How Do State Policy Makers Think About Family Process and Child Development in Low-Income Families?

Kristin Anderson Moore, Ph.D.

April 1998

Child Trends
4301 Connecticut Ave., NW, Suite 100
Washington, DC 20008
www.childtrends.org

The project "Child Outcomes at the State Level" has been supported by a number of funders: the Office of the Assistant Secretary for Planning and Evaluation, DHHS; the Administration for Children and Families, DHHS; the National Institute of Child Health and Human Development; the U.S. Department of Agriculture; the Centers for Disease Control and Prevention; the Annie E. Casey Foundation; the Smith-Richardson Foundation; and the Edna McConnell Clark Foundation. The observations shared in this paper represent the views of K.A. Moore and do not necessarily represent the views of funders, Child Trends, the state governments of the states participating in the project, or the individual representatives of the twelve states that participated in the Project on State-Level Outcomes.

Project on State-Level Child Outcomes: Project Overview

The U.S. Department of Health and Human Services' Office of Planning, Research, and Evaluation at the Administration for Children and Families (ACF), and Office of the Assistant Secretary for Planning and Evaluation (ASPE) are working together with states and other groups to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. ACF is providing grants to states instituting welfare reform demonstrations to augment their demonstration evaluations with measures of child outcomes and also to expand their data capability to track state-level indicators of child well-being on an ongoing basis. Under funding from ASPE and the other federal contributors and private foundations, the states are receiving technical support on these activities from leading researchers who are members of the NICHD Family and Child Well-Being Research Network. The Network's technical support effort is led by *Child Trends, Inc*.

The project has two phases. The first phase is a one-year planning and design phase which began October 1, 1996. The second phase will be an implementation phase for data collection, analysis, and reporting activities that will begin in the fall of 1997. Twelve states participated in the first phase: California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Vermont, and Virginia.

The project is sponsored by ACF and ASPE. Additional federal funding to support this project has been provided by the *U.S. Department of Agriculture*, the *National Institute of Child Health and Human Development (NICHD)*, and the *Centers for Disease Control*. Several private foundations have contributed funding to support the organization of national level meetings, the provision of technical assistance to the states, and the preparation and dissemination of written products. These include: the *Annie E. Casey Foundation*, the *Edna McConnell Clark Foundation*, the *George Gund Foundation*, and the *Smith Richardson Foundation*.

The following individuals have been involved in multiple aspects of this project:

Administration for Children and Families
- Howard Rolston
- Alan Yaffe

Office of the Assistant Secretary for Planning and Evaluation
- Martha Moorehouse
- Ann Segal

Child Trends, Inc.
- Christopher Botsko
- Brett Brown
- M. Robin Dion
- Tawanda Greer
- Chisina Kapungu
- Sharon McGroder
- Suzanne Miller
- Kristin Moore
- Erin Oldham
- Martha Zaslow

NICHD Family and Child Well-Being Research Network
- Jeanne Brooks-Gunn
- Natasha Cabrera
- Greg Duncan
- V. Jeffrey Evans
- Kristin Moore

National Center for Children in Poverty
- Lawrence Aber
- Barbara Blum

To order materials from this project, please contact Child Trends, Inc. at (202) 362-5580 or visit our website at *www.childtrends.org*.

How Do State Policy Makers Think About Family Process and Child Development in Low-Income Families?

Introduction and Background

Welfare reform has been an ongoing process for decades; but little attention has been paid until recently to the implications of welfare reform for the children in welfare families. After the Family Support Act was passed in 1988, an experimental evaluation of the impact of the JOBS program on children was initiated by the Department of Health and Human Services. Under sub-contract to MDRC, Child Trends has been conducting this longitudinal study of children aged three to five at random assignment.

Even before the 1996 legislation again reformed the welfare system, however, many states began to request waivers to allow them to experiment with modifications of their welfare systems. States obtained waivers to try various time limits, family caps, and work requirements. Almost all states that received waivers were required by the Federal government to conduct experimental-control group studies of primarily economic, labor force and welfare outcomes, often based on data from their administrative records systems. Eventually forty-three states obtained waivers, and the importance of learning about the implications of these new state-level experiments for children became an imperative.

