant difference at p>.05

More questions regarding disabilities were asked of school-aged children (6 to 17 years old). These results are displayed in Table 2. The most common conditions for children of this age (regardless of household SSI receipt) were: a condition that limited regular schoolwork, a developmental or learning disability, and an emotional or behavioral problem. Each of these disabilities was significantly more common among children from SSI households. For example, only 10 percent of children in non-SSI households had developmental disabilities compared to almost one-quarter of children in SSI households.

Very few children, even those in SSI households, had more "physical ailments" such as difficulty hearing (3 percent), seeing (6 percent) or used a special aid, such as a crutch or a wheelchair (3 percent). Nevertheless, these difficulties were all disproportionately represented among children in SSI households.

Table 2. Percentage of Children with Disabilities by Household SSI Status
Children 6 to 17 years old

Types of Disabilities	Percent of Children with a Disability and whether Household receives SSI	
	Yes	No
Has a condition that limits regular school work	24	7
Has a developmental or learning disability	27	10
Has difficulty hearing, even with aid	3	1
Has difficulty seeing, even with lenses	6	3
Has emotional or behavioral problem	20	6
Uses any special aid (crutch, wheelchair)	3	0

Bold indicates significant difference at p>.05

Finally, we examined the relationship between disabilities and SSI receipt for young adults 18 to 21 years old. As with adolescents, many young adults, particularly those in SSI households, had a condition that limited regular schoolwork. Again, each disability was more common among children from SSI households.

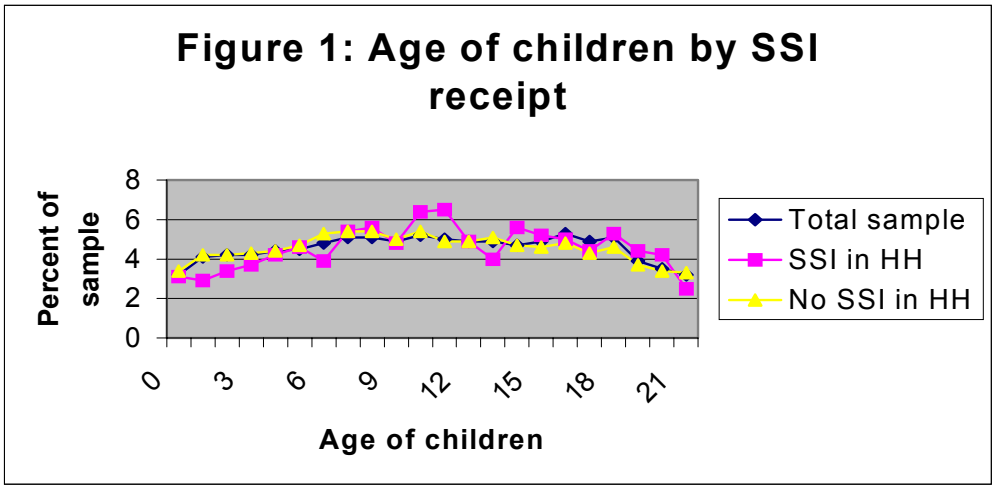
Table 3. Percentage of Individuals with Disabilities by Household SSI Status
Individuals 18 to 21 years old

Types of Disabilities	Household receives SSI	
	Yes	No
Has a condition that limits regular school work	23	3
Has difficulty hearing, even with aid	4	1
Has difficulty seeing, even with lenses	10	2
Uses any special aid (crutch, wheelchair)	3	0

