

## Reducing child poverty by promoting child well-being: Identifying best practices in a time of great need

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### ABSTRACT

Child poverty in the United States persists despite a range of social services designed to reduce poverty rates and improve the economic self-sufficiency of families. The economic downturns resulting in job losses and the housing crisis have converged to create a new group of families who were managing to remain out of poverty prior to the recession but are now slipping into poverty, putting additional strain on services. In light of these pressing issues, this article synthesizes the literature examining child poverty to take a long-range view of the relationship between economic strain, system involvement, and impacts on children and the systems attempting to serve these children. The effectiveness of various policy and program efforts aimed at reducing child poverty rates and/or ameliorating the negative effects of living in poverty is reviewed. The article concludes by suggesting a major shift in focus from reducing child poverty as a singular goal to a comprehensive approach to promoting child and family well-being.

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### 1. Introduction

The recent economic downturn has drawn attention once again to the persistent problem of child poverty in the United States. Policymakers and child advocates question and debate solutions to break the vicious cycle of poverty and the impacts on healthy child development. Unfortunately, poverty rates suggest that the situation for children has not sufficiently improved in the last few years. The poverty rate for children in 2009 was 20.7% (15.5 million children), which is a 2.7% increase from 2007 and means that approximately one in five children live in poverty (DeNavas-Walt, Proctor, & Smith, 2010). Nearly 7 million children (9.3% of all children under the age of 18) live in extreme poverty as their families earn less than 50% of the poverty threshold. Overall, children represented 24.5% of the general population but 35.5% of the population in poverty and 36.3% of the population with income below 50% of the poverty threshold (DeNavas-Walt et al., 2010). Among industrialized countries and using a relative measure of poverty, which is defined as less than 50% of the median income, the United States has the second highest rate of child poverty at 21.9% (UNICEF Innocenti Research Centre, 2005). In response to the current economic crisis, this article synthesizes the multiple literature streams studying child poverty to examine the relationship between economic strain, system involvement, and impacts on child development and the systems attempting to serve these children.

### 2. Recent trends in child poverty

As a result of the American Recovery and Reinvestment Act of 2009 (ARRA), many children's programs are projected to reach peak spending in 2010, after which outlays will decline. According to an annual report on federal expenditures for children, 2009 federal outlays on children rose from \$298 to \$334 billion due to the ARRA. In spite of this increase, the percentage of spending on children actually fell modestly as a percentage of the total budget, from 9.8 to 9.5% (Isaacs, Steuerle, Rennane, & Macomber, 2010). In the context of this budgetary reality, the cost of child poverty to the U.S. economy is far more than the government spends to reduce or eliminate it. Holzer, Schanzenbach, Duncan, and Ludwig (2008) estimate that children who are born into or grow up in households experiencing persistent poverty have lower earnings as adults. This difference represents a 1.3% loss to the aggregate U.S. Gross Domestic Product (GDP). Further, they estimate that poverty increases the cost of crime and decreases the GDP by 1.3%, while lost "health capital" and increased health care costs for adults born into poverty represent a 1.2% loss to the GDP. Estimated losses incurred from forgone earnings, crime, and health for adults who grew up in poverty impose costs to the U.S. economy of nearly \$500 billion annually.

Methods for measuring poverty are limited and do not provide an accurate picture of the situation for low-income individuals and families in this country. The poverty measure in the United States was designed to indicate serious economic need or deprivation, to develop a count of people living in poverty, and to assess the impact of anti-poverty efforts. The Federal Poverty Line (FPL) was established in the 1960s as the cost of a minimally adequate diet along with other

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expenses (including shelter, health care and transportation) that are adjusted for inflation (based on the Consumer Price Index). It is widely acknowledged that the FPL is inadequate as a measure of poverty (Blank, 2008; Cellini, McKernan, & Ratcliffe, 2008; Couch & Pirog, 2010), and has been criticized for having a poverty threshold based on assumptions drawn from 1955 consumption data, not accounting for the full range of resources and expenses (including in-kind benefits, tax expenses and credits, housing and other commodity costs) and only measuring poverty in absolute terms at static points in time. According to Blank (2008), Under Secretary of Commerce for Economic Affairs at the Department of Commerce, the current poverty measure does not allow for an adequate assessment of the impact of public spending on the resources and lives of low-income families.

A number of institutes have generated reports that estimate the impacts of the most recent economic downturn from sources such as unemployment data, the number of participants in the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program), the rate of mortgage foreclosures, and the number of children in public schools who are now considered homeless. From 2007–2009, increases in participation due to poverty were noted across basic social service programs. An increase in the unemployment rate (Monea & Sawhill, 2009), the current mortgage foreclosure crisis and the associated increase in child homelessness are further cause for concern (Lovell & Duffield, 2010; Lovell & Isaacs, 2008; United States Interagency Council on Homelessness, 2010).

### 2.1. Unemployment rates

Monea and Sawhill (2009) of the Brookings Institution utilized unemployment data projections from the Congressional Budget Office (CBO), the Office of Management and Budget (OMB), and the Economist Intelligence Unit (EIU) about the likely trajectory of the current economic recession and predicted that the poverty rate will increase rapidly through 2011 or 2012, peaking when about 14.4% of the country will be in poverty. They also estimate that the number of poor children could increase by at least 5 million (between 5.4 and 6.1 million children) or 38% (from about 13 million in 2007). In the most pessimistic unemployment scenario, the authors estimate that “poverty rates would increase even more for the most disadvantaged groups, potentially reaching nearly 25% for children, 31% for Black individuals, and over 45% for single-mother families” (Monea & Sawhill, 2009, p. 11).

