National Survey of Child and Adolescent Well-Being

No. 12: Estimates of Supplemental Security Income Eligibility for Children in Out-of-home Placements

research brief

Findings from the NSCAW Study

Abstract

Children who have been placed in foster care have been found to be at a high risk of having a medical, social or behavioral disability. This brief, one in a series of briefs addressing access to services for children in the child welfare system, examines Supplemental Security Income (SSI) eligibility among children living in out-of-home placements in the child welfare system, using data from the National Survey of Child and Adolescent Wellbeing. The analysis indicates that a large number of children living in foster care may be eligible for SSI. The rates of SSI eligibility we estimate vary depending on children's age, race/ethnicity, gender and locality of placement.

Introduction

Children living in foster care are often more medically, socially or behaviorally challenged than children living in other settings. Rosenfeld and colleagues (1997) have estimated that children living in foster care have 3 to 7 times as many physical and mental problems and developmental delays as children living in other situations. This disparity may be related to the many risk factors that predispose children living in foster care to developmental, physical, and psychological health challenges. Additionally, research indicates that children living with disabilities are more likely to be maltreated than their nondisabled peers (Sullivan & Knutson, 2000).

Health vulnerabilities and psychological risks can occur prenatally and at various points throughout the child's life. The abuse and/or neglect that a child experiences prior to placement in the foster care system can create a variety of health challenges. For example, children may experience injuries from abuse or neglect that cause permanent physical damage. Furthermore, the intrauterine environment may have been compromised by substance use or a dearth of prenatal healthcare, or the child may experience medical or educational neglect postnatally. In addition, the trauma of abuse, neglect, or being removed from a caregiver may predispose some children to social or behavioral difficulties. For a more complete review of the vulnerabilities and risks of health challenges for foster children see Vig and colleagues (2005) and Harden (2004). In addition to the health and psychological risks that are present prior to involvement in the child welfare system, many children living in foster care arrangements may continue to be at risk by failing to receive basic health care such as immunizations, vision and hearing screening, and oral health care (GAO, 1995). These physical and psychological risks can be chronic and extensive enough to cause a disability meeting Supplemental Security Income criteria.

Supplemental Security Income (SSI) was created in 1974 and is administered through the Social Security Administration (SSA) as an asset-tested, cash transfer program for low-income elderly and individuals living with a disability. SSI eligibility was initially predicated on two requirements: 1) the presence of a physical or mental condition on an SSA list of conditions was sufficient for SSI eligibility, or 2) in the absence of a condition on the list, a determination was made about the individual's ability to engage in employment. This work requirement prevented many children from receiving SSI. The Sullivan v. Zebley (1990) court decision found the SSI requirements held children to a different standard than that for adults, making the requirements unlawful. SSA readjusted the criteria for children to include whether the child could participate in age-appropriate activities (e.g., school). Subsequent to the Zebley decision, the SSA revised the SSI rules for mental impairment in children, allowing more children to meet the requirements for SSI eligibility (Kubik, 1999). In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) created new requirements for SSI qualification that are specifically for children (see Text Box 1). In addition to the requirements below, PRWORA eliminated the category of maladaptive behavior in the personal/behavioral functioning domain, eliminated the individualized functional assessment created by the Zebley decision, and required that children undergo a new assessment for eligibility for benefits at the age 18 that used the adult criteria for qualification.

Children are eligible for SSI if they meet each of these three requirements:

"1. The child must not be working and earning more than $900 a month in 2007.

2. The child must have a physical or mental condition, or a combination of conditions, that result in "marked and severe functional limitations." This means that the condition(s) must very seriously limit your child's activities.1

3. The child's condition(s) must have lasted, or be expected to last, at least 12 months; or must be expected to result in death."

If the child's condition(s) results in "marked and severe functional limitations" for at least 12 continuous months, SSA will find that a child is disabled. But if the condition does not result in those limitations, or does not last for at least 12 months, SSA will find that the child is not disabled.

