Who are the SSI-Child Beneficiaries?

A Closer Look using Social Security Administrative Records

and Public-Use Survey Data¹

A Dissemination Report

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Abstract

This article presents a preliminary analysis of the characteristics of childhood Supplemental Security Income (SSI) recipients. These analyses are feasible because of the existence of individual SSI records that have been matched to a large public-use data set, the Survey of Income and Program Participation (SIPP). Characteristics of children receiving SSI from the early 1980s through late 1990s are presented. Major changes in their characteristics over time are consistent with a major change in disability-related eligibility standards circa 1990 and the recent welfare reform provisions affecting both SSI and the cash welfare program for families (formerly known as AFDC and now known as TANF).

I. Introduction

Supplemental Security Income (SSI), begun in 1974, is a program administered by the Social Security Administration (SSA) that provides income assistance to low-income disabled individuals, including children, and to the low-income elderly. One of the ways the program is unusual is that it serves a population of great diversity: the plans, aspirations, problems, and needs of the disabled and elderly are undoubtedly quite different. Since SSI is also available to children, direct recipients literally range in age from cradle to grave. Although benefit payments might seem meager by many people's standards, the program is unparalleled among the cash welfare programs in its generosity. In the year 2000, the monthly federal cash benefit level was \$512 for a single recipient (such as a child) and many states supplemented this benefit. In contrast, the median state's maximum Temporary Assistance to Needy Families (TANF) grant to a *family of three* was \$421 (*Green Book*, 2000).

SSI was not designed for children. Their inclusion was part of a last-minute Congressional compromise needed to pass the overall program, against projections of a trivially small children's caseload. At the outset, the child cases in SSI were indeed very few. However, the 1990 Supreme Court decision *Sullivan V. Zebley* [493 U.S. 521] marked a profound turning point in SSI policy. In its decision, the Court ruled that the differential disability determination procedures for children and adults, which had been the norm, were inconsistent with the law. As a remedy, SSA was directed to reconsider the cases of child applicants rejected from January 1980 through February 1991, when the new policy was implemented. Once children came to be evaluated for the program under the same, more flexible, disability standards applied to adults, the share of child cases in the SSI program climbed, rising from less than 2% in 1974 to 13% (or 847,062 children) in 1999 (Social Security Bulletin, Children Receiving SSI, June 2000).

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A substantial share of the new child cases admitted to SSI under the post-Zeblev disability standard lived in families participating in the major cash welfare program for children, Aid to Families with Dependent Children (AFDC), and, even prior to Zeblev, participation in SSI by children in AFDC-receiving families was considerable. When Congress undertook a major reform of welfare policy in 1996 (under the Personal Responsibility and Work Opportunity Reconciliation Act, or PRWORA), families with children in SSI were affected in two ways. First, families with participants in both programs potentially faced parental work requirements and time limits for cash assistance in the AFDC-replacement programs funded from the new federal Temporary Assistance for Needy Families (TANF) block grant. In addition, Congress's frustration with SSI-child program growth culminated in changes enumerated in PRWORA intended to turn back the clock to the earlier era of a small child caseload. This legislation effectively undid the effects of the Zebley case on the disability determination process. Congress ordered SSA to reevaluate marginal cases under the stricter standard. As a result, about one-third of the SSI-child caseload was put through a one-time redetermination process. By April 1, 2000 (with nearly all such cases reaching a final determination), 102,000 children had been dropped from the SSI rolls (U.S. Congress, 2000).²

Surprisingly, considering the turmoil that the children's portion of SSI has experienced over its history, information on the child beneficiary population remains limited. Yet answering key policy-relevant questions about the program--How are families whose children are on SSI doing? Does SSI help to prepare disabled children for a future as independent adults? Is SSI exploited by "undeserving" families?--requires empirical analysis.

² A recent report analyzes the impact of reform on SSI-child participants and their families (Rogowski, et al., 2002).

The empirical analyst attempting to answer these questions using conventional data sources is quickly stymied by the lack of data on SSI-receiving children. There are two reasons for this. First, although it has grown, the child portion of the program remains small in absolute terms. Participation topped out at around 1 million children in the 1994. In contrast, in 1994, 9.6 million children were enrolled in Aid to Families with Dependent Children (AFDC), or slightly more than 14% of all children in the U.S (U.S. Congress, 2000).³ Since SSI-child recipients are a small group, even if a large number of households are surveyed, a random survey of the population will select very few families that receive SSI for their child. Second, under-reporting of SSI income appears to be a significant problem in commonly used household data sets (Roemer, 2000). This may be because acknowledged recipients understate their benefits while other families do not acknowledge their SSI receipt at all.