The recession has increased the number of unemployed parents by 67% according to Brookings Institution estimation (Lovell & Isaacs, 2010). As of December 2009, the authors estimate that 8.1 million children lived with one or two unemployed parents, and 31% of unemployed individuals are parents. The unemployment rate reached a peak of 10.1% in October 2009 and has slowly declined somewhat to 9.5% in June 2010 (U.S. Bureau of Labor Statistics, 2010). This modest decline still represents a 90% increase from the unemployment rate in December 2007 (5%).

### 2.2. Participation in SNAP and other benefits programs

SNAP is a federal safety-net program that provides food assistance to low-income individuals and families with monthly earnings and other income below 130% of federal poverty guidelines and no more than \$2000 in their bank account. Participation is higher in families with children and/or lower income and the participation rate was recently estimated at 95% among poor families with children (Isaacs, 2009). Because of the high proportion of families with children receiving SNAP benefits, approximately 49% of all participants are children and 87% of beneficiaries are living in poverty (Isaacs, 2009). In December 2006, a year before the recession officially began, the

number of individuals participating nationally in SNAP was 26.5 million (Food and Nutrition Service, U.S. Department of Food and Agriculture, 2010a). Preliminary data for May 2010 indicate that 40.8 million people are receiving food assistance through SNAP, which represents a 54% increase in the number of people participating. In a report estimating the impact of the recession on child poverty and the growth in economic need across the country, Isaacs (2009) states that there is a high correlation (0.82 based on 2008 data) between state reciprocity rates of SNAP benefits and the state rate of child poverty.

SNAP is not the only benefit program that is increasing in caseload size during this recession. The National School Lunch Program (NSLP), Women, Infants and Children Program (WIC), and Temporary Aid for Needy Families (TANF) have all increased participation since the recession began. Between 2006 and 2009, participation in free or reduced price school lunches through the NSLP increased by 10%, rising from 17.7 million to 19.5 million children (based on nine month averages for the school year) (Food and Nutrition Service, U.S. Department of Food and Agriculture, 2010b). Total participation (based on monthly caseload sizes) in WIC increased from 8.4 million in December 2007 to 9.2 million in April 2010 (9%); children's participation (includes infants) increased by 11% (Food and Nutrition Service, U.S. Department of Food and Agriculture, 2010c,d). Finally, monthly caseload levels for the TANF program also increased in the two-year period between December 2007 and December 2009. Nationally, the total number of participants increased by 15% to 4.6 million, with children rising by 12.5% (Office of Family Assistance, Administration for Children & Families, 2009, 2010).

### 2.3. The mortgage crisis and children's homelessness

One of the most striking impacts of the economic downturn has been the mortgage crisis, which has forced children out of their homes and schools. Nationally, over two million homes were projected to be in foreclosure in 2008 and it was estimated that 1.95 million children in the U.S. were impacted by the mortgage crisis (specifically sub-prime loans that go into foreclosure and result in families losing their homes) (Lovell & Isaacs, 2008). Lovell and Isaacs (2008) further argue that the impact of the mortgage crisis is reflected in the increases in homeless students in schools across the country. During the 2007–2008 school year, school districts in 26 states reported a 17% increase in homeless students over the prior year and a 50% increase in homeless students since the beginning of the recession (Lovell & Duffield, 2010). National data reported by the United States Interagency Council on Homelessness (2010) indicates a 20% increase in the number of homeless students enrolled and a 31% increase in the number of students receiving specialized services for homeless students (McKinney-Vento sub-grants) between the 2007/08 school year and 2008/09 school year. The same report also indicated that in 2009, the number of people in families who sought services in emergency shelters or transitional housing increased by 4% over the previous year and by 13% since 2007 (United States Interagency Council on Homelessness, 2010).

## 3. Effects of poverty on child development

The impacts of poverty on child and adolescent development have been the interest of policy makers and researchers for several decades; the adverse effects of poverty on a young child's development have been well documented (see Brooks-Gunn & Duncan, 1997; Moore, Redd, Burkhauser, Mbwana, & Collins, 2009). For example, these adverse effects include negative educational and cognitive outcomes, social and emotional behavior problems, poor economic outcomes as adults, and poor health outcomes (Moore et al., 2009). Poverty status is related to a number of other economic risk factors such as food insecurity, parental unemployment, and homelessness that impact immediate physical development as well as long-term life

goals (Federal Interagency Forum on Child and Family Statistics, 2005). Enduring generational poverty as opposed to brief periods of time characterized by temporary economic hardship is associated with the worst outcomes for children (Duncan, Brooks-Gunn, & Klebanov, 1994; McLoyd, 1998).

Childhood poverty has lasting impacts on health outcomes and psychological development in a range of cognitive and social-emotional domains (Dearing, 2008; Sell, Zlotnik, Noonan, & Rubin, 2010). Malnutrition is linked to poor brain development resulting in cognitive deficits and lower IQ; iron deficiency specifically is associated with a number of negative cognitive and motor development problems that can have long-lasting effects (Davies, 2004). In school-aged children, studies have shown that insufficient food can cause difficulties in the ability to concentrate and focus on academic tasks (Alaimo, Olson, & Frongillo, 2001; Ashiabi, 2005). Other problems associated with severe hunger include higher levels of chronic illness and internalizing behavior problems among preschool-aged children and these difficulties plus higher levels of reported anxiety or depression among school-aged children (Weinreb et al., 2002). Increases in health care expenditures can result from poor nutrition status throughout the lifespan. For example, rates of type 2 diabetes, obesity, high blood glucose levels, marginal to unacceptable fitness levels, and consumption of high energy-dense and low nutrient-dense foods are higher in low-income populations (Trevino et al., 2008).