The NICHD Family and Child Well-being Network was also initiated during the early 1990s, with the goal of bringing basic social and demographic science to bear on policy issues. The usefulness of a long-term working relationship between Network members and states with waivers who wanted to study child outcomes in their state became clear. To make the project happen, the Administration for Children and Youth (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), DHHS, launched an integrated effort to add child outcome components to ongoing state evaluation efforts. ASPE provided funding to the Network to work with the states to develop evaluation designs and to develop state-level indicators of child well-being. The Administration for Children and Families, DHHS, meanwhile, conducted a competition among states interested in participating in a planning process that would lead to an opportunity to obtain funding to conduct experimental evaluations of the implications of their state's waivers policies for children in their states.

Twelve states were funded by the government to participate in this one-year planning process in September of 1996, including: California, Connecticut, Florida, Illinois, Indiana, Iowa, Ohio, Oregon, Michigan, Minnesota, Vermont, and Virginia. Network members began working with them in October. Given our experience with the JOBS Child Outcomes Study, Child Trends took the lead on this project.

A series of meetings was held in Washington, D.C.; but additional interaction occurred during state-level meetings including a meeting of WELPAN, during phone conversations, e-mail conversations, and memos. My observations derive from these many and varied interactions.

It is worth noting that the states and the individuals who participated in this process all cared enough about child well-being to write the original proposal and come to Washington for these meetings. As it turned out, these state representatives were in most cases simultaneously re-designing welfare in their states in response to the 1996 welfare reform law. Thus, they represent a highly motivated group of people who care about children, and I also found them to be a competent, intelligent and extremely hard-working group as well. Nevertheless, they were not researchers. And we, of course, are not state level policy makers. Therefore, it was necessary to work closely and listen hard to one another to carry out this project. Personally, I learned a lot in the course of this project.

More than half of the state representatives were accompanied at the meetings by an evaluator from the firm conducting their state-level waiver evaluation. These evaluators had, of course, considerable experience with evaluation design but they varied in their familiarity with studies of child development and family processes. Fortunately, they also committed themselves to working colleagially with staff from other evaluation firms and the Network/Child Trends technical assistance team to agree on common study designs and constructs. The degree of cooperation in the service of a larger goal was very impressive and continues to this day, and has made this project possible.

How Do State Policy Makers Think About Family Process and Child Development in Low Income Families?

At the beginning of our first meeting in November, 1996, the research team introduced participants to a set of categories useful for distinguishing types of information about children. (The fourth category was added during the meeting to take account of the survey based studies that don't play a major role in the Project on State-Level Outcomes, but which represent a major component of all work on families, poverty and welfare.) These came to be referred to as the *"Four I's."*

- **Impact studies**: experimental/control group studies in which participants are randomly assigned to either the experimental or the control group. If the study is well-designed and implemented, causal implications can be drawn for the population in the study.

- **Intervening mechanisms**: the ways in which welfare programs may have impacts on children. Intervening mechanisms are first affected by a policy or program; they in turn affect children's development and well-being. Intervening mechanisms can be examined within impact or inferential studies.

- **Indicators:** a measure of a behavior or a condition or status that can be tracked over time, across people, and/or across geographic units.

- **Inferential studies:** studies that fall between indicator and impact studies, that go beyond indicator studies in that they attempt to assess causality but which cannot provide definitive evidence regarding causality. Causality is inferred through statistical analyses rather than by virtue of the design, as with impact analyses.

Our goal in emphasizing these distinctions was to help policy makers understand that with some approaches you can assert causality and with other approaches you cannot make causal conclusions. Also, we wanted to move state-level policy makers to think separately about measures of child well-being and intervening mechanisms. This proved to be a crucial distinction. Another goal was simply to have a common language to use throughout the project. My impression was that once people understood these distinctions, they were both willing and able to move forward. Let me illustrate.

In our initial meeting, we broke out into sub-groups to discuss child outcomes of interest to states and intervening mechanisms by which states felt welfare reform might affect child outcomes. I recall clearly that the central point of agreement among the states was that poverty and health insurance are the primary indicators of child well-being.

