

Children's Contributions to Old-Age Assistance Recipients in North Dakota and South Dakota*

THE problem of the extent to which the children of aged, needy persons should contribute to their support has been a persistent one in the administration of public assistance since the days of the Elizabethan poor law and even earlier. In recent years this problem has acquired a new urgency because of the mounting cost of old-age assistance. The response to the problem has varied considerably among the States, reflecting differences in public opinion as to the kind of old-age assistance program that people want to support. Thus, in their desire to permit old-age assistance recipients to have the greatest possible feeling of independence from their children, two States now provide by law that the public assistance agencies may not make any demand on the child of a needy aged person to support him, although they do, of course, take into consideration any contributions actually received from children. About a third of the States have established income scales for determining the contributions to be expected from the children of aged recipients in relation to the amount of the children's income and number of their dependents. Most of the others consider on a case-by-case basis the ability and willingness of children to contribute to their parents.

In its 1949 report on the proposed amendments (H.R. 6000) to the Social Security Act, the House Ways and Means Committee recommended that the Federal Security Agency make a study of the whole question

of children's responsibility for their aged parents. The study of children's contributions that was conducted by the public assistance agencies of North Dakota and South Dakota in August 1948 may be of some interest in suggesting areas of study in other States and in the Nation as a whole.

Background and Scope of the Study

In 1947 the legislatures in both North Dakota and South Dakota raised questions about whether the children of needy aged persons were helping them as much as might be expected in view of the increase in economic prosperity. The implication in these questions was that many aged persons who were receiving old-age assistance would not need public support if their children who were able to provide for them would do so. In an effort to provide a factual basis for answering these questions, the public welfare departments of North Dakota and South Dakota decided to conduct similar studies¹ of the extent to which children were helping old-age assistance recipients in August 1948. The two agencies, in consultation with the regional office of the Federal Security Agency, worked together to develop the schedule for the study.

No attempt was made to obtain information on the income of the children against which the amount of their contribution could be evaluated. The need for this information was recognized, but it was felt that it was not practicable for agency staff to spend the time necessary for

special interviews with children. Furthermore, information on income in kind might not be considered too reliable. Similarly, because of the difficulty of assigning a money value to contributions in kind, no attempt was made to obtain information, case-by-case, on the value of children's contributions in relation to the budgeted requirements of the assistance recipient.

Major Findings

From an analysis of the data obtained in the two States, certain findings appear.

(1) More than three-fourths of the old-age assistance recipients in each State have one or more living children.

(2) Fifty-four percent of the recipients with children in North Dakota and 61 percent in South Dakota received a contribution from one or more of their children. The difference between the two States in the percent receiving contributions appears to be related primarily to the greater extent of contributions of medical care in South Dakota, where no provision for medical care is made from old-age assistance funds.

(3) Recipients sharing living arrangements with their children, whether in their own or in their children's homes, were most likely to receive contributions. The women, the older persons, those unable to care for themselves, the widowed, and those with many children lived with their children more often than other recipients and, partly for this reason, were more likely to receive contributions than other types of recipients.

(4) In North Dakota 17 percent and in South Dakota 25 percent of the children of old-age assistance recipients made some kind of contribution to their parents.

(5) The reduction in assistance payments brought about by children's contributions represented about 6

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¹ In North Dakota, based on a sample of 1,742 cases, representing 20 percent of the caseload; in South Dakota, based on a sample of 1,201 cases, representing 10 percent of the caseload. Of all the recipients in these samples, 1,340 in North Dakota and 953 in South Dakota had one or more living children. Children of these recipients totaled 6,565 in North Dakota and 4,359 in South Dakota.

percent of total assistance expenditures in the month of the study.

