

**POLICY BRIEF**

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**Children of TANF Leavers in Missouri:  
How Are They Faring?<sup>i</sup>**

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***Overview***

In 1998, Missouri was one of 14 states chosen by the Department of Health and Human Services to assess the well-being of individuals leaving cash assistance. Approximately 2400 households that left Aid to Families with Dependent Children (AFDC) in the fourth quarter of 1996 or left Temporary Assistant to Needy Families (TANF) in the fourth quarter of 1997 were interviewed by phone two and one half years later. For households leaving TANF, questions were asked about the physical health, behavior problems, school engagement, and positive behavior of randomly chosen children within the household. If applicable, one young child (0-5) was chosen, as well an older child (6-17), since recent research has found worse outcomes for adolescents than for younger children (Brooks et.al, 2001).

***Health***

Overall, most children were rated in excellent or good health. Only 15% of children, regardless of age, were considered by parents to be in fair or poor health. The vast majority of children were rated as having the same health as the previous year. However, a substantial percent of children had been to the emergency room in the past year due to an accident, injury or poisoning. This was true for 23% of children 0-5, 19% of children 6-11 and 26% of teens, 12-17. Nevertheless, these levels are lower than those reported in other states. Research conducted in Minnesota found that 44 percent of children had been to the emergency room or clinic for an accident or injury in the previous year (Gennetian and Miller 2000).<sup>1</sup>

Additionally, one-third of teens (12-17) were considered to have a physical, learning or mental condition that limited normal activities, as were a smaller number of young children (Figure 1). These findings, however, were consistent with other research on similar populations, both in magnitude and in relationship to age of the child (Zaslow, Vandivere, Ahluwalia, and Scarpa, 2000).

***Behavior***

The survey assessed behavioral aspects of well-being and found that Missouri school-aged children had the same general pattern as low-income children across the United States. Fewer Missouri children were sad or depressed than their counterparts, especially adolescents. Over 60 percent of 6 through 11 year olds were reported to never be sad or depressed, as were 50 percent of 12 through 17 year olds. Conversely, approximately 10 percent were often sad or depressed.

Several additional areas of well-being were explored for youth aged 6 through 17. These included behavioral problems, school engagement, positive youth behavior, and problematic behavior. For most of these outcomes, youth aged 12 to 17 fared worse than children aged 6 through 11.

***School Engagement***

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<sup>1</sup> In Minnesota, 44 percent of focal children of urban, long-term welfare recipients had been to the emergency room, as had 45 percent of focal children of recent applicants.

Three questions were asked of parents to assess the focal child's interest in, and willingness to do, schoolwork (Ehrle and Moore, 1999). While the distributions were similar for age groups and locations, higher percentages of Missouri children aged 6 through 11 were engaged in school than their peers nationally or than Missouri adolescents.

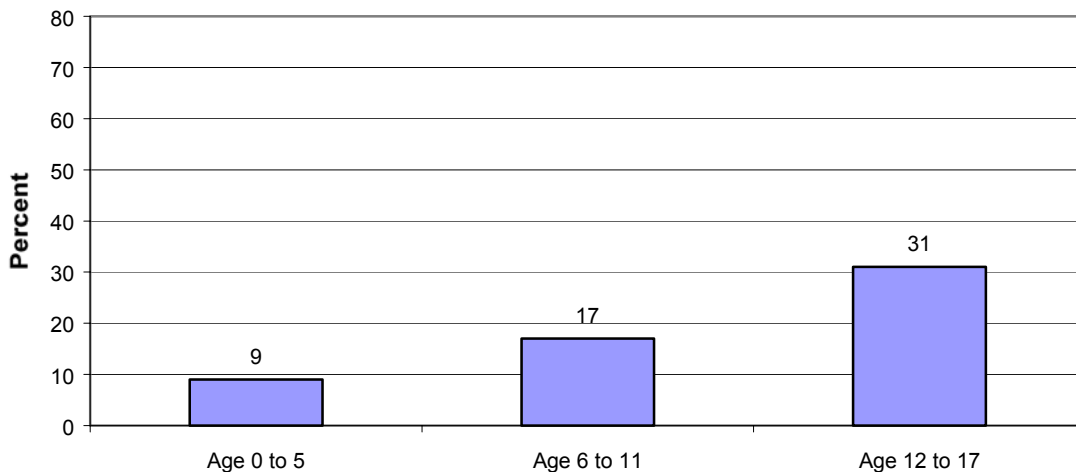
Finally, the survey assessed well-being in terms of problematic behavior, such as skipping schools, suspensions and arrests. Not surprisingly, both skipping school and suspensions were more common among older, as opposed to younger, children. Approximately 23% of children 12-17 had skipped school in the past year and 33% had been suspended (Figure 2). Arrests were relatively rare, regardless of the child's age.