Because of these problems, knowledge about SSI-child beneficiaries has been largely restricted to what can be gleaned from information collected in the course of administering the program (e.g., see the SSA publication, *Children Receiving SSI*). Understandably, such information is limited in scope. The Social Security Administration (SSA), recognizing this problem, recently sponsored the National Survey of Children and Families (NSCF), a follow-up survey of children who applied to SSI from 1978 through 2000.⁴ Nine thousand five hundred families in 31 states have been randomly selected from the SSI-child-applicant pool for extensive interviews about their own and their family members' situations. These data should prove a rich resource for those concerned with the question of what happens to childhood applicants to SSI when they grow up and what has happened to children leaving the program due to welfare reform. However, even this data set will be limited. For example, childhood circumstances are

³ The Temporary Assistance to Needy Families (TANF) program replaced AFDC in 1996.

recognized as important determinants of adult outcomes. Yet information on the childhood circumstances of the respondents (aside from that collected previously for administrative needs) will be based on later recollection that is subject to error.

Another approach, explored in this research brief, is to link information collected by the government through large household surveys to Social Security Administration data. In particular, the Survey of Income and Program Participation (SIPP), an extensive survey of U.S. households, has been linked to Social Security Administrative records on SSI recipients. This research brief presents the results of an exploratory analysis that evaluates the feasibility and appropriateness of this approach to collecting data on SSI-children.⁵ In the next section, the data are described in more detail. This is followed by an examination of the characteristics of SSI-child beneficiaries and their families using the SIPP panels. The characteristics of this group are contrasted with those of children in the major cash welfare program for families.

II. Data Sources and Variables

The major data sources used are the Survey of Income and Program Participation (SIPP) and SSA's Supplemental Security Record (SSR). The first data set is readily available to the public.⁶ The second is only available via special agreement with the Social Security Administration and the Census Bureau, which was obtained for this project.

⁴ A basic description is available in the 2002 *SSI Annual Report* on p. 96.

⁵ A recent report (Lewin Group, 1999) also investigates the feasibility of using SIPP-SSA matched data to predict SSI participation for children. While the design is quite different from that presented here, they also report reasonably large numbers of SIPP-matched SSI children. Rogowski, et al. (2002) also presents findings from these matched data. Beginning in 2001, tables in the *SSI Annual Statistical Report* incorporate information from the SIPP to capture person and household characteristics of SSI-child recipients.

⁶ Much of the SIPP data and documentation can be downloaded through the U.S. Census Bureau's website, http://www.census.gov.

The SIPP collects detailed information on family income, program use, and other characteristics often lacking in other data sets, and at frequent intervals for a two-to-three-year period. SIPP households are interviewed at four-month intervals ("waves") about the activities of the previous four months. In addition to the core survey administered every wave, topical modules on a wide variety of subjects, including the health of all household members, work history, and welfare use history, appear regularly but less frequently. The first SIPP panel (and also the largest in terms of sample size) was fielded in 1984. With the exception of 1994 and 1995, a new SIPP panel entered the field every year from 1984. The latest available public use version of the survey is for the panel initiated in 1996.

The SIPP-matched SSR files contain the complete record of interactions with the SSI system for everyone who appears in the SIPP. In particular, the complete payment record of SSI applicants and beneficiaries since the inception of SSI is listed. The SSR file obtained for this project contains complete records through July 1999. There are several reasons why there will not be a perfect match between records in the public-use and administrative data. Institutionalized individuals in the SSR database will not match to the SIPP. Social Security numbers may be missing or bad in the SIPP due to a respondent's refusal to report the number, an incorrectly reported or falsified number, or transcribing errors.⁷ Match rates will also decline in successive waves of a SIPP panel due to the well-known problem of sample attrition.⁸ This is an issue for projects in which it is important to use particular SIPP topical modules that appear later in the survey.

⁷ A Census project on the validation of Social Security numbers provided by SIPP respondents in the 1990 panel found that 90 percent and 80 percent of reported social security numbers could be validated for adults and children, respectively (Lewin Group, 1999).

⁸ SIPP households with SSI-receiving children appear to have above-average attrition rates (Lewin Group, 1999).