Law and Policy

Since Territorial days the poor laws of both States have set forth in almost identical language the duty of the children of poor persons to maintain them to the extent of their ability. The principle of children's responsibility was incorporated in the old-age assistance law in North Dakota but not in that of South Dakota, though it is applied by the South Dakota agency to the old-age assistance program. A 1945 amendment to the North Dakota old-age assistance law provides, however, that if the child refuses to provide necessary assistance, "such refusal or neglect shall not make such applicant ineligible for assistance to the needy aged." The North Dakota law also provides for recovery of assistance from the person liable for providing support, but few cases, in the judgment of the county agency and the local authorities, have warranted court action for recovery under this provision.

In accordance with these provisions, the policy of the agencies in both States is to get in touch with the children of applicants for old-age assistance to determine to what extent they may be able to contribute, and an attempt is made to reach an agreement as to how much the child will contribute in money, in kind, or in services. No contribu-

tion is counted as income unless it is known to be actually received.

Recipients With Contributions From Children

In each State, more than three-fourths of the old-age assistance recipients have one or more living children (North Dakota, 77 percent; South Dakota, 79 percent), and about 90 percent of the recipients who were ever married have children. Since more of the women than of the men are or have been married, relatively more of the women have children. Among the recipients with children, the median number of living children per recipient is 4.0 in North Dakota and 4.8 in South Dakota.

Of the recipients with children, 54 percent in North Dakota and 61 percent in South Dakota received a contribution from one or more of their children. The difference between the two States arises largely from differences in the extent of contributions of medical care. Only 1.4 percent of the recipients getting contributions in North Dakota received contributions of medical care only, as compared with 6.9 percent in South Dakota. If these recipients (10 in the sample for North Dakota, 40 for South Dakota) are disregarded, the difference between the two States in the proportion of recipients getting contributions is narrowed to the point where it might be due to chance errors of sampling.

The difference in extent of contributions of medical care arises from variations in agency provisions for medical care. At the time of the study, the cost of medical care was budgeted in North Dakota for all cases showing a medical requirement. In South Dakota, on the other hand, medical care could be budgeted only if there was income—either the individual's own income or a contribution from relatives—to offset the amount of the medical requirement. Consequently, in North Dakota but not in South Dakota a contribution of medical care would serve to reduce the payment that might otherwise be made to the recipient. In addition, it is likely that a contribution intended for medical care would be earmarked as such more often in South Dakota than in North Dakota.

Living arrangements exerted the biggest single influence on receipt of contributions. In North Dakota 81 percent and in South Dakota 88 percent of the recipients sharing living arrangements with their children in either their own or their children's homes received contributions (table 1). It is not surprising that the proportion is so large. Children living with their parents are likely to have the greatest sense of responsibility for them and, being close to them, are in a position to observe their need readily. The agency is in closer touch with children living with recipients than with other children and is therefore in a better position to discuss with them the extent to which they are willing and able to contribute to their parents' support. Furthermore, children living in the same home with their parents are able to make a substantial contribution in the form of shelter and personal services, which often do not require the outlay of any additional cash.

The influence of living arrangements on receipt of contributions should not, however, be overemphasized. A substantial proportion of recipients not living with children also received contributions (North Dakota, 40 percent; South Dakota, 50 percent). Even among those whose children all lived in some other State, 25 percent of the recipients in North Dakota and 20 percent in

Table 1.—*Recipients with children: Percent receiving contributions, by characteristics of recipients, North Dakota and South Dakota, August 1948*

Characteristics of recipients	Percent receiving contributions			
	North Dakota		South Dakota	
	Living with children	Not living with children	Living with children	Not living with children
All recipients.....	81	40	88	50
Men.....	80	35	83	47
Women.....	81	45	93	52
Under age 75.....	72	40	81	43
Aged 75 or over.....	87	40	94	55
Able to care for self.....	79	40	85	46
Not able to care for self.....	85	39	95	64
Widowed.....	85	42	96	52
Not widowed.....	72	38	73	48
With fewer than 4 children.....	81	31	91	40
With 4 or more children.....	81	45	87	57

South Dakota received a contribution. Since court action in support cases is seldom applied to children living in another State, these data indicate that a substantial proportion of recipients receive contributions from their children even when there is little possibility of legal enforcement of their children's responsibility.