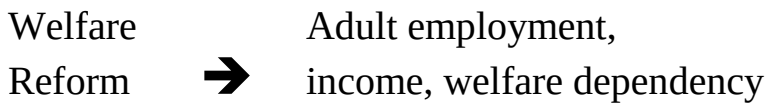
Researchers who study children and families do not define poverty and health insurance as measures of child well-being. Income is a family or household level variable, while health insurance coverage is a measure of service availability. They may be important inputs to child well-being, but they are not measures of child well-being. In the language of the *Four I's*, they are Intervening Mechanisms. So, while noting the importance placed on poverty and health insurance by the state representatives, we wanted them to move forward to think about which elements of child well-being that their state would want to know about, for example, child health status, behavior problems, socioemotional well-being, and academic success. Separately, we wanted to know about the intervening mechanisms that policy makers and citizens in their state believed would produce these child outcomes.

- State-level policy makers tended to view receipt of services (such as health insurance) and indicators of family well-being (such as poverty), as measures of child well-being. After varying amounts of discussion, they came to see these as intervening mechanisms that might be affected by welfare reform, and which in turn might affect children's outcomes, including child health, behavior, socioemotional well-being, and academic attainments.

An especially clear example of this process occurred in one of the state-level meetings, a gathering of WELPAN, the Welfare Peer Assistance Network. This group is comprised of the heads of the welfare agencies in the upper Midwest. Tom Corbett and Theodora Ooms invited me to describe the Project on State-Level Child Outcomes to this group, since six of these states had been selected to be among the twelve states in the project. I had limited time with them, and I could see that my words were not really getting through to all of the administrators, so I drew a picture.

I started out with this simple diagram, describing this as the model of change for which welfare administrators have historically been responsible.

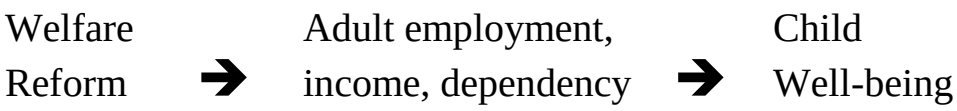
Figure 1



The central question for welfare administrators has been whether welfare reform affects the employment, income, and welfare dependency of adults.

However, if a person is interested in the children in welfare families, the model needs to be expanded.

Figure 2



Moreover, a person who wants to understand child well-being is immediately pushed to add new constructs into the model. It isn't immediately obvious why adult employment and dependency would affect children. (Welfare reform isn't focussed directly on children, like Head Start.) But decades of research on children's development have uncovered a number of parental and family factors that affect children's well-being, such as maternal depression. Welfare administrators would not have historically seen their responsibilities as extending to whether or not mothers were depressed. However, a concern about children's well-being pushes us to add in a new factor that welfare administrators didn't previously think was important. So I added depression to the model as an example.