For more information go to:
http://www.ssa.gov/pubs/10026.html#ssi-benefits

The Adoption and Foster Care Analysis and Reporting system (AFCARS), a data set created by the combination of Children's Bureau and SSA data, show that an average of 5.3 percent of children living in foster care in the U.S. received SSI in 2005.2 This number may not accurately represent the number of children in the foster care system that may be eligible for SSI benefits. First, AFCARS' percentage includes both children whose contact with the child welfare system is very brief (and who therefore are less likely to have had access to services such as a SSI assessment) and those children who have more extended contact with the child welfare system. Although those children who have brief contacts with the child welfare system may be at lower risk for many of the challenges that lead to high rates of disabilities in this population, there are likely to be a percentage who would have been eligible for SSI. Second, though the law does not preclude children from receiving both Title IV-E foster care payments and SSI benefits, the SSI payment will be reduced dollar for dollar by the amount of the Title IV-E payment. Therefore, in some instances, it may appear that application for SSI benefits would not yield financial assistance for the child and the decision is therefore made not to submit the application even if the child may meet the criteria for SSI eligibility. Third, in order to qualify for SSI funds the child's caregiver must have initiated the application process for SSI receipt. Parents or caregivers may not apply for SSI for children if they are unaware of the its availability, or caregivers may not apply if they are not informed about the child's medical conditions that may make them eligible for SSI benefits. Due to the high-risk status of many children involved in the child welfare system, many of these children may meet the three necessary requirements to receive SSI.

As part of an ongoing series of briefs about children in the child welfare system and their access to services, this research brief uses data from the National Survey of Children and Adolescent Well-Being (NSCAW) longitudinal data set to estimate children's rates of eligibility for receipt of SSI.

Inclusion Criteria

The NSCAW researchers conducted surveys of two specific populations of children who became involved in the child welfare system during a 15-month period beginning in the fall of 1999. First, the child protective services population (CPS) is a nationally representative sample of 5501 children who had contact with the child welfare system through an investigation of child maltreatment, whether or not the allegation of abuse or neglect was founded. For the current brief, only those children who were placed out of the home were included in the analysis sample (N = 1179). Second, the one-year-in-foster care sample (OYFC) targeted children who had been placed into foster care approximately one year prior to sampling, and who still were on the foster care rolls when the sample was drawn (N = 727).3 In both samples the children, their current caregivers, and their caseworkers were asked about a range of topics including child development and health status.

The two samples are unique in their contribution to the questions addressed in this brief. The CPS sample is a broad representation of all children who have come in contact with the child welfare system. This sample includes children who are both newly entering out-of-home care and children who may have had contact with child welfare services in the past, including stays in out-of-home care and other types of care. The OYFC sample includes children who have had extended contact with the child welfare system. Their longer contact with the child welfare system may indicate a greater likelihood of health and developmental risk and also may have provided more opportunities for the child welfare system to assist these children in applying for SSI.

This brief examines probable SSI eligibility within the foster care population. Data analysis was limited to children in out of home care, so the results of the current analysis are only applicable to children who were removed from the home (CPS: $N_{weighted}$ = 268,027;4 OYFC: $N_{weighted}$ = 39,037). Therefore, though this *is* a representative sample of children in the foster care population at the time the data collection occurred, this

analysis is not representative of the entire population of children involved in the child welfare system. The NSCAW sample includes many children who had contact with the child welfare system but who were not removed from the home.

The current brief does not include an analysis of the children who were reported by caregivers to currently receive SSI; rather this brief focuses on potential SSI eligibility for children regardless of SSI receipt. The omission of current SSI receipt is purposeful based on potential underreporting of caregivers within the current dataset. In NSCAW, current caregivers were asked if the child received a list of possible services including SSI. However, out-of-home caregivers may not always be aware of the child's SSI receipt. For example the respondent for children living in group homes was the group home director, who may or may not know if children are receiving SSI. This may also be true for foster parents. It is possible that SSI funds may be administered by the State to assist in providing for care and are not received by the family or child. In addition, SSI benefits have a complex interaction with Title IV-E foster care payments which may further obscure caregivers' knowledge of actual SSI receipt.

In the NSCAW study children were assessed with a combination of direct assessments of children and standardized questionnaires administered to caregivers about the child's social skills, behavior or health status. The authors applied the criteria provided by the SSA (see text box) to determine which children may qualify for SSI, regardless of current SSI receipt, based on the available assessment data. Children were identified as potentially eligible for SSI if they demonstrated deficits in cognitive, social, and/or adaptive behavior domains using nationally-normed measures. Children were classified as potentially eligible for SSI if they exceeded either 3 standard deviations below the mean on one domain or two standard deviations on at least two domains.5 In addition, the current analysis identified children as potentially eligible if the caregiver reported that the child had a chronic illness or disability included on the list of conditions that SSA field office personnel may use for low-income applicants to determine eligibility under the definition of "presumptively disabled" for SSI receipt.[6,7]

Rates of potential eligibility for SSI were computed; the estimates provided use sampling weights that approximate the national population of children who have contact with the child welfare system, and are adjusted for over-sampling in the study design.

Children's potential SSI eligibility was then examined by placement type and by age, race/ethnicity, gender and urbanicity.