Other differences among recipients in the proportion receiving contributions are associated in part with differences in living arrangements. The women, the older recipients, those unable to care for themselves, the widowed, and those with four or more children more often than other recipients lived with their children, and partly for this reason they were more likely to have contributions. But even if these differences in living arrangements did not exist, there would still be significant, though smaller, differences in the proportions receiving contributions (table 2).

The factors of age, physical ability, and widowhood are, of course, related, since the proportion widowed and the proportion disabled increase sharply with advanced age. The women recipients, though somewhat younger than the men in both States, were widowed to a much greater extent than the men. Thus, the recipients whose need for aid is presumably the greatest are most likely to receive help from their children. Differences in the proportions of the recipients with many children and for those with few children simply reflect the fact that the greater the number of children, the greater is the likelihood that at least one of them will make a contribution.

Children Making Contributions

The proportion of children making contributions to their aged parents was, of course, much smaller than the proportion of recipients getting contributions. In North Dakota 17 percent and in South Dakota 25 percent of the children of old-age assistance recipients made a contribution (table 3), while 54 percent of the recipients in North Dakota and 61 percent in South Dakota received a contribution. These differences are

Table 2.—Recipients with children: Percent living with their children and percent receiving contributions, by characteristics of recipients, North Dakota and South Dakota, August 1948

Characteristics of recipients	North Dakota			South Dakota		
	Percent living with children	Percent receiving contributions		Percent living with children	Percent receiving contributions	
		Actual	Adjusted ¹		Actual	Adjusted ¹
All recipients.....	36	54	-----	29	61	-----
Men.....	33	49	51	27	57	57
Women.....	38	59	58	31	65	64
Under age 75.....	31	50	52	27	54	54
Aged 75 or over.....	39	58	57	31	67	66
Able to care for self.....	32	52	54	25	56	57
Not able to care for self.....	49	62	56	43	77	73
Widowed.....	43	61	57	39	69	65
Not widowed.....	26	47	50	19	53	55
With fewer than 4 children.....	33	47	49	24	52	55
With 4 or more children.....	37	58	58	32	67	66

¹ Adjusted to indicate the proportion of each group of recipients that would presumably get contributions if the differences in proportions living with children did not exist. The proportion of each group living with children is assumed to be the same as for all recipients (North Dakota, 36 percent; South Dakota, 29 percent). The computation of the adjusted percent is illustrated with the data for men

in North Dakota shown above and in table 1. Of the men living with children, 80 percent received contributions, as compared with 35 percent of those not living with children. If 36 percent of the men were living with children instead of the actual 33 percent (and 64 percent not living with children), the adjusted proportion receiving contributions would be $.80 \times .36 + .35 \times .64 = .51$.

due to the fact that most of the recipients getting contributions had contributions from only one child, even when there were as many as five children. The following tabulation shows the percent of recipients getting contributions whose contributions came from one child only, classified by number of children of the recipients with more than one child.

Number of children	Percent whose contributions were from 1 child only	
	North Dakota	South Dakota
	2.....	76.9
3.....	67.0	59.2
4.....	61.5	51.9
5.....	65.3	61.4
6 or more.....	58.1	39.5

In general, just as children sharing households with the parents were most likely to contribute, children living near the parents more often made contributions than those living at a greater distance (table 3). More than 2 out of 5 children of the aged recipients were living in a State other than that in which the recipient lived or their whereabouts was not known to the assistance agency. These children least often contributed to their parents' support.

These data are not intended to suggest that the children of old-age assistance recipients operate on the principle of "out of sight, out of mind." Children living a considerable distance from their parents may be as greatly concerned about their parents' welfare as are the children close at hand, but they are not in a position to observe their parents' need directly. Also, when they do wish to contribute, it is usually more difficult for them than for the children living close at hand to make contributions in kind and more often necessary to make contributions in cash.

Single children and those with fewer than two children of their own lived with their parents more often and, almost entirely for this reason, contributed to their parents more often than other children (tables 4 and 5).