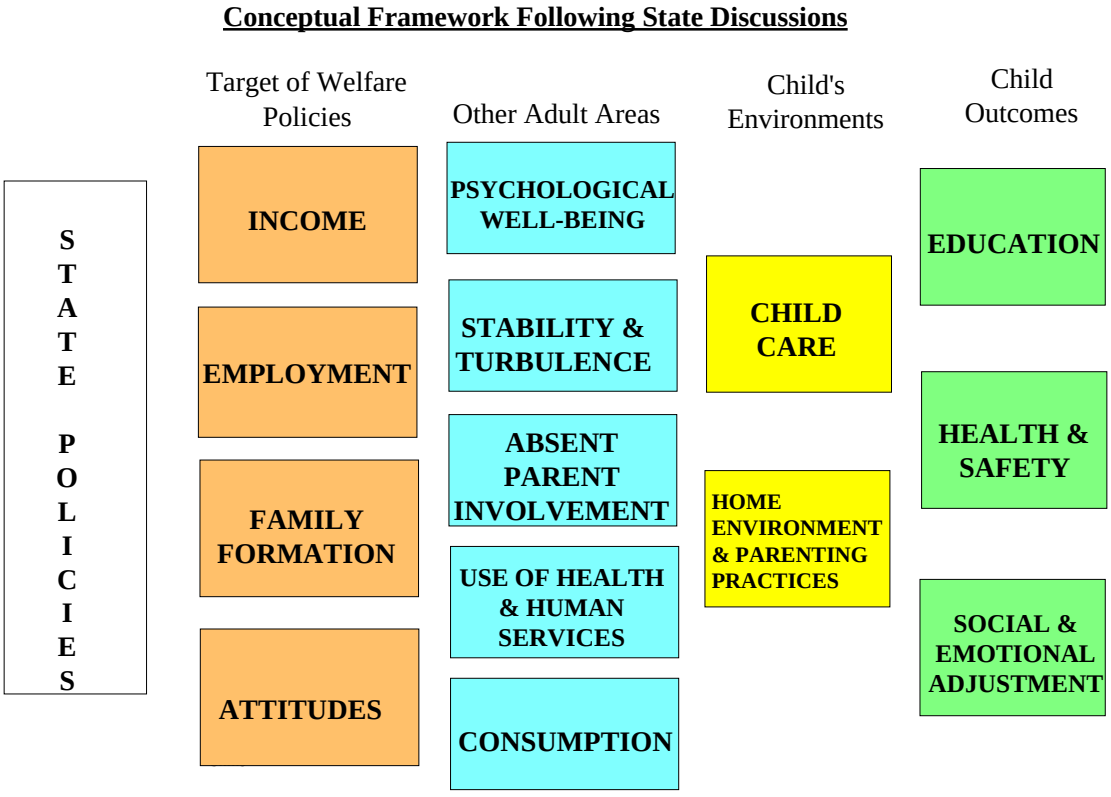
Figure 3

Welfare Reform → Adult employment, income, dependency → Depression → Child Well-being

There was immediate and explicit recognition that this made sense. The welfare administrators got the point pretty much instantaneously. They didn't start out thinking about welfare reform as a process with complex implications for family dynamics, parent psychological well-being, and child development; but once they were asked to think about it that way, it made sense to them, and they really struggled to think it through with us.

To make this kind of thinking happen, we articulated a model that describes the factors that determine child well-being, beginning with welfare reform laws and moving to parent labor force behavior and family income and services, to parent-child interaction and child care and from there to child well-being. In the words of Bob Lovell of Michigan we asked state representatives to "tell stories" that went through the various steps in the process, from the reform of laws and policies to changes in adult outcomes, to changes in family processes, and then to changes in child well-being.

Figure 4



The final model evolved over time and was discussed at length at a second full project meeting held in Washington, D.C. in February, 1997. It is shown in Figure 4. In this model, columns two through four are intervening mechanisms, and income and health insurance fall into the second and third columns, which describes parent and family-level outcomes. State representatives were still interested, of course, in services and family well-being; but they came to see them (for the purposes of this project) as intervening mechanisms that affect children's development and well-being represented in the far-right column by measures of child health and safety, education, and social and emotional adjustment.

It is important to note here that most of the state representatives were generally quite positive about welfare reform. Indeed, several reported that their state was so positive about reforming welfare that it would be difficult to maintain a control group receiving the standard AFDC treatment. They tended to see welfare as a problematic or ineffective system in need of change. They were generally concerned about the children in welfare families, but they were also quite upbeat about the need to reform welfare. Indeed, Carol Baron of Virginia emphasized the need to list constructs in positive words, not just negative words. Thus, their story lines were mixed from the very start. In our group, I don't recall there being a single individual who had a simple-minded notion that welfare reform is bad, though at the same time they could see how welfare reform could have negative effects for some children and families. They didn't necessarily know how to articulate this complexity; but they were very open to the notion that welfare reform might have multiple implications.

- State-level welfare administrators were generally positive about welfare reform, though many simultaneously had concerns about children in welfare families. Thus, their expectations were mixed from the start.

For example, even in the first meeting in November 1996, Bob Lovell articulated two competing hypotheses for Michigan. One hypothesis is that the role of the parent is essential and children benefit from the security of having a parent at home, which argues in favor of traditional AFDC policies; the second hypothesis is that children learn respect for work and benefit from a regular household schedule when parents are working, which argues in favor of welfare reform.

State-level participants were very clear about the changes that were intended by their states. A primary goal for the states was to change the source of family income, that is, to move families to become self-supporting rather than dependent upon public support. Some specifically noted that it was not necessarily their responsibility to bring families up out of poverty. They felt it was important that families not become more poor, but many explicitly did not feel that moving families on welfare up out of poverty was their responsibility. Their job was to alter the source of family income from public to private. They speculated that such a change in the source of family income might have implications for children; but the type and nature of the effects for children were less clear to the state representatives.

- A primary goal of welfare reform is to change the source of family income from public to private sources, and, in the view of state welfare administrators, the primary focus of welfare reform for the states is on work.

As state representatives discussed the topic, they were able to suggest an extensive range of changes that might be activated by the welfare reform policies being enacted in their states.