The ability to link the SIPP to Social Security Administrative files is used here to study SSI-participating-children. By linking children in the SIPP to their administrative records, SSI-children and their families can be accurately identified using administrative information, and detailed information about family circumstances can be recovered from the SIPP.

Table 1 lists the SIPP panels that have been matched to SSA records for this project and gives basic information about them (in each case, from wave 1). Total sample sizes range from a low of 39,022 members in 1991 to 82,717 in the most recently available panel.⁹ Sample sizes of children (sample members under the age of 22 who match to a parent in their household) range from 11,756-24,013.

The fourth column indicates the number of SIPP sample members who match to the SSI file for any reason. These figures include disabled children, disabled adults, and the aged. The total "match rate" ranges from 7.7% to 9.5% across panels. Match rates for more recent samples are lower due to fewer subsequent years before the administrative data end. Dividing the number of matches with a record of having a benefit paid by the total number of matches gives a crude total "award rate." These range from 42% to 47%, depending on the panel.

Are the SIPP panels sufficiently large to produce useful information about child recipients? Information on this point is presented in Table 2. A child applicant (beneficiary) is defined as a SIPP sample member whose application (respectively, award) date is prior to his or her 18th birthday. This definition excludes SSI recipients and applicants between the ages of 18 and 21 that are full-time students (such individuals can still qualify for SSI with "child" status), a

⁹ The reason for the larger sample in 1996 is that the Census changed the SIPP from an overlapping to sequential panel structure. They are in fact now interviewing somewhat fewer households at any given time than previously.

small minority of SSI-child recipients. From 362 to 1,104 sample members are identified as child SSI applicants, depending on the panel.

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SIPP	Total	Total	Total	Total	"Award				
Panel	number of	number of	number of	matches	rate"				
	observations	sample	matches to	ever paid					
		children	the SSI file	benefit					
1984	55,663	16,044	5,293	2,469	0.466				
1990	54,716	14,918	4,774	2,125	0.445				
1991	39,022	11,756	2,989	1,314	0.440				
1993	51,595	14,250	4,384	1,837	0.419				
1996	82,717	24,013	6,467	2,834	0.438				

Table 1: SIPP Sample Members and Total Matches to SSI Files

Notes: A child is a sample member under 22 who can be matched to a mother.

SIPP Panel	Applied as a child	Applied as child & ever received benefit	Total "award rate" for child applicants	Total applied as child & received payment as child	Rate of successful applications completed by age 18
1984	362	227	0.627	193	0.533
1990	652	382	0.586	356	0.546
1991	706	348	0.493	331	0.469
1993	927	425	0.458	407	0.439
1996	1,104	615	0.557	573	0.519

Table 2: Information on Child Applicants and/or Beneficiaries

Notes: A child is a sample member under 22 who can be matched to a mother.

The relatively small number of child applicants in 1984 is a result of both the very restrictive criteria in the early program and the fact that the program only began making payments in 1974. This latter feature restricts the universe of sample members who conceivably

could have applied for SSI as children, while those sample members potentially eligible to apply as children faced a limited number of years of potential eligibility. Considering total matches to the administrative file, child applications account for only 7% of all matches of the 1984 SIPP to the administrative file. By the 1991 and 1993 panels, with the SSI-child program in full swing, more than 20% of all SIPP-SSR matches are accounted for by applications initiated in childhood.

How successful are child applications for benefits? Column 4 of Table 2 computes a total award rate for SIPP sample members who applied for SSI during childhood. Total award rates for children range from 46% to 63% and are generally high in comparison with total award rates for the entire sample.¹⁰ However, depending on the research question, one may be more interested in those who obtain "true" SSI-child beneficiary status -- that is, those who both applied for and received benefits prior to turning 18. Column 6 indicates that an overwhelming majority of those who applied as children *and* received benefits (through July 1999, when the administrative record available for this project ends) completed this process during childhood. The last column presents a modified award rate, counting only cases where benefits are collected in childhood as "successes." This rate ranges from 44% to 55%. Overall, child applicants appear more likely to be successful than other groups. However, the success rate dips substantially during the early 1990 surveys, suggesting that the surge of applicants in this period may have contained more "marginal" cases than in the first and last periods of the sample.¹¹

¹⁰ This finding is consistent with an earlier project (Lewin Group, 1999), which finds that SIPP children have acceptance rates lying in between those of younger (ages 18-40) and older (41-64) adults.