It is reasonable to assume that the single children sharing living arrangements with their parents are likely to be living in the home of the recipients.² The nonsingle children are likely to be sharing their own homes with their parents and in

² The single children sharing living arrangements with their parents include small numbers of minor children and older incompetent children.

Table 3.—Children of recipients: Percentage distribution and percent contributing, by location of the child, North Dakota and South Dakota, August 1948

Location of child in relation to recipient	North Dakota		South Dakota	
	Percentage distribution of children	Percent in specified location contributing	Percentage distribution of children	Percent in specified location contributing
All locations.....	100	17	100	25
In same household.....	8	70	8	75
Elsewhere in same county.....	31	22	32	35
Elsewhere in same State.....	18	11	19	19
In other State.....	35	8	36	13
Unknown.....	8	4	5	2

most such cases are making contributions, at least in the form of shelter. Among the children sharing living arrangements with the recipients, the percent of single children contributing to their parents was substantially smaller than for the nonsingle children (table 4). Similarly, although the children with fewer than two children of their own contributed to a greater extent than those with two or more children of their own, the reverse was true among the children in each of these groups who lived with the recipient. As a result, there is practically no difference between the single and nonsingle children (and between the children with fewer than two children of their own and the children with two or more children of their

own) in the extent to which they contributed to their parents when an adjustment is made for the differences within the two groups in the proportion living with the recipient.

The data do not indicate any significant differences in the proportions of sons and of daughters contributing to their parents. The only conclusion that can safely be drawn is that among the children living with recipients, daughters more often than sons made contributions—probably because daughters are usually in a better position to give specific services to the recipient. Services were one of the most important contribution items in both States.

Differences, by age group, in the proportions of children who contributed to their parents are small and not necessarily significant. The slightly higher proportion of children in the middle-aged group making contributions may be associated with higher incomes.

Table 4.—Children of recipients: Percent contributing, by characteristics of children, North Dakota and South Dakota, August 1948

Characteristics of children	Percent contributing			
	North Dakota		South Dakota	
	Living with recipient	Not living with recipient	Living with recipient	Not living with recipient
All children.....	70	13	76	21
Sons.....	67	12	70	23
Daughters.....	72	13	80	19
Single.....	55	17	56	27
Nonsingle.....	83	13	90	21
Aged 45-64.....	83	14	90	23
Other ages.....	63	12	65	20
With no children or only 1 child.....	66	13	69	25
With 2 or more children.....	81	13	90	18

Nature of Contributions

Many children contributed and many recipients received more than one contribution item. The various contribution items were classified as shelter, services, medical care, cash, food, clothing, fuel, and "other." If contributions of medical care were disregarded, the number of contributions per child making any contribution would be about the same in both States, and the number of contribution items per recipient of contributions would be identical (2.2).

When contributions of medical care are considered, the relative importance of shelter, services, and

"other" contributions is significantly greater in North Dakota than in South Dakota, but medical contributions are relatively less important in North Dakota. If medical contributions are disregarded for both States, the percentage distribution of contributed items becomes almost identical, as shown in the following tabulation.

Item	Percentage distribution of all contributed items		Percentage distribution of all contributed items excluding medical care	
	North Dakota	South Dakota	North Dakota	South Dakota
Total.....	100.0	100.0	100.0	100.0
Shelter.....	28.6	22.8	31.2	32.7
Services.....	30.5	20.7	33.3	29.7
Medical care.....	8.3	30.3	-----	-----
Cash.....	6.3	4.9	6.9	7.0
Other ¹	26.3	21.3	28.6	30.5

¹ Includes food, clothing, fuel, and various items; each item is counted as a separate contribution.

The location of the contributing child appears to have a significant effect on the nature of the contribution. Among those living in the same household with the recipient, the importance of shelter, services, and "other" contributions was greater and the importance of medical care and cash contributions smaller than among contributors not living in the same household with the recipient (table 6).