Results

Many children are potentially eligible for SSI. Of the total children in the CPS sample who are currently in out of home placement, approximately 20.4% are likely to be eligible for SSI ($N_{weighted}$ = 54,693). Of the total OYFC sample, 21.1% of children currently in out of home placement ($N_{weighted}$ = 8,255) are likely to be eligible for receiving SSI.

Of the children in the CPS sample who are living in out of home care and who may qualify for SSI, an estimated 24,833 (45.4%) would likely have qualified based on being 2 standard deviations from the mean on measures of at least two domains and an estimated 32,331 (59.1%) would likely have qualified based on being 3 standard deviations from the mean on at least one measure or having a presumptively qualifying health condition.8

Estimates of SSI Qualification by Age of Child

In the CPS sample, the estimated rate of SSI eligibility was significantly higher in the 6–10 year age group than the 0–2 and 11+ age groups (see Table 1). In the OYFC sample no significant differences were found between age groups.

Estimates of SSI Qualification by Race or Ethnicity of Child

In the CPS sample, no significant differences in estimated eligibility for SSI between race or ethnic groups were found.9 In the OYFC sample, there was a significant difference between African-American children and white children. It is estimated that approximately 15.6% of the total OYFC sample of white children would qualify for SSI whereas 26.6% of the African-American children would qualify for SSI.

Estimates of SSI Qualification by Locality

There is a significantly higher percentage of children in rural settings (22.5%) who may qualify for SSI than in urban settings (19.9%) in the CPS sample (see Table 4). In the OYFC sample, there was also a significant, though not large, difference (21.1% for urban and 21.5% for rural).

Estimates of SSI Qualification by Child Gender

The gender of the child does not appear to be related to likely SSI eligibility in the CPS sample (see Table 3).

However in the OYFC sample, boys were significantly more likely to qualify for SSI (24.8%) than girls 17.5%).

Table 1. Total Children in Out of Home Placement Who May Be Eligible for SSI by Child Age Weighted Frequencies (Standard Deviation of Weighted Frequencies)

Age	Total Children in Out of Home Care	Children in Out of Home Care Estimated to be Eligible for SSI Benefits^	Percent of the Children in Out of Home Care to be Eligible for SSI
CPS Sample			
0–2	74,936	11,331 (2,773)[c]	15.2%
3–5	30,325	7,178 (1,857)	23.67%
6–10	85,136	23,225 (4,786)[a,d]	27.28%
11+	77,630	12,959 (2,452)[c]	16.69%
Total	268,027		
OYFC Sample			
0–2	15,862	2,857 (1,821)	18.01%
3–5	4,716	631 (274.59)	13.38%
6–10	9,914	2,714 (774)	27.38%
11+	8,545	2,053 (510)	24.03%
Total	39,037		

^ This total includes children classified as “other out of home care”

[a] Significantly different ($p < .05$) from 0–2 year old age group

[b] Significantly different ($p < .05$) from 3–5 year old group

[c] Significantly different ($p < .05$) from 6–10 year old group

[d] Significantly different ($p < .05$) from the 11+ age group

Table 2. Total Children in Out of Home Placement May Be Eligible for SSI by Child’s Race or Ethnicity (Weighted Frequencies with Standard Deviation of Weighted Frequencies)

	Total Children in Out of Home Care	Children in Out of Home Care Estimated to be Eligible for SSI Benefits^	Percent of the Children in Out of Home Care to be Eligible for SSI
CPS Sample			
White	129,170	27,989 (5,177)	21.67%
AA	90,668	16,932 (3,311)	18.67%
Hispanic	23,460	4,195 (1,996)	17.88%
Asian	7,423	292 (226)	3.9%
AI/AN	17,081	5,148 (2,160)	30.14%
Total	267,802		
OYFC Sample			
White	14,878	2,321 (627)[b]	15.6%
AA	16,711	4,437 (1,355)[a]	26.55%
Hispanic	4,248	876 (333)	20.62%
Asian	875	14 (14)	1.6%
AI/AN	2,204	607 (28)	27.5%
Total	38,916		

^ This total includes children classified as “other out of home care”

[a] Significantly different ($p < .05$) from White group

[b] Significantly different ($p < .05$) from AA group

[c] Significantly different ($p < .05$) from Hispanic group

[d] Significantly different ($p < .05$) from AI/AN group

Table 3. Total Children in Out of Home Placement Who May Be Eligible for SSI by Urbanicity of Location (Weighted Frequencies with Standard Deviation of Weighted Frequencies)