III. Characteristics of SSI-Child Beneficiaries

Table 3 presents select characteristics of SSI-child beneficiaries (as defined above) who were observed during childhood in the SIPP panels. Generally the information in the SIPP becomes less accurate, the farther the survey is removed in time from the actual occurrence of SSI participation. Therefore, the sample is further limited to children who received an SSI payment within a 5-year window of the sample year. These windows run from 1982-1986 to 1994-1998. The *Zebley* decision obviously brought about major changes in the administration of the SSI program that led to enormous case growth after 1990. Due to data availability limitations at SSA, and given the 5-year-window formulation, only the 1984 panel gives a snapshot of SSI children that is entirely from before this change.

The average age of sample children using SSI is highest in 1984, drops to a low point in the 1990 sample, and gradually creeps up thereafter, reaching 12.23 years in the 1996 sample. Over most of the sample period, boys clearly dominate the SSI beneficiary pool. However, although the 1984 sample is small, it appears that only around half of the sample members in the early period are boys. Participation of Black children in SSI also rises substantially from 1984 to the early 1990s. Recently, around 40% of SSI-child recipients are Black.

The administrative data include codes for primary and secondary diagnoses of conditions. Interestingly, many records are coded as "pending/denied." Since these samples consist entirely of children who are recorded as receiving a benefit, presumably the problem is that their records were never completed.¹² This is particularly an issue in the 1984 sample, where 72% of children

¹¹ The rate associated with the 1996 panel is also probably somewhat understated because there are only 3 subsequent years of administrative data, and SSI-disability cases can take years to adjudicate.

¹² Lewin Group (1999) mentions these missing codings as a problem that could be feasibly corrected but provides no further information.

have "pending/denied" coded as the primary diagnosis. In the other sample years, at least 70% of the children have a specific diagnostic code in their record.

Major diagnoses of interest are mental retardation, which has always been an important reason for children's SSI participation, and psychoses/neuroses, which came into prominence with the change in disability standards in the early 1990s. In the 1984 sample, 15% of children had a primary diagnosis of mental retardation (or 54% of those with a code that is not pending/denied). In the later samples, around 1/3 of the children consistently have mental retardation as their primary diagnosis (or from 43% to 50% of children with a diagnostic code not equal to pending/denied). As is evident in Table 3, psychoses/neuroses is a rarely used code until the 1991 sample. After 1991, psychoses/neuroses is a primary diagnosis for nearly 20% of SSI children (or around 26% of children with a code not pending/denied). Considering both primary and secondary diagnoses in these categories, the results are consistent with the well-known growth in the dominance of mentally impaired children in the SSI caseload. Around half of SSI children have one of these mental impairments as their primary classification by the end of the period. By 1996, about 25% of the SSI-receiving children have psychoses/neuroses as either a primary or secondary classification.

Since most SSI children live in families (about 5% are institutionalized and therefore do not appear in the SIPP), information about their family situation is relevant. The average mother is in her mid-30s, although the average age is about 5 years lower in the later samples than in the 1984 sample. The majority of SSI children live with a mother who is unmarried at the time of the survey. Women who have never been married are presumably more welfare-dependent (e.g., because they may have more difficulty collecting child support). While representation of