Although shelter and services can be contributed more readily by children living with the recipient than by other children, account should nevertheless be taken of the relative importance of both these items among the contributions made by children living apart from their parents. Even among contributing children located in a State other than the recipient's, 46 percent in North Dakota and 30 percent in South Dakota contributed shelter.

Few of the children in any location contributed cash. The proportion of all children in the same household as the recipient who contributed cash was slightly greater than for children in other locations. Among the children who did contribute, however, the proportion who contributed cash increased significantly with the distance of the contributor from the recipient.

Services made up a large proportion of all contribution items, but the proportion of all children living in the household who contributed services was, of course, much higher than the proportion of all children living elsewhere and contributing services.

Because of the importance of services as a contribution item, they deserve special analysis. Instructions for the study provided that a contribution of services should not be recorded unless the nature of the contribution was known. The services consisted largely of help in the nature of personal and household services, such as nursing care and help in housekeeping and cooking, to recipients unable to provide such services fully for themselves. It is possible that, in a few instances, provision would have had to be made by the agency to purchase these services if the children had not contributed them. The proportion of recipients of contributions unable to care for themselves who received services from their children (North Dakota, 67 percent; South Dakota, 56 percent) was considerably higher than for those recipients able to care for themselves (North Dakota, 52 percent; South Dakota, 39 percent).

Value of Contributions

Because no information was obtained in the study on the money

value of contributions to individual cases, an attempt to evaluate the significance of contributions can be made only by comparing the average assistance payments of those receiving contributions with the payments of those not receiving contributions. The difference would equal the value of the contributions only if the need for assistance and the income from sources other than relatives' contributions were the same, on the average, for both groups.

There is perhaps some reason to believe that this difference understates the value of contributions because the recipients getting contributions were older than the others and more often disabled; and advanced age and physical disability both tend to increase need, particularly for medical care, and to decrease ability to obtain independent income. Specific evidence to support this assumption is found in the fact that in North Dakota, where medical care was budgeted as needed, the average payment for the incapacitated recipients, both those getting contributions and those not getting contributions, was significantly greater than for those able to take care of themselves. In South Dakota this difference was evident only for those not getting contributions.

In North Dakota the average payment for those getting contributions was \$5.44 less than that for the oth-

Table 6.—Percentage distribution of contributed items, by location of contributing child, North Dakota and South Dakota, August 1948

Item	Percentage distribution of items contributed by children—	
	Living with recipient	Not living with recipient
North Dakota.....	100.0	100.0
Shelter.....	32.7	25.8
Services.....	32.3	29.3
Medical care.....	5.5	10.2
Cash.....	2.0	9.3
Other.....	27.5	25.4
South Dakota.....	100.0	100.0
Shelter.....	25.7	21.5
Services.....	21.0	19.2
Medical care.....	20.9	34.5
Cash.....	1.8	6.3
Other.....	27.6	18.5

ers; in South Dakota it was \$3.93 less (table 7). If, however, an adjustment is made to take account of the differences in the distribution of the two groups by physical condition, a more nearly correct estimate of the reduction in payment resulting from contributions received would be \$5.92 per case in North Dakota and \$4.34 in South Dakota.³ On this assumption the value of children's contributions amounts to 6 percent of total assistance expenditures in the month of the study.

A rough idea of the money value of specific contributions can be obtained through an analysis of the average assistance payments of persons in the sample receiving various types of contributions (table 8). Because it is difficult to avoid a certain amount of overlapping of the classifications, exact conclusions cannot be drawn. The size of the sample, however, was such that it would not be practical to refine the results further.