	Total Children in Out of Home Care	Children in Out of Home Care Estimated to be Eligible for SSI benefits ^	Percent of the Children in out of Home Care to be Eligible for SSI
CPS Sample			
Urban	224,818	44,953 (6,873)*	19.99%
Rural	43,209	9,740 (2,841)*	22.50%
Total	268,027		
OYFC Sample			
Urban	36,348	7,675 (2,098)*	21.12%
Rural	2,689	580 (225.36)*	21.57%
Total	39,037		

^ This total includes children classified as "other out of home care"

* Significantly different ($p < .05$)

Table 4. Total children in out of home placement who may be eligible for SSI by gender of child (Weighted Frequencies with Standard Deviation of Weighted Frequencies)

	Total Children in Out of Home Care	Total Out of Home Care Estimated to be Eligible for SSI benefits ^+	Percent of the Children in out of Home Care to be Eligible for SSI
CPS Sample			
Male	126,664	30,434 (5,262)	24.02%
Female	141,363	24,259 (4,568)	17.07%
Total	268,027		
OYFC Sample			
Male	19,487	4,840 (1,340)*	24.84%
Female	19,550	3,415 (948.55)*	17.47%
Total	39,037		

^ This total includes children classified as "other out of home care"

* Significantly different ($p < .05$)

+NOTE: The figures originally posted under the "Total Out of Home Care Estimates" for the CPS sample have been corrected from a previous version.

Conclusion

The data indicate a large percentage of the children in the foster care system are potentially eligible for receiving SSI. These estimates are higher than the current reported rates of SSI receipt in this population according to the AFCARS data. The estimates provided in this brief may indicate that the introduction of routine screenings of children in foster care for health and psychological conditions could result in many more children involved in out of home care being identified as potentially eligible for SSI benefits. Related to this finding, screening children for SSI qualification may also improve links with other services such as early intervention or special education services that may benefit children in the long term. In addition, for cases in which interaction between Title IV-E funds and SSI benefits appears to negate the benefit of applying for SSI, but where the child has the plan for reunification, establishing eligibility for SSI benefits may help the family better meet the child's needs after reunification. The differences found in the current brief between age groups, ethnic groups, locality and gender may help the child welfare system target assessment efforts to those groups of children who are more likely to be eligible for SSI payments.

Study Methodology

This issue brief is based on data collected as part of the National Survey of Child and Adolescent Wellbeing (NSCAW), sponsored by the Office of Planning, Research and Evaluation within the Department of Health and Human Services. NSCAW is a nationally representative, longitudinal study of children and families who entered the child welfare system in a 15-month period (Oct. 1999–Dec. 2000) and included 5501 children (ages 0 to 14) from 97 child welfare agencies. The sample was drawn from cases investigated by local child protective services agencies, and includes

both cases in which the allegations were founded and unfounded cases (CPS sample). It includes both children being served in their homes and those in out-of-home care. The NSCAW sample was designed to allow in-depth analyses of subgroups of special interest (e.g., young children or adolescents in foster care) while providing national estimates for the full population of children and families entering the system. The core sample is supplemented by a sample of 727 children (OYFC sample), collected at the same time as the CPS sample, who were selected to represent children who had been in out-of-home placement for the 12 months prior to data collection, to allow additional analysis of issues related to children who spent substantial amounts of time in foster care. For both samples, only data collected at the first wave of assessments of the children, caregivers and caseworkers are included in the current brief.

The criteria used in this analysis to determine whether a child may qualify for SSI is based on Social Security Administration eligibility rules (SSA, 2006; see text box 1). In the NSCAW sample caregivers reported whether the child currently had any of the following health problems or disabilities, which allow a low-income applicant to automatically qualify in some localities for SSI under the classification of "presumptively disabled" while their case is pending consideration (i.e., HIV infection, total blindness, total deafness, cerebral palsy, Down syndrome, muscular dystrophy, severe mental retardation (child age 7 or older), and birth weight below two pounds, ten ounces).10 The SSA considered all of these conditions to have lasted, or be expected to last, at least 12 months; or expected to result in death. However, the presence of one of these conditions may be found in the evaluation to not meet the criteria for SSI eligibility depending on severity and symptoms. Other conditions may meet the requirements for SSI, although they do not automatically qualify for SSI.

Children may also qualify for SSI receipt if they have scores at least three standard deviations below the mean on one domain (i.e., cognitive, social, health, or adaptive behavior) or two standard deviations below the mean on at least two domains on standardized measures that have national norms.11 In the current sample, children were administered various cognitive development or achievement measures with available national norms including: Preschool Language Scales-3 (PLS-3, Zimmerman, Steiner, & Pond, 1992), Kaufman Brief Intelligence Test (Kaufman & Kaufman, 1990), Woodcock-Johnson Mini Battery of Achievement (MBA, Woodcock, McGrew, & Werder, 1994), and the Bayley Infant Neurodevelopmental Screener (BINS, Aylward, 1995). Children of all ages were administered at least one of these tests (with the exception of those infants younger than 3 months of age).