Like food and healthcare, safe and stable housing is a basic need of all children. Homelessness is an obvious concern; however, inadequate and substandard housing also has a number of negative effects on child development and healthy adaptation. Unstable housing situations in which young people are required to move several times over a short period of time can cause stress on the family system and interrupt child care arrangements and other tangible services (Institute for Children and Poverty, 2009). Frequent moves upset the daily routine of young people and often require a change in schools. Studies also suggest that poor infants tend to live with fewer resources and amenities, in homes and neighborhoods that are less pleasant, stimulating, organized, congenial and more dangerous than those of more advantaged infants (Combs-Orme & Cain, 2006).

Studies suggest that living in neighborhoods characterized by concentrated poverty decreases positive opportunities and is positively associated with a range of social and behavioral problems for infants, children, and youth. Problems such as substance abuse, teenage pregnancy, delinquency, poor school performance, and poor health status have been associated with living in neighborhoods characterized by concentrated poverty (Aneshensel & Sucoff, 1996; Brooks-Gunn & Duncan, 1997; Jencks & Mayer, 1990; Leventhal & Brooks-Gunn, 2000; Sampson, Morenoff, & Gannon-Rowley, 2002). The problem of concentrated poverty is intertwined with concerns regarding the racial segregation in many of our nation's cities. The work of William Julius Wilson (1987, 1997) and others has drawn attention to the uneven distribution of resources in American cities.

The disproportionate rates of poverty among children, racial and ethnic minorities, women, and single-female headed households are particularly significant (National Center for Law and Economic Justice, 2010). Deep poverty (living below 50% of the poverty threshold) and the effects of generations of poverty within a family (in contrast to brief, situational poverty) dramatically impact the ability to make economic gains. In addition, a recent report by First Focus (2009) suggests that children entering poverty during a recession experience more severe long-term negative consequences of poverty when compared to children who remained out of poverty, despite the similarities between these two groups prior to the recession.

In summary, the current recession has wide-reaching effects on low-income children and families across the nation. The economic

downturns resulting in job losses or under-employment and the housing crisis have converged to create a new group of families who had managed to remain out of poverty prior to the recession but are now slipping into poverty. Mounting concern about the growing economic divide in the United States and the impact of the current economic crisis signals an ideal time to critically examine the efforts to reduce child poverty.

While numerous cross-sectional studies report the problems associated with child poverty, an examination of the cumulative effects of persistent child poverty on the relationship to, and need for, services can shed light on the program and policy initiatives to address this timely issue. The effectiveness of major policy and program efforts aimed at reducing child poverty rates and/or ameliorating the negative effects of living in poverty are reviewed. The article concludes with a discussion of the limitations of efforts and the possibility of reframing the approach to reduce child poverty and mitigate the negative impacts on children.

#### 4. Method

The intention of this review was to capture a broad range of policy and practice interventions that address the direct effects of poverty on children and youth or the alleviation, amelioration or eradication of domestic child poverty. The literature search was limited to the time period after the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and paid special attention to more recent shifts in the economy. Interventions that treated the multiple developmental correlates of child poverty (such as depression, juvenile delinquency, teen pregnancy, obesity, etc.) without addressing child poverty were not included. See the Appendix for a list of search terms and sources.

Determining the effectiveness of a program involves clarification of the desired outcomes of the program and the "effect," essentially the difference between what happened with the program in place versus what would have happened if the program was not implemented. The best way to assess effects is to employ an experimental design in which individuals are randomly assigned to participate in the program or to not participate. As the major findings of this review bear out, an experimental design with random assignment is often not used to evaluate child poverty programs due to financial or ethical constraints. Quasi-experimental and non-experimental design studies provide weaker evidence of the effects of the program because of the potential for the results to be biased. Some statistical controls can be used to control for selection bias, for example, however these models are often still limited by the available data. It is important to consider the limitations of the various methodologies on the results regarding the effectiveness of the program or policy.

#### 5. Results

##### 5.1. Child poverty policies and programs

Interventions to address child poverty and the effects of child poverty often emerge from the political and social climates of the time in response to changes in the economy. National concern over issues related to child poverty is driven by many factors including how serious the issue appears to be relative to other pressing concerns, the number of families affected, and the changes in the rates of child poverty (real or perceived). Child poverty in the United States may not always be as visible as it is in developing countries and it is difficult to generate sustained attention to the concerns of families in poverty. For example, President Obama's plan to end child hunger by 2015 has recently drawn attention to the food insecurity issues affecting many families across the country. A similar example can be seen in the efforts of former UK Prime Minister Blair in 1998 that

called for the eradication of child poverty in twenty years and had reached the half-way mark by 2008.

In response to many of the damaging effects on child development outcomes and long-term stability, policy and program initiatives have been launched to address poverty directly and/or the consequences of poverty. Table 1 provides a summary of the poverty policy and program efforts located in the search process. While not an exhaustive list of all policies and programs targeting child poverty and the

consequences of child poverty, major policies and programs documented in the literature are listed in Table 1. The macro and micro interventions are categorized by their population targets (e.g. individual child/family; family/household; family/neighborhood) and the problems they attempt to address. Below we highlight several initiatives that exemplify the major issues across individual programs in an effort to frame a discussion of what is needed to move the field forward.