Nevertheless, the data clearly show that in both States the lowest average payments were made to the

Table 5.—Children of recipients: Percent living with recipients and percent contributing, by characteristics of children, North Dakota and South Dakota, August 1948

Characteristics of children	North Dakota			South Dakota		
	Percent living with recipient	Percent contributing to recipient		Percent living with recipient	Percent contributing to recipient	
		Actual	Adjusted ¹		Actual	Adjusted ¹
All children.....	8	17	-----	7	25	-----
Sons.....	7	16	16	7	26	27
Daughters.....	9	19	18	8	24	24
Single.....	32	29	20	33	37	29
Nonsingle.....	5	16	19	5	24	28
Aged 45-64.....	8	19	19	7	28	28
Other ages.....	8	16	16	8	23	23
With no children or only 1 child.....	11	19	17	12	31	28
With 2 or more children.....	4	15	18	4	21	23

¹ Adjusted to indicate the proportion of each group of children that would presumably contribute if the differences in proportions living with recipients did not exist. The proportion of each group living with

the recipient is assumed to be the same as for all children (North Dakota, 7.9 percent; South Dakota, 7.5 percent).

³ These figures are based on the assumption that, were it not for children's contributions, the physically able recipients of contributions would have had the same average assistance payment as the physically able recipients who did not receive contributions. A similar assumption was made for the recipients unable to care for themselves. The resulting assumed average payment for the two groups combined is \$43.79 in North Dakota and \$36.08 in South Dakota.

recipients who received contributions of shelter plus other items. The average payment was also low for those receiving contributions of service and other items. In both these situations the relatives probably met all or a large portion of household operating expenses. The average payments were comparatively high, on the other hand, for those who received contributions of service only or of medical care. Assistance payments would not be lowered by contributions of service only unless the agency would otherwise pay someone else to give the service. This situation probably did not arise very often. In South Dakota, for reasons previously explained, contributions of medical care would ordinarily not reduce the assistance payment. It seems likely that most of the relatively few cash contributions were small.

Two factors probably serve to explain why contributions reduced the average payment less in South Dakota than in North Dakota—the large proportion of medical contributions in South Dakota and the differences in the maximum old-age assistance payments in the two States. At the time of the study the maximum payment in South Dakota (\$45) was much smaller than that in North Dakota (\$75). As a result, if two recipients had identical requirements of \$55 and identical contributions of \$10 each, the payment of the North Dakota recipient would have been reduced by \$10 as a result of the contribution, but the payment

Table 7.—Average assistance payments of recipients not receiving contributions and receiving contributions, by physical condition, North Dakota and South Dakota, August 1948

Physical condition of recipients	Average assistance payment of recipients	
	Not receiving contributions	Receiving contributions
North Dakota:		
All recipients.....	\$43.31	\$37.87
Able to care for self.....	41.85	36.85
Not able to care for self.....	49.68	40.98
South Dakota:		
All recipients.....	35.67	31.74
Able to care for self.....	35.25	31.75
Not able to care for self.....	38.01	31.74

Table 8.—Average assistance payments of recipients, by type of contribution received, North Dakota and South Dakota, August 1948

Type of contribution received	North Dakota		South Dakota	
	Number of recipients	Average payment	Number of recipients	Average payment
None.....	1,014	\$43.31	620	\$35.67
Shelter only.....	134	38.86	63	31.13
Shelter and other.....	273	33.62	338	28.15
Service only.....	139	42.52	22	(1)
Service and other.....	267	35.97	258	30.84
Medical care, with or without other.....	94	38.01	341	32.49
Cash, with or without other.....	77	39.75	77	36.08
Other.....	278	34.67	(2)	(2)

¹ Not computed; base too small.
² Data not available.

of the recipient in South Dakota would not have been reduced at all. Thus, the reduction in assistance payments due to children's contributions in South Dakota probably understates considerably the value of the contributions.

Reasons for Failure To Contribute

The reasons that children did not contribute to their parents' support were written in narrative form on the schedules used in the study. These reasons were later classified under three broad headings—less-than-usual income, more-than-usual need, and noneconomic reasons. The percentage distribution of these reasons for not contributing is presented in the following tabulation.