Bold indicates significant difference at p>.05

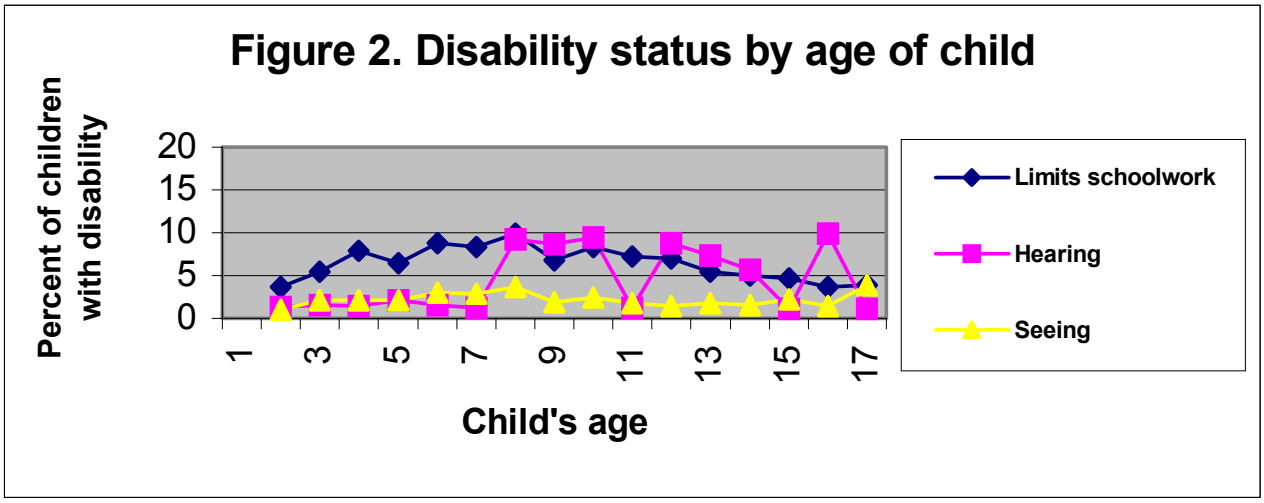
Some of our original research questions had been motivated by the change in SSI recertification for 18 year olds. As part of the 1996 welfare reform changes, a child's eligibility for SSI had to be reassessed in the month prior to his/her 18th birthday, using the eligibility rules for adults (SSA 1997). Under the Balanced Budget Act of 1997, though, this provision in the law was modified allowing the Social Security Administration to redetermine the assistance status within one year of the child's 18th

birthday. Although we cannot determine if particular children lost coverage at or near age 18 with cross-sectional data, we can examine receipt at various ages and look for trends. Figure 1 shows the age of children for the total sample, as well as by household SSI status. This shows that children aged 9 to 12 years are slightly *overrepresented* among SSI households. On the other hand, children aged 21 years are slightly *underrepresented*. This last statement could reflect an effect of recertification, although one would expect to see the drop-off earlier, at ages 18 and 19, which is certainly not the case.



Of course, the age distribution could merely reflect the varying prevalence of disability status at different ages. Thus, the next graph (Figure 2) displays disability status by age for the most common ailments that are asked of all children aged 6 to 21: has a condition that limits regular schoolwork and has difficulty seeing or hearing.

It is clear from Figure 2 that hearing status varies a great deal by age, with no discernable pattern. The dramatic changes from one age to the next, like at age 11, are probably an artifact of the small sample sizes at each individual age and should not be considered noteworthy findings. However, having difficulty hearing does appear to peak among children 12 to 15 and is also fairly common for 20 year olds, an age where SSI receipt declines. Having a condition that limits schoolwork is most common among younger children, peaking at age 8 and slowly declining thereafter.



Part of the strength in using the merged SIPP/SPD data file was that the SPD contained information on various child outcomes, such as enrichment activities, not generally collected in administrative data or data sets on public assistance program participation, such as the Current Population Survey (CPS). Because of this, we planned to assess differences in such outcomes among children by SSI receipt. However, we are limited to cross-sectional differences for these analyses, and cannot determine if any changes in outcomes were related to changes in SSI receipt. Nevertheless, Table 4 displays the results for two groups of children, those aged 6 to 17 years old and younger children, 1 to 5 years old.

Children aged 6 to 17 years who lived in SSI households were less likely to be involved in sports or lessons than other children. More than forty percent of children in non-SSI households participated in sports, compared to under a quarter of SSI household children. Additionally, one fourth of children in non-SSI households took lessons of some sort in the previous year, compared with only 14% of children in SSI households.

Data were gathered about the frequency of outings and being read to among younger children (1 to 5 years old). Parents were asked, "How often in the past month did you (or any family member) take (child) on any kind of outing such as to a park, library, zoo, church, playground, or to visit with friends or relatives – Never, once in the past month, about once a week, several times a week, every day or almost every day?" Children whose families received SSI were more likely never or once to go on outings during the past month, although the difference was not significant. There was, however, a significant difference regarding the frequency of reading to children. Parents were asked, "How often in the past week have you (or any family member) read stories to (child) – Never, once this week, several times this week, every day or almost every day, or more than once a day?" Twenty-seven percent of children in SSI households reported being read to never or just once during past week. Although one might expect the differences in more physical activities, such as sporting events or outings, the reading difference is not as intuitive.