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	SSI-child 1982-1986	SSI-child 1988-1992	SSI-child 1989-1993	SSI-child 1991-1995	SSI-child 1994-1998	AFDC/TANF- child 1996
Sample Size	74	141	126	174	320	1460
<u>Child Characteristics</u>	13.55	10.55	11.39	11.41	12.23	8.16
Age	(5.14)	(5.25)	(5.19)	(4.87)	(4.91)	(5.23)
Male*	0.486	0.610	0.643	0.672	0.612	0.480
	(0.503)	(0.490)	(0.481)	(0.481)	(0.488)	(0.500)
Black*	0.310	0.418	0.468	0.368	0.391	0.412
	(0.466)	(0.495)	(0.501)	(0.484)	(0.489)	(0.492)
Primary Diagnosis of	0.054	0.050	0.103	0.184	0.184	NA
psychoses/neuroses*	(0.228)	(0.218)	(0.305)	(0.389)	(0.388)	
Secondary Diagnosis of psychoses/neuroses*	0	0	.008 (0.089)	0.080 (0.273)	0.075 (0.264)	NA
Primary Diagnosis of retardation*	0.149 (0.358)	0.348 (0.478)	0.333 (0.473)	0.333 (0.473)	0.313 (0.464)	NA
Secondary Diagnoses of Retardation* <u>Maternal Characteristics</u>	0	0	0	0.060 (0.076)	0.019 (0.136)	NA
Age	40.09	35.18	35.52	35.10	37.76	32.86
	(8.95)	(8.82)	(7.17)	(7.37)	(7.91)	(7.97)
Never married*	0.068	0.227	0.206	0.259	0.241	0.442
	(0.253)	(0.420)	(0.406)	(0.439)	(0.428)	(0.497)
Currently married*	0.500	0.426	0.468	0.420	0.441	0.231
	(0.503)	(0.496)	(0.501)	(0.494)	(.497)	(0.422)
Number of children	3.51	2.62	2.64	2.66	2.56	2.93
	(3.22)	(1.57)	(1.58)	(1.41)	(1.40)	(1.61)
Not HS graduate*	0.541	0.461	0.349	0.414	0.388	0.484
	(0.502)	(0.501)	(0.479)	(0.494)	(0.488)	(0.500)
Sources of Family Income	0.297	0.418	0.357	0.379	0.206	1.0
TANF/AFDC*	(0.460)	(0.495)	(0.481)	(0.487)	(0.405)	
Food Stamps*	0.365	0.518	0.421	0.489	0.288	0.858
	(0.485)	(0.501)	(0.496)	(0.501)	(0.453)	(0.349)
Earnings*	0.595	0.617	0.547	0.575	0.675	0.414
	(0.494)	(0.488)	(0.500)	(0.496)	(0.469)	(0.493)

Table 3: Characteristics of Child Beneficiaries, 1982-1998

SSI History of Parents Mother ever received SSI payment*	0.311 (0.466)	0.227 (0.420)	0.190 (0.394)	0.201 (0.402)	0.156 (0.364)	0.085 (0.279)
Father ever received SSI payment (father present)*	0.135 (0.344)	0.050 (0.218)	0.071 (0.259)	0.057 (0.233)	NA ¹³	

Notes: Sample means reported with standard deviation in parentheses beneath. *Binary variable equal to one if the stated condition holds.

never-married women appears low in 1984 (at only 7%), more recently, around 24% of SSIchildren live with a mother who has never been married. Family sizes are substantially lower recently than in the early years of the program, and mothers are more educated, although rates of high school noncompletion remain high.

Table 3 indicates the sources of these children's family resources. Use of AFDC/TANF is common for families of child-SSI participants. Note that AFDC participation jumps up after the 1984 sample (from 30% to 42%). This is consistent with a story that is typically told about the rise in the SSI-child caseload; after disability standards were loosened, AFDC mothers recognized the generosity of SSI and enrolled their children, which presumably became much easier to do.¹⁴ Note, however, that the surge in AFDC participation appears to peak with the 1990 sample, corresponding to the 1988-1992 SSI recipiency window.¹⁵ Recently, the SSI caseload seems to be subject to the same unprecedented phenomenon of dramatically declining AFDC/TANF participation as the rest of the population.

Another major source of support for these families is Food Stamps. As with AFDC participation, there is a jump in Food Stamps participation between the 1984 and 1990 samples,

¹³ A data problem prevented a valid father match from being performed.

¹⁴ For example, see Kubik (1999) for an empirical analysis of the incentives to report child disability, based on this argument.

¹⁵ One hypothesis consistent with this pattern is that many of the previously SSI-rejected "*Zebley* reapplicants" were heavy users of AFDC, and were already relying upon it for income at the time

consistent with the phenomenon of more users of other welfare programs coming into SSI in this period. Note that Food Stamp use is also declining recently (from 49% to just 29%). As with AFDC/TANF, there is a secular decline in Food Stamp participation underway in the population, and it appears that the families of SSI-children may mirror this trend. Commensurate with the trends in welfare use since the mid-1990s, the proportion of children in SSI families with any earnings has risen dramatically, to fully two-thirds—an all-time high for these samples.¹⁶

Finally, it is interesting to consider whether SSI is a "family affair." Is it a common or rare occurrence for more than one family member to be a beneficiary of the program at some time? This hypothesis seems reasonable, given all the specific knowledge that is required to go through the application process. The last two rows of Table 3 present information on the percentage of SSI-receiving children whose mother or father ever received an SSI payment (note that the percent of children with a parent who ever *applied* for their own benefit could be greater still). The very high rates of parent beneficiary status in the 1984 sample are intriguing. Over 30% of children in the 1984 sample had mothers who were beneficiaries at some time, while 14% of children with fathers present in the household had fathers who were beneficiaries. Since "SSI-child" was such a small, unpublicized, program at that time, it is possible that an important means of learning about it was through adult family members' experiences. Although the percent

they were invited to reapply to SSI. Perhaps the later applicant pool was not so dominated by other welfare program users.

