California’s Children: How Are They Faring?

California, the nation’s most populous state, is home to over nine million children (one of every eight children living in the United States). These children are among the most ethnically and racially diverse in the country, and almost half of those under age six have a parent who was born outside the United States. California’s children are more likely to be poor than children in the nation as a whole: About 20 percent live in poverty, compared to about 17 percent in the United States overall. Because nonwhite families in California and the nation often have lower incomes than white families, there is concern that children in these families disproportionately lack sufficient resources to meet their developmental needs.

In *The Well-Being of California’s Children*, Frank Furstenberg, Maureen Waller, and Hongyu Wang use a new source of information—The National Survey of America’s Families—to evaluate the status of more than 1,900 children in California. The authors explore parental assessments of how their children are doing in four important areas of child development: physical health, emotional and behavioral adjustment, attachment to school, and positive social involvement. Their report examines how these indicators of well-being vary by children’s gender, age, race/ethnicity, family income, and parental nativity and education, and the authors also compare the welfare of children in California to that of children in the rest of the nation. The picture that emerges is cause for some policy concern.

**Physical Health**

Overall, about 78 percent of children in California are reported to be in very good or excellent health. However, children’s health varies substantially by parental education and family income. Only 55 percent of children whose parents have less than a high school education are reported to be in very good or excellent health, compared to 77 percent of children whose parents have a high school diploma and 88 percent of those whose parents have education beyond high school. Similarly, there are steep gradients in health differences by family income, particularly between children in the lowest income category and those in the highest. As reflected in the figure below, only 64 percent of children in the poorest families are reported to be in very good or excellent health, compared to 90 percent of those in the highest income category.

![Graph showing child health by family income]

*Child health differs sharply by family income*

**Emotional Adjustment**

More than 10 percent of the children in California are experiencing serious behavioral problems that put them at risk for social and mental health problems later in life, yet only 5 percent of these children have received mental health services. The gap between children’s needs and treatment is higher in California than in the rest of the United States. Males and children in families of lower economic status show more problems than other children but do not receive more treatment. These disparities are even more apparent for children with severe problems, with poorer children particularly underserved.
**Attachment to School**

The ability to function in school is one of the earliest and most powerful predictors of whether children will develop the skills and knowledge associated with productive employment later in life. About one-third of children in California are not highly engaged in school, about one-fifth skipped school in the past year, and about 13 percent were expelled or suspended in the past year. Family income is strongly related to children's attachment to school, particularly in the area of school absence, suspension, and expulsion. Although there are racial/ethnic variations in children's school engagement, differences are markedly reduced when children's other characteristics are taken into account.

**Involvement in Pro-Social Activities**

Children's involvement in pro-social activities such as clubs, sports, and other extramural activities cultivates personal talents and interpersonal skills that play an important role in promoting good mental health and effective social functioning. Yet close to one-quarter of children were not involved in any pro-social activities in the past year. Although children's level of involvement did not vary in important ways by gender or age, it did by socioeconomic status. Children whose parents do not have a high school diploma and children living in poor families are less likely than other children to participate in extracurricular activities beneficial to their development. Access to these activities might be limited both by the cost of these programs and by their availability to low-income children.

**California and the Rest of the Nation**

Overall, children in California appear to be faring slightly worse on a number of indicators of their well-being and are not outperforming children in the rest of the nation on any of the indicators examined. The overall health status of children in California is somewhat lower than that of children living elsewhere. Children with behavioral problems are less likely to receive mental health care, and California children skip school more often than children in the rest of the nation and are less involved in activities that promote social development. However, when the compositional differences between children within and outside the state are taken into account, disparities in children's health status, school absences, and pro-social involvement largely disappear. These results suggest that across-state differences in children's well-being may be due to the demographic and socioeconomic composition of those who reside in California, except in the case of mental health services, where the gap between need and access remains higher in the state than the nation.

**Policy Implications**

Although many of California's children are faring well, it appears that a substantial minority may not be adequately served by existing services in the state. For the most part, these children come from the poorest families in California, have parents with low levels of educational attainment, or live in Hispanic immigrant households. These families may lack the resources, knowledge, and social connections to obtain services for their children.

Two areas merit particular mention. First, in the health services field, there is a conspicuous lack of mental health assistance for children with severe problems. The tremendous cost of treating antisocial behavior and substance abuse among adults suggests that early intervention is justified. Policymakers might want to consider the possibility of directing public information to underserved communities to increase parents' awareness of mental health services. Service providers might be more effective in reaching underserved populations by locating service sites closer to populations at risk.

Second, California would do well to strengthen in-school and after-school activities that help older and less-affluent adolescents stay connected to school. If programs do not adequately serve poorer children, these children will remain at a disadvantage in obtaining the benefits of extracurricular activities, including greater school attachment, skill development, and social ties. Particularly in the wake of welfare reform, there is a manifest need to provide low-income adolescents with after-school activities because their parents may have entered the labor force, leaving them unattended in the interim between the close of the school day and the end of the workday.

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This research brief summarizes a report by Frank F. Furstenberg, Maureen R. Waller, and Hongyu Wang, The Well-Being of California's Children (2003, 116 pp., $12.00, ISBN 1-58213-066-3). The report may be ordered by phone at (800) 232-5343 [U.S. mainland] or (415) 291-4400 [Canada, Hawaii, overseas]. A copy of the full text is also available on the Internet (www.ppic.org). The Public Policy Institute of California is a private, nonprofit organization dedicated to independent, objective, nonpartisan research on economic, social, and political issues affecting California.