Role Model of Working Parent. The benefit of having a role model who is employed was mentioned by a number of state representatives. Indeed, some noted that a role model would be more important for older than for young children. In a discussion of the importance of role models, state representatives also discussed the importance of family routines. They hypothesized that changes in welfare policy might produce families with more structured family routines and that this might improve child outcomes. Others noted that subsidized work activity, while not altering the source of family income, at least in the short run, might nevertheless affect children positively by establishing family routines. State representatives noted that effects could vary for different sub-groups of recipients (e.g., by age of child, family type, or disability status). A policy might be a disaster for some, they said, and a success for others.

Parent Psychological Well-being. Welfare administrators anticipated a number of other changes induced by work, including a decrease in parental isolation. WELPAN administrators posited a reduction in parental stress and improvements in parent-child interactions, though conversations with lower-level state-level administrators generally indicated more mixed expectations. Joel Rabb of Ohio articulated a dual hypothesis that welfare recipients who are successful in moving into work may have better routines and higher parental self-esteem, while recipients who are not successful in obtaining steady work may experience stress. The psychological well-being of the parent was discussed primarily as it might be affected by stress. Self-esteem was felt to be an important construct, though state-level administrators were clear that measuring a subjective construct like self-esteem might cause political problems. Some nominated work orientation instead.

Turbulence. On the negative side, instability was brought up as a possible consequence of hitting the time limit. Participants suggested that children may get passed around among family members when the custodial parent hits the time limit. Instability in child care, schooling, income and family structure were all noted. Even if the changes were ultimately for the better, i.e., a move to a better school, it was noted that the process of change can still be hard on children.

Cost of Possible Effects on Children. One participant noted that states tend to think first about effects that will cost the states more money over time, such as referrals to foster care, child protective services, juvenile delinquency, and increases in injuries, accidents, and emergency room visits. Other representatives echoed this point. Truancy and the use of food banks and shelters were also mentioned. It was noted that a concern about costs pushes them toward examining teenagers, because that's the time when kids start getting into the kinds of trouble that costs taxpayers money. In addition, they want data on issues that are being tracked by the media, such as homelessness, abuse and foster care. They want to be able to answer questions asked by reporters and elected officials.

- State-level welfare administrators indicated that effects on children with implications for spending at the state level and those having political reverberations would be of particular concern.

Family Structure. Other participants noted potential effects on family formation, family structure and family stability. The role of males was discussed in this context. It was noted that time limits may lead to family formation. Effects on child support were also noted as possible. Also, some state people suggested that males can put up obstacles to work for the women. In the course of the discussion, it was noted that marriage is assumed to be good, but participants were skeptical that marriage is good for everyone under all circumstances. The possibility of conflict and violence was raised. State administrators wondered how the increased presence of males, who may or may not be relatives or husbands, would affect children.

Another concern about family structure was the possibility that penalties embodied in welfare reform legislation will affect custodial arrangements and result in some children being moved into kinship care.

Child Care. Child care was noted by a number of states. Participants worried about the availability of care when those relatives who had provided informal child care are now subject to the work requirements. They also wondered if self care would occur, what types of care children would receive, and whether children would receive quality care.

Parenting. Parenting issues received some discussion, though not as much as some other intervening mechanisms. Many states rely on administrative record data to evaluate their programs; thus they are not used to the idea of going into the home and collecting data on a construct such as parenting practices directly from the family. Nevertheless, several hypotheses were articulated by state representatives. For example, some worried that pressure for a mother to go to work may lead to problems in interaction between the mother and the child, if this represents an additional stress on a family that is already feeling stress. State representatives also noted that supervision of the child and unhurried time with the child might change.

The Set of Core Constructs. A lot of effort went into a process of expansion, during which we encouraged states to really think through all the varied ways that welfare reform might affect families and then children. A copy of the expanded list of constructs as it existed at the beginning of the February meeting is attached as Exhibit A. As you can see, it goes on for seven pages. Eventually, of course, the list had to be winnowed because the cost and burden of examining all possible processes was too great. Therefore, we engaged in a process of prioritizing. Basically, state representatives voted on the measures that they wanted to remain in the final set of core constructs. We encouraged states to include some constructs, such as parenting, that might not have been high priority for the states otherwise; but I think that the state representatives in general do feel an ownership of and a commitment to measuring the common constructs that remained after the list was pruned to one page.