¹⁶ This differs from SSA tabulations of Food Stamp use reported in Table 33 of the *SSI Annual Report* for 2001. SSA reports that 38% of households of children under 19 in SSI are reported to receive Food Stamps. Note, however, that the calculations are from different periods (SSA's figure covers December 1999). SSA also computes statistics on a household, rather than family basis, although these should not differ greatly. My finding on Food Stamps is generally consistent with the other findings of decreasing reliance on cash assistance for SSI-child families and increases in the portion of such families with any earnings. This latter information is not provided in the *Report*.

of SSI-child mothers who ever received an SSI benefit themselves has fallen dramatically, it is still substantial, standing at over 15% in the most recent sample.

IV. Comparisons with AFDC/TANF-Receiving Children

To put these figures in perspective, one needs a comparison group. How do SSI children and their families compare to other children? Since 1935, cash welfare has been provided to families with children by the federal and state governments. It is of interest to compare SSI-child recipients with child recipients of "ordinary" welfare. In 1996, PRWORA mandated that states end their AFDC programs and replace them with new TANF-funded programs. Information on children in AFDC/TANF families who do not themselves match to the SSR file (although their other family members may) is presented in the last column of Table 3 for the 1996 SIPP panel. 1996 is a transition year between AFDC and the TANF-funded programs.

AFDC/TANF children and SSI children differ in many ways. SSI children are substantially older, by an average of more than 4 years, and much more often male. While the share of Black children in the two programs is similar, in fact, Whites constitute a modestly larger share of SSI than AFDC/TANF children (almost no "other" race child sample members participate in SSI, a fact that appears fairly consistent over the years).

Commensurate with their older children, mothers of SSI children are older. On average, the mothers of SSI-participating children appear to have several socioeconomic advantages over AFDC/TANF mothers. Marriage is much more common. They are much less likely to have never been married, and much more likely to be currently married at the time of the survey. This is not surprising, given SSI is a much more generous program than AFDC/TANF, and families with much higher incomes may qualify for SSI than for AFDC/TANF. Most two-parent families

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would simply have a hard time meeting the financial qualifications for AFDC/TANF. Similarly, on average, mothers of SSI-child-recipients are considerably better educated (education and earnings are positively correlated).

The families of SSI-children use welfare programs substantially less and are much more likely to have income from earnings than families in AFDC/TANF. Program rules explain some of this last difference because earnings usually offset the AFDC/TANF benefit at a much higher rate than the SSI benefit.¹⁷ Interestingly, for both the SSI-child sample and the comparison sample of children in AFDC/TANF households, the rate of receipt of any earnings has risen by 10 percentage-points from the 1993 to the 1996 SIPP panels, to present levels of 68% for SSI-children and 41% for AFDC/TANF children (Table 3). Finally, note that the rate of receipt of an own-SSI benefit for mothers of SSI children is about double that of AFDC/TANF mothers.

V. Conclusions

This dissemination brief has taken a first look at SSI-child beneficiaries, using a unique data set that matches public-use information from a large survey of households to SSA information collected on SSI applicants. The findings raise a number of interesting questions that it may be possible to pursue in future analyses of these data.

First, the characteristics of SSI-child participants have changed over time, particularly after the implementation of the *Zebley* decision in 1991. Along many dimensions, the SSI-child and AFDC/TANF-child populations begin to look more similar after 1991. Post-*Zebley*, the

¹⁷ In the AFDC program, recipients typically faced a 100 percent implicit tax, or "benefit reduction rate" on earnings. Under TANF, the work participation rates of program recipients have risen substantially, both because of mandates to work and due to increased financial incentives, in the form of lower benefit reduction rates or higher earnings disregards. SSI

average SSI child is younger and more often a member of a minority group. Their mothers also look more like "AFDC mothers" during the 1990s than before--indeed the percent of child SSI beneficiaries in a family with AFDC income jumped from around 30% in the 1980s to over 40% by the early 1990s. The convergence in average characteristics is not surprising, since a large number of SSI child recipients straddle the two groups. However, while the statistics presented demonstrate some convergence, striking differences between SSI-participating and AFDC/TANF-participating children remain evident when the 1996-based samples are compared directly.