**Table 1**  
Programs and policies to address child poverty and/or mitigate the effects of child poverty.

Program/policy name	Type of program	Ecological level	Brief description	Funding; Administration
National School Lunch, School Breakfast, and Summer Food Service Programs	Food resource	Child/family	Free or reduced price lunch / free milk to children whose parents meet the income eligibility criteria	USDA, Food and Nutrition Service; State education agencies
Head Start (Early Head Start)	Early childhood education	Child/family	Major federal child development program for low-income preschool age children	HHS-Administration for Children & Families; Local public and private non-profit and for-profit agencies
Carolina Abecedarian Project	Early childhood education	Child/family	RCT of an enriched center-based child care services program	FPG Child Development Institute, University of North Carolina at Chapel Hill
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Food/health resource	Child/family	Supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and nutritionally at-risk infants/children ages 0–5	USDA, Food and Nutrition Service; State agencies
High/Scope Perry Preschool Project	Early childhood education	Child/family	Half-day preschool emphasizing low teacher/student ratios and excellent teacher qualifications	High/Scope Educational Research Foundation
Children's Health Insurance Program (CHIP)	Healthcare	Child/family	Provides healthcare for low-income families that do not meet the requirements for Medicaid	HHS; State agencies
Earned Income Tax Credit	Employment/economic	Family/household	Refundable federal income tax credit for low to moderate income working individuals and families	Internal Revenue Services (IRS)
Temporary Assistance to Needy Families	Employment/economic	Family/household	Time-limited, work-oriented program to transition families from welfare to employment	HHS, Administration for Children & Families, Office of Family Assistance; State, territorial, and tribal agencies
Supplemental Nutrition Assistance Program (SNAP)	Food resource	Family/household	Monthly benefits to purchase food for eligible families	USDA, Food and Nutrition Service; State administration
Food for Kids Program (BackPack Programs™)	Food resource	Family/household	Backpacks with prepared meals for dinner/weekends distributed to children to take home	Multiple funders
Food pantries	Food resource	Family/household	Donated or purchased food re-distributed to individuals in need	Multiple funders
Soup kitchen	Food resource	Family/household	Free food is prepared on-site and offered to those in need	Multiple funders
SEED Uganda	Savings/asset building	Family/household	Child Savings Account in Uganda	Multiple funders
Privately owned subsidized housing	Housing	Family/household	Reduced rent for low-income tenants through HUD assistance to private apartment owners	U.S. Department of Housing and Urban Development (HUD)
Housing Vouchers (Section 8)	Housing	Family/household	Subsidized rent or apartment or housing units based on income	HUD; State/local housing agencies
Public Housing	Housing	Family/neighborhood	Project-based housing units rented to low-income tenants	HUD; State/local housing agencies
Making Connections	Multi-service/integrated	Family/neighborhood	Project based on the belief that strong neighborhoods are critical to support families	Annie E. Casey Foundation
Harlem Children's Zone	Multi-service/integrated	Family/neighborhood	Model based on the belief that multiple factors must be targeted to help individual children and families	Multiple funders
Children's Services Council	Multi-service/integrated	Child/family/neighborhood	Comprehensive, integrated system of care to support the healthy development of children (emphasis on under 5 years of age)	Palm Beach County

### 5.1.1. Single domain programs

Single domain programs have been developed in a variety of poverty need areas (e.g. food insecurity and nutrition, health care, housing, employment/economic assistance, savings and asset building, and childcare and early childhood education). For example, the Food for Kids program addresses child/family food insecurity. Some policies and programs, such as TANF and family/child savings programs, attempt to address poverty directly by increasing the income and/or assets of families and thereby improving the economic stability of the child. Many other programs represent efforts to deal with the consequences of child poverty such as food insecurity or to prevent disparities in educational outcomes for children living in poverty.

While single domain programs respond to a current basic need, such as food or housing, there is limited evidence of long-term effects on child poverty (both rates of child poverty and long-term developmental impacts of poverty on children). For example, studies of varying rigor and quality document small positive effects of the federal school lunch programs on the basic nutritional status of the child (Devaney, Ellwood, & Love, 1997; Gleason & Sutor, 2001, 2003; Gordon, Devaney, & Burghardt, 1995). Basic nutritional status is typically defined by whether the child is receiving a percentage of the recommended daily allowance of nutrients and a greater daily intake of calories. It is less clear, however, how well the federal food programs address food insecurity and hunger, as well as how the programs contribute to other outcomes (e.g. school achievement and long-term health status).

To examine the effects of “school feeding” programs across the world, Kristjansson et al. (2006) conducted a Campbell Collaborative systematic review of 18 studies that met methodological criteria. They found small benefits of school feeding programs for disadvantaged children (from lower income countries) in the experimental group including an average increase in weight of 0.39 kg, greater school attendance of 4–6 days/year, and greater gains on math achievement and some short-term cognitive tasks. The results for children from higher income countries were mixed. Kristjansson et al. (2006) recommend further studies with rigorous designs reporting on a wide range of physical, social, and psychological health outcomes and reporting results by socioeconomic status to determine the effectiveness of school feeding programs.