As important as it was to consult with states about the mechanisms through which they anticipate welfare to affect children, it was also illuminating which outcomes and intervening mechanisms were considered to be low-priority. States eliminated cognitive achievement as measured by tests, on the grounds that they didn't think the programs they were implementing would be as likely to affect learning (especially in the time frame of their evaluations) as they would be to affect school attendance, tardiness, and student engagement in learning. States also dropped measures of attitudes in favor of other topics. Maternal depression was the one measure of

parental psychological well-being that was retained in the core. Parenting measures were of moderate interest and probably stayed in mainly because of the importance placed on parenting as an intervening measure by researchers on the technical assistance team. The final set of core items is shown as Exhibit B.

Conclusions

In summary, while child well-being was salient and important to state-level welfare officials, initially they tended to lump together measures of child well-being with measures of service receipt and family well-being. When asked to distinguish intervening mechanisms from measures of child well-being, however, they were able and willing to do so.

State-level welfare administrators generally focussed on adult outcomes and they had mixed to fairly positive expectations for welfare reform. Their hypotheses for how welfare reform might affect children were also quite mixed, and included both positive and negative expectations. Welfare administrators were very open to the possibility that effects might be complex and that they might vary for different sub-groups on welfare. Over the course of numerous discussions, they suggested a number of intervening mechanisms through which a reform effort designed to focus on adults might nevertheless affect children. These mechanisms included not just the expected factors of employment, income and dependency but went beyond these factors to include family routines, parental stress, paternal involvement, domestic violence, parental depression and other measures of parental psychological well-being, the family's social support, use of health and social services, parental school involvement, child care, and mother-child interaction.

Over the course of this project, state-level representatives working together with researchers from a number of disciplines came up with a variety of hypotheses regarding how welfare reform might affect adults and families and thus children. A lengthy set of constructs was developed and then was winnowed. A sub-set of five states (Minnesota, Florida, Iowa, Connecticut, and Indiana) have received funding to move forward with experimental/control group studies to examine these hypotheses. They are now working on the details of how to use a common set of measures of child outcomes and intervening mechanisms in their evaluations. Eventually, the hope is to be able to look not only within states but across states to examine how welfare reform affects children.

All of us who participated in this invigorating and exhausting process hope that the thinking that went into this project will be useful to researchers and policy makers in other states as well, as they consider how welfare reform may affect families and children.

Exhibit A

Prioritization of Outcomes for Welfare Reform Studies
Project on State Level Child Outcomes

AGE 0-5

What are the child outcomes your state wants to measure? If you think any have been overlooked please add them in the blank table and list their priority. Please indicate **C** if you feel the construct should be core or included in all of the state evaluation or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Health and Safety	**Impact**	**IndIcator**	**Education**	**Impact**	**IndIcator**	**Social and Emotional Adjustment**	**Impact**	**IndIcator**
Accidents and injuries			Achievement tests			Behavior problems		
Apgar score (child's health at birth)			School attendance			Fears, phobia, and anxiety		
Child abuse			School readiness			Institutionalization (criminal, mental health)		
Emergency room visits			Special education (referrals or placements)			Parent-child relationship		
Hunger/nutrition						Sibling relationships		
Immunization						Social skills		
Lead exposure								
Limiting health (physical or mental) conditions								
Low birth weight								
Morbidity (sickness/disease)								
Mortality								
Perception of safety								
Prenatal care (Kessner index looks at both timeliness and quantity of prenatal care)								
Rating of child's health (single question, parent rating)								
Screens for developmental delay (e.g., did child walk on-time, language development)								

AGE 6-11

Please indicate **C** if you feel the construct should be core or included in all of the state evaluation or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Health and Safety	**Impact**	**IndIcator**	**Education**	**Impact**	**IndIcator**	**Social and Emotional Adjustment**	**Impact**	**IndIcator**
Accidents and injuries			Achievement tests			Behavior problems		
Child abuse			Dropping out			Confidence/self-esteem/perceived self-competence		
Emergency room visits			Educational expectations and aspirations			Depression/mental health		
Hunger/nutrition			Repeating a grade			Drug/alcohol/tobacco use		
Immunization			School attendance			Fears, phobia, and anxiety		
Lead exposure			School engagement (Scale measuring how much effort a child is putting into his/her schoolwork)			Gang membership		
Limiting health (physical or mental) conditions						Institutionalization (criminal, mental health)		
Morbidity (sickness/disease)			School performance			Juvenile justice/illegal activities		
Mortality			School suspension/expulsion			Life satisfaction		
Perception of safety			Special education (referrals or placements)			Parent-child relationship		
Rating of child s health (single question, parent rating)						Religiosity/spirituality		
Screens for developmental delay (e.g., did child walk on-time, language development)						Sibling relationships		
						Social skills		
						Teen pregnancy/abortion/child bearing		
						Volunteering		