Reason for no contribution	Percentage distribution	
	North Dakota	South Dakota
Total.....	100.0	100.0
Less-than-usual income.....	31.1	35.5
More-than-usual need.....	21.4	33.0
Noneconomic reasons.....	47.5	31.5
Whereabouts unknown.....	8.2	6.4
Whereabouts known.....	39.3	25.1
No contact established.....	22.6	13.4
Other.....	16.7	11.7

In South Dakota the three reasons for not contributing are of almost equal importance. In North Dakota, however, almost half the noncontributing children were classified as having noneconomic reasons. "Less-than-usual income" includes such reasons as lack of wage earner in the family, ill health, unemployment or irregular employment, and low-

paid work. "More-than-usual need" includes such items as unusually large medical expenses, large payments on property, support of dependents, and large family educational expenses. Noneconomic reasons include failure to get in touch with the child, estranged relationship with the parents, and refusal to support. Among these the most important was the failure of the agency to get in touch with the child, either because the attempt was unsuccessful or because no attempt was made. Outright refusal to support was given as the reason for not contributing in only 1.6 percent of the instances in which children in North Dakota did not contribute. Similar information is not available for South Dakota.

Conclusion

On the whole, it would seem reasonable to conclude from these data that in both North Dakota and South Dakota the old-age assistance recipients who have children able to contribute tend to receive a contribution from at least one child. This statement, of course, is not the same as saying that children who are able to contribute to their parents are likely to do so, though it may be true. Because of the limitations in its scope, however, the study does not provide specific information on this point. Nor does it indicate the extent to which the contributing children made sacrifices at the expense of their own families in order to contribute to their parents. Equally unknown is the extent to which agency activity prompts contributions—that

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NEW YORK ACADEMY OF MEDICINE. COMMITTEE ON PUBLIC HEALTH RELATIONS. "Report on Convalescent Care." *Bulletin of the New York Academy of Medicine*, New York, Vol. 27, May 1951, pp. 325-333. 50 cents.

Includes the committee's recommendations for a constructive program for convalescent care in New York City.

RESEARCH COUNCIL FOR ECONOMIC SE-

CURITY. *State Disability Insurance, 1951*. (Publication No. 85.) Chicago: The Council, Apr. 1951. 5 pp.

Reviews the operations of the California, New Jersey, and Rhode Island programs, and summarizes legislative proposals for disability insurance programs in 15 States and in Alaska.

SPIEGELMAN, MORTIMER. *Health Progress in the United States*. (National Economic Problems Series, No.

439.) New York: American Enterprise Association, Inc., 1950. 28 pp. 50 cents.

U. S. DEPARTMENT OF LABOR. BUREAU OF EMPLOYMENT SECURITY. *Temporary Disability Insurance Coordinated with Unemployment Insurance*. Washington: The Bureau, May 1951. 31 pp. Processed.

Contains suggestions for State studies of temporary disability. Includes a bibliography.

CHILDREN'S CONTRIBUTIONS

(Continued from page 8)

is, how many children would contribute if they were not approached by the agency? These unprobed areas should be explored.

Comparative data on the whole field of relatives' responsibility, collected in a uniform manner, are needed to appraise the approaches made by various States, both through law and through policy, in dealing with children's responsibility to their parents. In addition, information should be obtained, through sources other than public assistance agencies, on the extent of children's sup-

port of aged parents not receiving assistance and the reasons for variation among the States in the extent to which such support is given. Children's contributions to assistance recipients constitute partial support for their parents. While it is important to have accurate information on these contributions, it is perhaps even more important to have data on the extent to which aged persons stay off the assistance rolls because of help from children.

From the fact that the proportion of aged persons receiving assistance in North Dakota in June 1948 (18.8 percent) was somewhat lower than

the national average (21.6 percent) and in South Dakota was only slightly higher (23.2 percent) than the national average, it may reasonably be concluded that children of aged persons in these two States help them at least as much as in most other States. Added support for this belief is found in the fact that relatively few aged persons in these States received old-age and survivors insurance benefits—about 4-5 percent. More than 3 out of every 4 aged persons in both States were therefore working, relying on their savings, or being supported in whole or in part by their children.