Cook, Sherman, and Brown (1995) used data from the U.S. Department of Agriculture Continuing Survey of Food Intakes by Individuals, a nationally representative household survey, to examine the role of the Food Stamp Program (FSP) on dietary adequacy of children in poor families. When compared to poor children ages 1–5 who did not participate in the FSP, Cook et al. (1995) found significantly better dietary intake (in 10 out of 16 major nutrients) for children in households participating in the FSP. Lee and Mackey-Bilaver (2007), controlling for selection bias using sibling fixed-effects models, found a lower risk of abuse and neglect reports and problematic health diagnoses (such as anemia, failure to thrive, and nutritional deficiency) among children who participated in The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), FSP, or a combination of WIC and FSP. Overall, while studies suggest food stamps increase food expenditures, it is difficult to determine the impact of FSP participation on food consumption and the nutritional status of children (Rossi, 1998).

The complexity of evaluating federally-funded food support programs includes self-selection bias, the status of the child prior to the program, and controlling for other resources a child might be receiving when seeking to identify long-term outcomes (Nord & Romig, 2006). In addition, the efforts to increase the appropriate allocation of free and reduced-price lunches are designed to ensure that the children with the greatest needs are reached (Gleason, Hulse, & Burghardt, 2004). However, discrepancies in program implementation across different regions of the country over time greatly limit longitudinal evaluation of the program impacts.

Similarly, debates about whether WIC “works” or does not work tend to focus on methodological issues associated with the inability to ethically conduct an experimental evaluation of WIC and some scholars suggest that claims about WIC’s effectiveness are over-stated (Besharov & Germanis, 2001; Joyce, Gibson, & Colman, 2005; Racine & Yunzal-Butler, 2008). Analysis of often-conflicting reports of the effectiveness of WIC suggest that WIC does have small impacts on birth outcomes related to birth weight and infant mortality (Ludwig & Miller, 2005; Rossi, 1998) and that WIC has helped address iron-deficiency anemia and increased intake of certain important nutrients among low-income infants and children (Devaney et al., 1997; Rossi, 1998).

Evaluations of several other programs such as child care subsidy use and the quality of child care (Hestenes, Kontos, & Bryan, 1993; Howes & Hamilton, 1993; McCartney, Dearing, Taylor, & Bub, 2007; Meyers et al., 2002; Peisner-Feinberg & Burchinal, 1997) and early childhood education such as Head Start (Currie, 2001; McKey, Condelli, Ganson et al., 1985; Puma, Bell, Cook, & Heid, 2010) appear to show some encouraging results in promoting positive care and educational experiences for children but similarly have not been able to demonstrate sustained, long-term social and academic effects. In response to the lack of child care subsidy effectiveness studies, the Child Care Bureau contracted with MDRC, Abt Associates Inc., and the National Center for Children in Poverty at Columbia University to conduct the first comprehensive evaluation of the impact of child care subsidy strategies (MDRC, 2010). The study will examine the effectiveness of child care subsidies on parental employment, quality of care, and child development outcomes such as readiness for school and child well-being.

Even when services are available, there are barriers to the utilization of services that address child poverty. For example, despite the expansion of eligibility of publicly-funded insurance for more children (Kenney & Haley, 2001; The White House, 2009), estimates suggest that nearly two-thirds of the eligible children are not enrolled in either Medicaid or the State Children’s Health Insurance Program (SCHIP or CHIP) (Wachino & Weiss, 2009). In addition, the issues of utilization have been studied by a number of researchers, policy makers, and advocates who identified the following reasons for why eligible families and children do not enroll: 1) stigma, 2) the complicated and time-consuming application process, 3) lack of awareness about the programs, 4) confusion about who qualifies or how to obtain services, and 5) a general perspective that insurance is not needed if the child/children are healthy (Cohen-Ross & Cox, 2000; Devaney et al., 1997; Kaiser Commission on Medicaid and the Uninsured, 2000; Stuber, Maloy, Rosenbaum, & Jones, 2000). Analyzing the National Survey of America’s Families, Kenney and Haley (2001) concluded that knowledge gaps (for example, not having heard of the program, not knowing about expanded coverage, confusion about eligibility criteria, etc.) were the most significant barriers to enrolling uninsured children, followed by parents not wanting or needing coverage and administrative hassles.

Attempts to reduce racial/ethnic health disparities and increase enrollment of eligible children are still being investigated. Lillie-Blanton, Paradise, Thomas, Jacobs, and DiJulio (2009) evaluated the role of Medicaid in closing the racial/ethnic disparity gap in access to care among children. They found that private insurance and Medicaid work equally well in providing access to care for ethnic minority (African American and Latino) children compared with White children. However, Lillie-Blanton et al. (2009) also found that barriers to specific types of access (such as necessary care, ambulatory visits, or specialty care) still negatively impacted ethnic minority children disproportionately.