AGE 12-17

Please indicate **C** if you feel the construct should be core or included in all of the state evaluation or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Health and Safety	**Impact**	**Indicator**	**Education**	**Impact**	**Indicator**	**Social and Emotional Adjustment**	**Impact**	**Indicator**
Accidents and injuries			Achievement tests			Behavior problems		
Child abuse			Dropping out			Confidence/self-esteem/perceived self-competence		
Emergency room visits			Educational expectations and aspirations			Depression/mental health		
Hunger/nutrition			High School Graduation/GED			Disengagement (not in school and not working) and child's attitude about work		
Immunization			Repeating a grade			Drug/alcohol/tobacco use		
Lead exposure			School attendance			Employment and employment in relation to schooling (crowding out of schooling)		
Limiting health (physical or mental) conditions			School engagement (Scale measuring how much effort a child is putting into his/her schoolwork)			Fears, phobia, and anxiety		
Morbidity (sickness/disease)			School performance			Gang membership		
Mortality			School suspension/expulsion			Institutionalization (criminal, mental health)		
Perception of safety			Special education (referrals or placements)			Juvenile justice/illegal activities		
Rating of child's health (single question, parent rating)						Life satisfaction		
Screens for developmental delay (e.g., did child walk on-time, language development)						Parent-child relationship		
						Religiosity/spirituality		
						Sibling relationships		
						Social skills		
						Teen pregnancy/abortion/child bearing		
						Volunteering		

STATE: _____

Prioritization of Intervening Mechanisms for Welfare Reform Studies
Project on State Level Child Outcomes

What are the intervening mechanisms your state wants to measure? If you think any have been overlooked please add them in the blank table and list their priority. Please indicate **C** if you feel the construct should be core or included in all of the state evaluations or **S** if you feel the construct should be core only for your particular state. Please indicate a H, M, or L for high, medium, or low priority for use within an indicators project.

Income	**Impact**	**Indicator**	**Employment**	**Impact**	**Indicator**	**Family Formation and Dissolution**	**Impact**	**Indicator**
Child Support Hourly wages Level of income Sources of income (mom, dad, child, welfare, % of total income) Stability of income Type of income (in-kind, cash, earned)			Accessibility (transportation) Any vs. none Flexibility of work (e.g., take emergency leave) Fringe benefits Health coverage Hours Number of jobs worked Quality of work Satisfaction with job Shift work Stability of work, months consistently employed/ job retention Subsidized or not Wages (hourly)			Abortion Adoption/relinquishment Emancipation of adolescents Family Planning Foster Care Marital status/cohabitation with biological or non-biological parent Multi-generational household Non-marital birth Number of subsequent births Teen birth		

Father/Absent Parent Characteristics and Involvement	**Impact**	**Indicator**	**Stability/ Turbulence**	**Impact**	**Indicator**	**Use of Health and Human Services**	**Impact**	**Indicator**
Amount and frequency of father involvement Child support payments Paternity establishment Quality of father involvement Residence (with child, jail) Stability of contact Stress, conflict between parents Type of contact (visitation)			Changes in: Child care (changes in arrangements, caretakers) Child's School Family living arrangements (doubling up, living apart from parents, kin, homelessness) Family structure Income Residence			Access to medical care (e.g., due to insurance coverage, transportation, remoteness) Change in SSI use Put off medical care for some reason Use of drug prevention programs Use of food stamps Use of health services Use of mental health services Use of prenatal care Use of recreational programs Use of special educational service Use of transitional child care Use of transitional Medicaid Use of WIC		