Table 4. Child outcomes by Household SSI receipt

	Household receives SSI	
	Yes	No
CHILDREN 6-17		
Child was "on any kind of sports team in past year"	22	41
Child "took lessons such as music, dance, language or karate in past year"	14	24
CHILDREN 0-5		
Child rarely or never goes on outings	13	8
Child is read to rarely or never	27	20

Bold indicates significant difference at p>.05

We also explored the bivariate relationship between household characteristics and receipt of SSI (Table 5). Black and Hispanic households were significantly more likely to receive SSI than other households. Almost forty percent of households receiving SSI were black compared with only 13% in the sample. Somewhat surprisingly, households with SSI receipt were also more likely to receive public assistance. SSI and AFDC/TANF cannot be simultaneously received by the same child in a household. Because SSI payments are generally higher than TANF, most households opt for SSI over TANF. Nevertheless, families can concurrently receive SSI for one child and TANF for another.

Table 5. Demographics by Household SSI receipt

	Household receives SSI	
	Yes	No
Child's age	10.8	10.3
Black (child)	37	13
Hispanic (child)	17	12
HH receives public assistance	29	8

Bold indicates significant difference at p>.05

Multivariate Analyses

Next we estimated multivariate models to understand what factors helped predict receipt of SSI. However, we are limited somewhat in this endeavor by a lack of particular variables. To receive SSI, families must adhere to both income and asset guidelines. Thus, ideally we would control for both of these variables in the models, but these variables are not included on the 1998 experimental data file. Instead we must rely on two proxy variables, one that indicates whether or not the household head worked in the

past week and one that indicates TANF receipt for the household. As a rough proxy for family structure, we also include a variable for marital status of the household head. One of our original research questions was whether certain disabilities were less associated with SSI receipt over time. Although we are hampered by data limitations, we still explore this issue for a particular point in time.

Table 6. Logistic Regression Results Predicting Household SSI Receipt
Children 0 to 5 years old

	B	Odds ratio	B	Odds Ratio
Work status (not working)	**.45 (.06)**	1.56	**.44 (.07)**	1.56
Marital status (not married	**-.47 (.14)**	.62	**-.47 (.16)**	.62
TANF receipt (no receipt)	**-.70 (.16)**	.49	**-.71 (.18)**	.49
Age of child	.05 (.04)	1.06	.03 (.04)	1.03
Sex (male)	-.03 (.14)	.99	.03 (.15)	1.03
Race (non-Black)	**1.2 (.16)**	3.2	**1.1 (.17)**	3.0
Has a developmental or learning disability			**1.1 (.28)**	3.0
Has difficulty with age appropriate task			**1.2 (.27)**	3.2
Constant	-2.22		-2.20	
-2 Log Likelihood	1440.67		1258.453	
N=	3481		3040	

The omitted category is in parentheses.

Looking first at younger children (0 to 5 years old), several demographic variables are predictive of SSI receipt. Blacks were more than three times as likely as non-blacks to receive this benefit, even after controlling for work and marital status, both of which were also significantly associated with SSI receipt. Although we expected work status to be related to SSI receipt, the direction of the relationship is unexpected. Households where the household head worked were 60% more likely to receive this benefit than non-working households. Contrary to our bivariate results, in these models, TANF recipients were significantly less likely to receive SSI. The direction of this relationship is consistent with the policy between SSI and TANF. All of these relationships remain virtually unchanged with the inclusion of the two disability variables

for young children, "has a developmental or learning disability" and "has difficulty with age appropriate tasks." Children experiencing each of these conditions were over three times more likely to live in households that received SSI benefits.