In addition to food and basic health care services, the availability of safe and secure housing is an important component of positive development among children living in poverty. Rental assistance programs, when implemented properly, have been associated with the alleviation of poverty and homelessness where the use of financial resources that would have been spent on housing are available to

address other essential needs such as food and child care (Center on Budget and Policy Priorities, 2009). And yet, research also suggests that concentrated poverty in neighborhoods can contribute to a number of negative outcomes that include racial segregation, joblessness, crime, and isolation (Leventhal & Brooks-Gunn, 2000; Wilson, 1987). Over the past several decades, there has been a growing awareness of the impact of concentrated poverty on child development with the use of housing choice and voucher programs as a way to address concentrated poverty. However, the evidence is mixed regarding how much vouchers and certificates actually address the negative consequences of neighborhood poverty (Goering, Stebbins, & Siewert, 1995). Anderson et al. (2003) conducted a systematic review of mixed-income housing developments and Section 8 in order to assess whether these programs have an effect on reducing the concentration of poverty in unsafe neighborhoods. The results from the study were inconclusive on mixed-income housing due to a lack of comparative research; however, Section 8 appeared to improve household safety (reduction in exposure to person and property crimes and neighborhood social disorder). Unfortunately, the effect of Section 8 on other child and adolescent outcomes (risk behavior, mental health status, and physical health status) could not be determined due to study limitations.

As Anderson et al. (2003) suggest, well-conducted scientific studies do not evaluate the effects of these federal housing programs on child developmental outcomes and well-being. The ability of a family to provide safe and stable housing for a child is linked to a number of other factors such as a consistent educational setting (and better schools in better neighborhoods), less exposure to environmental toxins that exist in some low-income neighborhoods, and fewer disruptions in the social networks children may have in a neighborhood. Clearly these outcomes are beyond the scope of current evaluations; however, several ambitious federal housing initiatives have been designed to improve housing conditions for low-income families; namely, Housing Opportunities for People Everywhere (HOPE VI) and Moving to Opportunity (MTO).

Finally, evidence on the impact of welfare reform on poverty is mixed and it has not been possible to determine a direct effect of welfare reform policies on child poverty (Urban Institute, 2010). Conflicting reports using various measures of success (such as employment rates) seek to approximate the effects of welfare reform on child poverty rates. Unfortunately, state variation in implementation, challenges resulting from how child poverty is measured, and changes in the economy that impact unemployment rates create difficulties in assessing the direct effect of welfare reform on child poverty. As a result, child poverty rates are described both as increasing and decreasing, depending on the period of time over which the rates are being reported and the source of the statistic.

Some scholars argue that welfare reform has, in fact, worsened the situation for the poorest of the poor children (Lindsey, 2009; Primus, Rawlings, Larin, & Porter, 1999). While there are fewer children on the federal welfare rolls since 1996, which is often the measure by which success is reported, this does not necessarily mean that these children leave poverty or that welfare reform has had a positive effect on child well-being. While debates about how poverty rates are measured continue, decreases in children receiving welfare from 1996 to 2004 were not met with similar reductions in children poverty in many states, suggesting these children living in poverty were living in families no longer receiving income assistance (Lindsey, 2009).

### 5.1.2. Multi-service programs

In response to the limitations of single domain programs, several programs have been created in the last decade to address the multiple dimensions of child poverty. Unfortunately, many of these efforts have not been in existence long enough and/or had sufficient funding to produce large-scale or extensive evaluation evidence. Our review uncovered three programs with preliminary evidence reported in the

literature, namely, Making Connections (Annie E. Casey Foundation, 2010), the Harlem Children's Zone (2010), and Children's Services Council (Spielberger, Rich, Winje, & Scannell, 2010).

**5.1.2.1. Making Connections.** Making Connections (MC), sponsored by the Annie E. Casey Foundation, is a ten-year initiative in low-income, mostly minority neighborhoods in ten cities that began in 1999 and is currently in the final phases of implementation. It represents a long-term, multi-site effort to demonstrate that "poor results for children and families in tough neighborhoods can be changed for the better" by increasing the earnings, income, and assets of families and promoting healthy child development and school success by using a "two-generation approach – children in strong families and families in supportive neighborhoods" (Annie E. Casey Foundation, 2010).

The implementation of MC differed from city to city due to the unique features of these communities; however, the sites were all guided by the following six core outcomes: 1) increased family earnings and income, 2) increased family assets, 3) increased family and youth civic participation, 4) strengthened family supports and networks, 5) increased access to family services, and 6) increased child health and readiness to succeed in school. MC involves a community-organizing intervention in which MC staff work with low-income residents and other invested parties (e.g. faith-based organizations, businesses, local government agencies, and non-profit groups) to transform neighborhoods and support families. For example, the MC-San Antonio initiative includes "small business development through workforce training, income support through increased participation in the Earned Income Tax Credit and the Volunteer Income Tax Assistance programs, financial education, early-reading interventions, and improved child care" (Baylor, Gutierrez, & Deviney, 2009, p. 1).

The differences in implementation and the magnitude of issues in the ten different cities make drawing conclusions across sites more complicated, especially given the many reports and analyses that focus on process rather than outcomes. However, several research groups have used MC data (major surveys, census, and administrative data) to investigate specific questions regarding outcomes for families and neighborhoods involved in the initiative. For example, Cigna and Kingsley (2006) from the Urban Institute examined trends in teen-birth rates, low birth-weight rates, and prenatal care rates across Making Connections sites prior to the implementation of MC using local vital statistics data. Results indicate higher teen-birth rates, higher rates of low-weight births, and lower usage of prenatal care in the MC neighborhoods compared to the surrounding counties, documenting one of the social concerns MC attempts to target. Data from the post-MC years is being collected to assist with an analysis of outcomes.