Child Care	**Impact**	**Indicator**	**Changes in Resident Parent s Personal & Interpersonal Attitudes & Skills**	**Impact**	**Indicator**	**Parenting Practices**	**Impact**	**Indicator**
Accessibility , transportation Availability of care for non-traditional work hours, infant care, sick care Availability of child care, system capacity Cost Licensing Parent Satisfaction Quality (staff turnover, ratios, group size) Stability Type			Attitudes about welfare Educational aspirations and expectations for the child Education/Licenses Job skills hard (e.g., technical skills) and soft (e.g., knowledge of expectations in the work place) Level of personal responsibility Problem solving skills Resident parent's attitude/preference for work Socialization of the parent to work, routines, willing to stay employed (work ethic)			Abuse-neglect Chores, housework by child Cognitive Stimulation Community involvement Discipline Drug-free, no alcohol abuse Harsh parenting Immunizations Parent-child interaction (warmth, aggravation) Parent's mobilization of resources (car pools, sports, teams, free community activities) Parental monitoring (school on time, knowledge of friends) Parental school involvement Recreational time with children Regular routines Role modeling (work, education)		

Social Support	**Impact**	**Indicator**	**Consumption**	**Impact**	**Indicator**	**Resident Parent's Psychological Well-being and Physical Health**	**Impact**	**Indicator**
Amount of social support Extended families & resources Friendship Networks Kinship networks Mother-figure, Father-figure Organized Activities (community, church) Quality of social support Reciprocity of (give vs. got) Satisfaction with social support Type of social support (emotional, instrumental, social, parenting)			Distribution of income within the family (how much is spent on whom) Housing quality Material deprivation Neighborhood quality Resource utilization (% spent on child care, rent, food)			Depression Domestic violence/ abusive relationships Physical Health Self-efficacy/ Locus of control Self-esteem Stress: degree and source (e.g., time, financial, parenting)		

Exhibit B

TARGET OF WELFARE POLICIES

INCOME:
Total income

Sources of Income (mother's earnings, father's earnings, child support, AFDC, food stamps, SSI, Foster Care/Adoption)

Stability of Income

Financial Strain/Material hardship

EMPLOYMENT:
Any vs. None

Health benefits through employment
Wages (hourly)

Hours of employment

Stability of employment

Education/Licenses

Job Skills (Hard)

Multiple jobs concurrently

Barriers to Employment (harassment, violence)

FAMILY FORMATION:
Nonmarital birth/Marital birth

Child/Family living arrangements

Marital Status, whether married to biological or non-biological father

OTHER VARIABLES LIKELY TO BE AFFECTED BY STATE POLICIES

PSYCHOLOGICAL WELL-BEING:
Depression

STABILITY AND TURBULENCE:
Foster care

Stability in child care

Stability in income

# of moves of residence

Change in marital status or cohabitation

Why child not living with family

ABSENT PARENT INVOLVEMENT:
Whether child support provided

Paternity establishment

Frequency of contact with child

USE OF HEALTH & HUMAN SERVICES:
Food stamps

Medicaid (awareness, use, eligibility)

Child care subsidy (awareness, use, eligibility)

Access to medical care

CONSUMPTION:
% of income spent on child care and rent

ASPECT OF CHILD'S ENVIRONMENT LIKELY TO BE AFFECTED BY PREVIOUS COLUMNS

CHILD CARE:
Type

Extent

Quality (group size, ratio, licensing, parent perception)

Stability

Child Care Calendar for last several years

HOME ENVIRONMENT AND PARENTING PRACTICES:
Child Abuse/neglect (Admin. Data)

Domestic Violence/Abusive Relationships

Family Routines

Aggravation/stress in parenting

HOME (Emotional Support and Cognitive Stimulation Scales)

CHILD OUTCOMES

EDUCATION:
Engagement in school (ages 6-12)

School attendance (All Child)

School Performance (All Child)

Suspended/expelled (All Child)

Grades (ages 6-12)

HEALTH AND SAFETY:
Hunger/nutrition (ages 5-12)

Rating of child's health (ages 5-12)

Regular source of care (ages 5-12)

Teen Childbearing (ages 14-17) (All Child)

Accidents and injuries (All Child)

SOCIAL & EMOTIONAL ADJUSTMENT:
Behavior problems Index (ages 5-12)

Arrests (All Child)

Positive Behaviors/Social Competence Scale (ages 5-12)

***Constructs in Italics* = In-Home Survey**
All Child = All Child Module