Table 7. Logistic Regression Results Predicting Household SSI Receipt
Children 6 to 17 years old

	B	Odds ratio	B	Odds Ratio
Work status (not working)	**.59 (.04)**	1.81	**.61 (.05)**	1.8
Marital status (not married	**-.47 (.08)**	.62	**-.43 (.11)**	.64
TANF receipt	**-.90 (.11)**	.40	-.61 (.14)	.54
Age of child	.01 (.01)	1.0	.00 (.02)	1.0
Sex (male)	-.31 (.09)	.73	-.11 (.11)	.89
Race (non-Black)	**.98 (.10)**	2.7	**1.1 (.12)**	3.0
Has a condition that limits regular school work			**.87 (.19)**	2.4
Has a developmental or learning disability			**.40 (.18)**	1.5
Has difficulty hearing, even with aid			.46 (.35)	1.6
Has difficulty seeing, even with lenses			-.03 (.29)	.96
Has emotional or behavioral problem			**.38 (.18)**	1.5
Uses any special aid (crutch, wheelchair)			**1.1 (.47)**	2.9
Constant	-1.71		-2.6	
-2 Log Likelihood	3711.53		2408.25	
N=	8336		5613	

The omitted category is in parentheses.

Table 7 shows that the relationship between demographic variables and SSI receipt was similar for older children (6 to 17 years old). Again, work was *positively* associated with SSI receipt, although receipt of TANF was negatively associated. There were large racial disparities in receipt, with black households being almost three times more likely to receive this benefit. Somewhat surprisingly, there were no sex or age differences. Even within this restricted age range, we had expected the age of the child to be negatively associated with receipt.

Information on numerous types of disabilities was assessed for children of these ages, several of which were significantly related to household SSI receipt. Children with a condition that limited schoolwork were almost two-and-one-half times more likely to live in SSI households. Children with a developmental or learning problem or an emotional or behavioral problem were one-and-one-half times more likely to be in SSI households. This, along with the fact that neither seeing nor hearing difficulties were associated with receipt, infers that children with more emotional problems are not losing access to this benefit. Again, without longitudinal data, we cannot make this statement with certainty, but this result is encouraging.

Table 8. Logistic Regression Results Predicting Household SSI Receipt
Children 18 to 21 years old

	B	Odds ratio	B	Odds Ratio
Work status (not working)	**.42 (.08)**	1.52	**.48 (.08)**	1.75
Marital status (not married)	-.15 (.15)	.85	**-.19 (.17)**	.75
TANF receipt	**-1.1 (.21)**	.31	**-1.1 (.22)**	.33
Age of child	-.11 (.07)	.89	-.08 (.08)	.93
Sex (male)	-.20 (.17)	.81	-.06 (.18)	.99
Race (non-Black)	**1.1 (.18)**	3.1	**1.1 (.19)**	3.2
Has a condition that limits regular school work			**2.1 (.27)**	7.87
Has difficulty hearing, even with aid			.55 (.58)	2.14
Has difficulty seeing, even with lenses			**1.1 (.38)**	3.04
Uses any special aid (crutch, wheelchair)			**1.1 (.69)**	2.50
Constant	-1.21		.027	
-2 Log Likelihood	1023.47		900.938	
N=	2089		1979	

The omitted category is in parentheses.

Lastly, we estimated models for persons aged 18 to 21 years old (Table 8). Again, the relationships and the directions of these relationships hold for work status, public assistance recipiency, marital status, and race across the three difference age groups. A few disability types are also significant in this oldest age category.

We also estimated several models for individuals aged 6 to 21 years old in order to investigate more thoroughly the relationship between age and SSI receipt. In particular, we were interested in whether any differences in receipt were seen for persons 18 or older, or after recertification. No matter how age was operationalized, it was never significantly related to receipt. Thus, using cross-sectional data, we find no evidence that individuals 18 or older are being adversely affected by the policy changes.

V. Discussion and Conclusions

There are several additional issues to consider. Up to this point we have examined each disability separately. In reality, many of these children may have multiple disabilities. A next step would be to investigate how this occurs, both for descriptive statistics and think about ways to incorporate this into multivariate results.

These data could be useful for evaluating the overall impact of the new welfare reform law, but linking these data files without longitudinal edits is time consuming and not straightforward. With the issue of children's SSI receipt, however, the small number of cases included in the sample hampers the usefulness of these data for policy analysis. Even after several months of editing and working with the SIPP cross-sectional and SPD 1998 experimental data files, we were unable to harness the power of these data to evaluate the SSI policy changes for children at this point in time. We hope that the data issues we experienced can be addressed in the longitudinal edits before being released as public-use data.

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