The MC database includes standard demographic, employment, and income measures and also an "unusually rich" set of measures assessing things such as "asset holdings and debts, public assistance patterns, social linkages, and attitudes about neighborhood conditions and services" (Coulton, Theodos, & Turner, 2009, p. ii). Also commissioned by the Urban Institute, Coulton et al. (2009) conducted an analysis of residential mobility in the MC neighborhoods and found high rates of residential mobility among MC neighborhoods (mostly to nearby locations) and a need for ongoing assistance among movers even though 3 of 10 movers made the transition to better circumstances. Coulton et al. (2009) also found that the high rates of residential mobility raised concerns about how to truly measure neighborhood outcomes because of the movement in and out of the neighborhood despite finding overall reductions in neighborhood poverty levels in three of the MC neighborhoods (greatest reductions among the poorest neighborhoods). While reductions in neighborhood poverty were mostly associated with the moving out of poor residents and the moving in of more financially stable residents rather than positive changes in individual family economic status, Coulton

et al. (2009) found a relatively large number (nearly 50%) of MC residents reported attachment to the neighborhood and optimism about the future.

Austin, Lemon, and Leer (2005) interviewed staff members at 10 MC sites and the Harlem Children's Zone to explore promising practices, organizational structure and capacity, challenges, and successes. Their analysis suggests that the holistic approaches that utilize both family and neighborhood level interventions hold more promise for addressing the needs of families living in low-income neighborhoods than narrowly targeted micro-level programs. Specifically, Austin et al. (2005) recommend a framework integrating internal organizational processes (reformulating service models, organizational strategies, responsive organizational structure), neighborhood processes (targeting neighborhood and service scope, assessing neighborhood characteristics), and external processes (structured and strategic partnerships, community buy-in and leadership development, and tracking outputs and outcomes) to target poverty. Site-specific publications can be found on the Annie E. Casey Making Connections website (<http://www.aecf.org/KnowledgeCenter/PublicationsSeries/MCInvSummaries.aspx>).

**5.1.2.2. Harlem Children's Zone.** The Harlem Children's Zone (2010) is another initiative designed to address child poverty in one of our nation's largest cities. Started in the early 1970s under a different name by Geoffrey Canada (an educator who was raised in Harlem), the HCZ has been called "one of the biggest social experiments of our time" by New York Times writer, Paul Tough (2004) and enthusiastically embraced by many child poverty scholars, community activists, and President Obama. Canada targeted a 100 block area of Harlem (serving over 17,000 children) hardest hit by child poverty. The HCZ project provides a full "pipeline" of services from birth through college to target all areas that might affect a child's outcomes, including: early childhood education, after-school programming for school-aged children, employment assistance for older youth/young adults, and parent support via case management services, literacy programs, and parenting classes. For example, the HCZ "Baby College" is a nine-week parenting program for expecting parents and parents of young children up to 3 years old designed to promote positive parenting practices and support child development and academic achievement. The HCZ also has a community organizing element supporting community pride and tenant organizing and community redevelopment initiatives (Harlem Children's Zone, 2010).

As with MC, comparative studies and long-term outcomes for children receiving these wraparound services are not yet available; however, smaller evaluations have examined the impact of different HCZ programs on child outcomes. HCZ served 21,280 individuals (10,462 youth and 10,817 adults) in 2009. Some of the results reported in the HCZ evaluations include: improvements in parents reading to their children (improvement in reading frequency for 86% of parents attending Baby College); improvements in school readiness for 4-year olds attending the Harlem Gems program (from 17% delayed or very delayed at the beginning of the school year to no children very delayed at the end of the school year); and improvements in math exam scores and English and Language Arts test for the majority (between 84 and 100% depending on age group and test) of students in the Promise Academy (Harlem Children's Zone, 2010). Canada attributes these successes to the pipeline of services the HCZ offers that keep children from "slipping through the cracks" of traditional service delivery systems. Other results for the after-school program and parenting program as well as evaluations of community organizing efforts can be found on the HCZ website (<http://www.hcz.org/our-results>).

In an independent analysis of HCZ outcomes, Dobbie and Fryer (2009) determined that children receiving the pipeline of HCZ services were reducing the black-white achievement gap primarily through high quality education. If high quality education is indeed the

key ingredient, for academic attainment, the effects of services on other relevant outcomes need to be rigorously assessed. These issues have implications for funding allocations (Page & Stone, 2010). While it is too soon to tell what the long-term impact of the HCZ programs will be on reducing child poverty and mitigating the effects of child poverty, early findings are sufficiently encouraging to garner support from the federal government. Citing the cost-effectiveness of providing these preventive services to these at-risk children versus the cost of a young person sustained in the criminal justice system and the loss of wages and drain on public assistance, President Obama has committed to replicating the HCZ through the Promise Neighborhoods initiative across the country based on the findings of these preliminary evaluations that capture the promise of the HCZ.

**5.1.2.3. Children's Services Council.** Similar to the focus of MC and HCZ on family and neighborhood factors, the Children's Services Council (CSC) of Palm Beach County, Florida involved a multi-system strategy for addressing child poverty in high poverty areas by creating "an integrated system of care to promote and support the healthy development of children, with a focus on the first 5 years of life" (Spielberger et al., 2010, p. 1). The specific goals include: 1) increasing the number of healthy births, 2) reducing the incidence of child abuse and neglect, and 3) increasing school readiness. Most of the CSC initiatives are focused on coordination across programs and services rather than starting new programs.