The social domain was assessed using the children's current caregivers reports on the children's social and behavioral outcomes utilizing the Social Skills Rating Scale (Gresham and Elliot, 1990), a widely used measure of children's positive social behaviors, and the Child Behavior Checklist (Achenbach, 1991a,b), a widely used measure of children's behavioral issues. Both measures have national norms available to use as comparisons for the participating children's scores. At least one of the questionnaires was administered to the participating child's caregiver if the child was over the age of 2. The adaptive behavior domain was assessed using the Vineland Adaptive Behavior Scale (VABS, Sparrow, Balla, & Cicchetti, 1984) for children ages 0 to 10. The Vineland utilizes caregiver reports of the child's daily living skills.

Limitations of the Study

Some limitations in the current study should be noted. First, the data presented are only estimates about whether the child may be eligible for SSI based on available evidence from the NSCAW dataset. The NSCAW dataset was not constructed to assess SSI eligibility or receipt; therefore some of the medical categories that may qualify a child for SSI were not available, nor was the severity of the illness/disability available to the extent required to make conclusions about "marked and severe functional limitations." Second, the dataset reflects the current caregiver's report of the child's health and disability status. Caregivers may have limited knowledge of the child's conditions based on restricted access to medical records and the length of time in out of home placement; this potential for incomplete knowledge by the caregiver coupled with a reliance on caregiver report measures make this analysis a modest estimate of SSI eligibility for children in the child welfare system. Finally, there are income eligibility guidelines for the family of origin of the child in order to obtain SSI. Due to the way the data was collected, including the lack of income information for the family of origin, it was difficult to determine definitively if the family was above or below the income guidelines. For the purposes of this research brief and given the sample includes children in the child welfare system who disproportionately come from low-income households, we assume all families would meet the income requirement for SSI receipt.

Notes

[1] Children may be screened using standardized measures that have national norms for impairments in the separate domains of social skills, cognitive development, and adaptive behavior which may qualify them for SSI eligibility. Children scoring either three standard deviations below the average on one domain or two standard deviations below the average in two separate domains can qualify for SSI given the child meets the income and chronicity requirements.

[2] Beginning in 2005, the Children's Bureau and SSA linked datasets to provide a more accurate picture of SSI receipt for children living in foster care.

[3] Children could have gone home in the interim period between construction of the sampling frame and baseline data collection. One quarter of the children in the OYFC sample did return home prior to the time of the baseline interview.

[4] The weighted frequencies were created using national survey sampling estimates in the NSCAW dataset. The use of survey weights permit estimates within the national population and allow for statements to be made beyond the smaller sampled population.

[5] 20 CFR 416.926a Functional equivalence for children retrieved from: http://www.ssa.gov/OP_Home/cfr20/416/416-0926a.htm on October 3, 2007.

[6] The use and application of the "presumptively disabled" qualification by field offices is voluntary and can vary widely. According to the IOM report (2006), only 11 states chose to apply all 15 conditions on the SSA list.

[7] It should be noted that though a child may be found to be "presumptively disabled" this does not guarantee receipt of SSI benefits. In some instances, diagnosis of a disease does not automatically qualify the child for benefits. The child must be demonstrating symptoms of the disease which meet the criteria for SSI receipt.

[8] These groups are not mutually exclusive. An estimated 5% of the 54,693 children may qualify for SSI under either criterion in the current sample.

[9] It is not recommended to conduct significance testing with this dataset when the unweighted cell sizes are less than 5. Therefore no significance testing was conducted for those children who were identified as Asian.

[10] The following are conditions that are included on the list of presumptively disabled conditions but were not included in the NSCAW data collection due to lack of caregiver-reported data: Amputation of a leg at the hip; bed confinement or immobility without a wheelchair, walker, or crutches, allegedly due to a long-standing condition, excluding a recent accident and recent surgery; stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty in walking or using a hand or arm; confirmation from physician or hospice official that an individual is receiving hospice services for a terminal illness; spinal cord injury producing the inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than 2 weeks which is confirmed by an appropriate medical professional; end stage renal disease (ESRD) with ongoing dialysis where file contains an ESRD Medical Evidence Report-Medicare Entitlement and/or Patient Registration; and amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease) (IOM, 2006).

[11] 20 CFR 416.926a Functional equivalence for children retrieved from: http://www.ssa.gov/OP_Home/cfr20/416/416-0926a.htm on October 3, 2007.

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