### ***Conclusions and Implications***

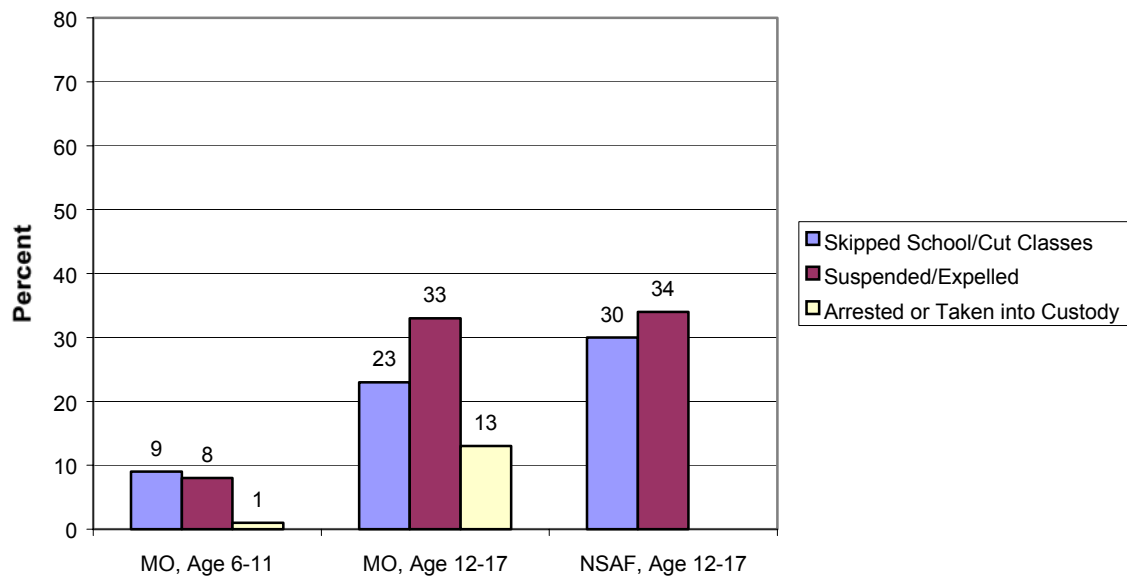
The results from this study are merely descriptive. Thus, we cannot speak to whether or not welfare reform is impacting children in Missouri. Two trends, however, are clear. First, like their national counterparts, adolescents in Missouri are faring worse than younger children on almost all available measures. Second, when compared to children nationally, or in other state leaver studies, children in Missouri are doing as well as, or slightly better than, their peers.

One of the largest concerns regarding the enactment of welfare reform was how children might be affected. Nevertheless, we know little about how children, as opposed to adults, are faring in the new environment, particularly at the state level. It is critical that we continue to monitor the outcomes for this group, as welfare reform progresses.

**Figure 1. Focal Children with a Physical, Learning, or Mental Health Condition**



**Figure 2. Child Skipped School, Suspended, or Arrested**



## References

Brooks, Jennifer L., Elizabeth Hair and Martha J. Zaslow. 2001. "Welfare Reform's Impact on Adolescents: Early Warning Signs". Child Trends Research Brief. Washington, D.C.: Child Trends, Inc.

Ehrle, Jennifer and Kristin Moore. 1999. *1997 NSAF Benchmarking Measures of Child and Family Well-Being: Report No. 6*. Washington, D.C.: Urban Institute.

Gennetian, Lisa and Cynthia Miller. 2000. *Reforming Welfare and Rewarding Work: Final Report on the Minnesota Family Investment Program. Volume 2: Effects on Children*. New York: Manpower Demonstration Research Corporation.

Zaslow, Martha, Sharon Vandivere, Surjeet Ahluwalia, and Juliet Scarpa. 2000. Informing the measurement of child outcomes in state leavers studies: Findings from the 1997 National Survey of America's Families. Annual meeting of the ASPE/DHHS funded leavers studies grantees, Oct. 2000, Washington, D.C.

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