An interesting feature of these data is that it should be possible to examine the influences of the sustained economic expansion of the 1990s and the welfare reform of 1996 on the characteristics of the SSI-child caseload. Average participation rates in the AFDC/TANF and Food Stamp programs of families of SSI children have dropped precipitously (by 17 percentagepoints and 20 percentage-points respectively, from the 1993 to 1996 surveys), and receipt of earned income has risen by 10 percentage-points. In fact, rates of Food Stamps and AFDC/TANF participation are now much lower than those recorded for the 1984 panel, suggesting that the use of these programs may be near historic lows in the SSI-child population.

Whether this has occurred because of improved economic conditions, as a direct result of welfare reform, or because of underutilization of the TANF and Food Stamp programs in the wake of welfare reform, deserves further study. For instance, one in ten of the children on SSI in 1996 left the program due to a redetermination of their disability status, and it is likely that these children disproportionately came from welfare-using families. Note, however, that nearly 30 percent of SSI-children in the 1984 panel had family income from AFDC, suggesting that even a

[&]quot;deeming" rules for parental income are much more generous. Earnings disregards are quite

very strict child disability standard may leave a good share of multiple program-using households with a child in SSI. The even lower rates of welfare use observed recently suggest that such families may have left the general welfare rolls because of increased economic opportunity in this recent period, or because of the changed work incentives and requirements or time limits in TANF. That is, families with SSI-children may be leaving TANF, but not SSI (which is presumably as it should be). Of course, there is also the possibility that families in SSI mistook the welfare reform process for "ending welfare" rather than "ending welfare as we know it," resulting in underutilization of needed programs.

Finally, it is intriguing, especially now that society faces the real possibility of a return to a very minor children's disability program, that SSI seems so much a "family affair." In the early period, rates of parental SSI benefit receipt in families of SSI-child recipients are extremely high. Even recently, mothers of SSI-children are twice as likely as mothers of AFDC/TANF-only children to have themselves received an SSI benefit at some time. Is debilitating health really so highly correlated within families, or does one family member's contact with the program encourage others to apply? Particularly in the early period, it seems plausible that SSI for children was a little-known and poorly understood policy, so that most families learned of the possibility of child benefits only through their contact with the better-known adult program. Presumably, such a situation could re-emerge post-welfare reform, unless policymakers are committed to making sure that everyone who may need SSI for their child has the opportunity to apply for it.

large and there is a benefit reduction rate of 50 percent on excess earnings.

References

- Kubik, J. D. (1999). Incentives for the identification and treatment of children with disabilities:
 The Supplemental Security Income Program. *Journal of Public Economics*, 73(2), 187-215.
- Lewin Group, Inc. (1999). Policy evaluation of the overall effects of welfare reform on SSA programs: Final report prepared for the Social Security Administration. Washington DC: Lewin Group. 271
- Roemer, M. (2000, June). Assessing the quality of the March Current Population Survey and the Survey of Income and Program Participation Income Estimates, 1990-1996. Mimeo, U.S.
 Census Bureau. Washington, DC: U.S. Census Bureau.
- Rogowski, J., Karoly, L., Klerman, J., Inkelas, M., Rowe, M., & Hirscher, R. (2002, March) *Final report for policy evaluation of the effect of the 1996 Welfare Reform Legislation on SSI benefits for disabled children* (DRU-2559-SSA). RAND.
- U.S. Congress, Committee on Ways and Means. (2000). *Green Book*. Washington DC: U.S. Congress, Committee on Ways and Means.
- U.S. Social Security Administration. (2000) *Annual Statistical Supplement to the Social Security Bulletin.* Washington DC: U.S. Social Security Administration.
- U.S. Social Security Administration. (2000). *Children Receiving SSI*. Washington, DC: U.S. Social Security Administration.
- U.S. Social Security Administration. (2001). SSI Annual Statistical Report. Washington, DC: U.S. Social Security Administration.
- U.S. Social Security Administration. (2002). Annual Report of the Supplemental Security Income Program. Washington, DC: U.S. Social Security Administration.

SIPP	Total	Total	Total	Total	"Award
Panel	number of	number of	number of	matches	rate"
	observations	sample	matches to	ever paid	
		children	the SSI file	benefit	
1984	55,663	16,044	5,293	2,469	0.466
1990	54,716	14,918	4,774	2,125	0.445
1991	39,022	11,756	2,989	1,314	0.440
1993	51,595	14,250	4,384	1,837	0.419
1996	82,717	24,013	6,467	2,834	0.438

Table 1: SIPP Sample Members and Total Matches to SSI Files

Notes: A child is a sample member under 22 who can be matched to a mother.

Tuble 2. Information on Clinic ripplicants and of Denenorates								
SIPP	Applied as a	Applied as	Total	Total	Rate of			
Panel	child	child & ever received benefit	"award rate" for child applicants	applied as child & received payment as child	successful applications completed by age 18			
1984	362	227	0.627	193	0.533			
1990	652	382	0.586	356	0.546			
1991	706	348	0.493	331	0.469			
1993	927	425	0.458	407	0.439			
1996	1,104	615	0.557	573	0.519			

Table 2: Information on Child Applicants and/or Beneficiaries

Notes: A child is a sample member under 22 who can be matched to a mother.

	SSI-child 1982-1986	SSI-child 1988-1992	SSI-child 1989-1993	SSI-child 1991-1995	SSI-child 1994-1998	AFDC/TANF- child
						1996
Sample Size Child Characteristics	74	141	126	174	320	1460
Age	13.55	10.55	11.39	11.41	12.23	8.16
-	(5.14)	(5.25)	(5.19)	(4.87)	(4.91)	(5.23)
Male*	0.486	0.610	0.643	0.672	0.612	0.480
	(0.503)	(0.490)	(0.481)	(0.481)	(0.488)	(0.500)
Black*	0.310	0.418	0.468	0.368	0.391	0.412
	(0.466)	(0.495)	(0.501)	(0.484)	(0.489)	(0.492)
Primary Diagnosis of	0.054	0.050	0.103	0.184	0.184	NA
psychoses/neuroses*	(0.228)	(0.218)	(0.305)	(0.389)	(0.388)	
Secondary Diagnosis of	0	0	.008	0.080	0.075	NA
psychoses/neuroses*			(0.089)	(0.273)	(0.264)	
Primary Diagnosis of	0.149	0.348	0.333	0.333	0.313	NA
retardation*	(0.358)	(0.478)	(0.473)	(0.473)	(0.464)	
Secondary Diagnoses of	0	0	0	0.060	0.019	NA
Retardation* Maternal Characteristics				(0.076)	(0.136)	
Age	40.09	35.18	35.52	35.10	37.76	32.86
	(8.95)	(8.82)	(7.17)	(7.37)	(7.91)	(7.97)
Never married*	0.068	0.227	0.206	0.259	0.241	0.442
	(0.253)	(0.420)	(0.406)	(0.439)	(0.428)	(0.497)
Currently married*	0.500	0.426	0.468	0.420	0.441	0.231
	(0.503)	(0.496)	(0.501)	(0.494)	(.497)	(0.422)
Number of children	3.51	2.62	2.64	2.66	2.56	2.93
	(3.22)	(1.57)	(1.58)	(1.41)	(1.40)	(1.61)
Not HS graduate*	0.541	0.461	0.349	0.414	0.388	0.484
	(0.502)	(0.501)	(0.479)	(0.494)	(0.488)	(0.500)
Sources of Family Income						
TANF/AFDC*	0.297	0.418	0.357	0.379	0.206	1.0
	(0.460)	(0.495)	(0.481)	(0.487)	(0.405)	
Food Stamps*	0.365	0.518	0.421	0.489	0.288	0.858
	(0.485)	(0.501)	(0.496)	(0.501)	(0.453)	(0.349)
Earnings*	0.595	0.617	0.547	0.575	0.675	0.414
	(0.494)	(0.488)	(0.500)	(0.496)	(0.469)	(0.493)

Table 3: Characteristics of Child Beneficiaries, 1982-1998

SSI History of Parents Mother ever received SSI payment*	0.311 (0.466)	0.227 (0.420)	0.190 (0.394)	0.201 (0.402)	0.156 (0.364)	0.085 (0.279)
Father ever received SSI payment (father present)*	0.135 (0.344)	0.050 (0.218)	0.071 (0.259)	0.057 (0.233)	NA ¹⁸	

Notes: Sample means reported with standard deviation in parentheses beneath. *Binary variable equal to one if the stated condition holds.

¹⁸ A data problem prevented a valid father match from being performed.