Spielberger et al. (2010) at Chapin Hall (University of Chicago) used a mixed method approach to understand the characteristics of the families involved in CSC, service use, and the relationship of service use to a variety of child and family outcomes. The major findings include: 1) different patterns of service use based on family characteristics, 2) improvement in maternal health and functioning after being involved in the program for several years, 3) greater increases in use of regular medical care (though still not sufficient), 4) improvements in basic parenting practices and beliefs, 5) increases in good child care, and 6) increases in informal and community supports. Improvements specifically related to child outcomes included improvements in parenting skills and practices. The study results also indicate a consistent pattern of disadvantage for the children of foreign-born adults in comparison to those in the U.S. in terms of developmental outcomes (Spielberger et al., 2010).

## 5.2. Discussion and implications

Child poverty has been a persistent problem in the United States that has perplexed social scientists and policy makers. One in five children living in poverty in 2010 has significant implications for the well-being of future generations, especially given the estimated social and economic losses associated with children growing up in poverty. With more families struggling in poverty (or just above the poverty level) and public assistance rates rising, the impact of poverty on many minority children is even more profound, especially the persistent nature of intergenerational poverty that limits the accumulation of income and assets.

Despite the mixed outcomes of current child poverty programs and policies, several themes can be identified. A number of federally-funded public programs (e.g. SNAP, WIC, CHIP, and Section 8) appear to meet the basic and immediate needs for food, healthcare, and shelter for a large number of children and families. However, many more needy children are not served due to issues of eligibility and access. Simply because a program is provided does not necessarily mean resources are equitably distributed (as critiques of SNAP suggest) or available (as research about inequitable distribution of resources in poverty neighborhoods suggests). Other barriers to access of publicly-funded programs include stigma, language and cultural barriers, limited awareness or access to services, cumbersome

application procedures, and inadequate information about the need for services (e.g. preventive medical care for children).

To date, it has not been possible to directly link any of the publicly-funded child poverty programs to long-term outcomes or direct reductions in child poverty rates. Part of this difficulty results from the types of studies that have been conducted and the limitations of the available data sources. Other explanations for this lack of direct effect are limitations in the programs themselves. Programs can be successful in meeting their objectives (increase child nutrition, decrease infant mortality, etc.) and still not necessarily mitigate the effects of poverty or reduce the risk of falling into poverty. For example, the school breakfast and lunch programs may meet the basic nutritional needs of poor children but do not appear to have an effect on food security or long-term health outcomes. In addition to addressing the everyday need for food, housing, adequate medical care, child care, and education services, child poverty policies need to address long-term financial security issues.

Programs that address multiple domains of influence (e.g. child, family, and neighborhood) and policies that focus directly on child poverty (e.g. child tax credit) appear to hold promise for addressing long-term child poverty. While single domain initiatives are important for ensuring basic needs, multiple service programs (e.g. the Harlem Children's Zone, 2010) combine some of these single domain service areas to create a cumulative effect that can fill the gaps in service provision by promoting effective coordination that addresses some of the barriers to service delivery (e.g. language, eligibility, and access). As these programs are still relatively new, it is too soon to determine their long-term effects and the exact mechanisms by which they influence child outcomes. Evaluations are currently underway to identify a range of long-term outcomes.

Most policies and programs that seek to address child poverty view the adult as the client and intervene to improve the economic self-sufficiency of the adult(s) or household on the assumption that it will improve the situation for the child. Using the provision of financial resources for parents to purchase food for their children as an example, SNAP aims to reduce food insecurity and reduce the long-term negative effects of inadequate nutrition during childhood. This perspective assumes that targeting adults will have a direct impact on children.

Child poverty is one of many factors, albeit a highly influential one, affecting the healthy development of children. If the long-term goal is

for children to grow up healthy, safe, and open to opportunities, the focal point necessarily shifts from adults to children in the context of a family and the intermediate and long-term goals shift from singular objectives to comprehensive objectives. Fig. 1 uses a few of the programs included in the Harlem Children's Zone to demonstrate that a multi-domain initiative has the potential to address child poverty as one dimension of child and family well-being. Research suggests that child well-being is best represented by comprehensive measures that include health/physical, intellectual/cognitive, educational/academic, and social/emotional domains (Anthony & Stone, 2010; Lou, Anthony, Stone, Vu, & Austin, 2008). The negative outcomes of severe and long-lasting child poverty described in the article fall within these domains.

Individual programs or policies could be effective in meeting intermediate goals in a single domain approach but still not address the long-term well-being of the child or family. More families could move off the welfare rolls but children may not see an improvement in poverty rates or well-being. In a model focusing on child and family well-being, services are inter-dependent and success in meeting the overarching goal of child and family well-being requires a balance between these various programs/policies. In this model, traditional measures of success in reducing child poverty, such as fewer families on the welfare rolls, would only be part of the measure of success when parental literacy and a child's reading levels are also included.

Conceptually, this comprehensive perspective is akin to the risk and resilience framework that suggests that healthy development (and problem behavior) is the outcome of a number of risk and protective factors at various levels in a child's environment (Fraser, 2004; Jenson & Fraser, 2011). In the risk and resilience framework, poverty is a broad risk factor that has a number of negative impacts on healthy development. However, many children raised in poverty do, in fact, develop into healthy and contributing adults and thereby demonstrate the role of other risk and protective factors in a child's life.

Shifting the goal of interventions and policies from reducing child poverty to promoting child and family well-being has a number of implications for service delivery. The first issue relates to the objectives and design of the services provided by public social service agencies. Current models are primarily categorical, targeting particular populations and/or particular problems, such as access to health care, nutrition, or income support. The categorical and separate nature of social service delivery is in direct conflict with the needs of the

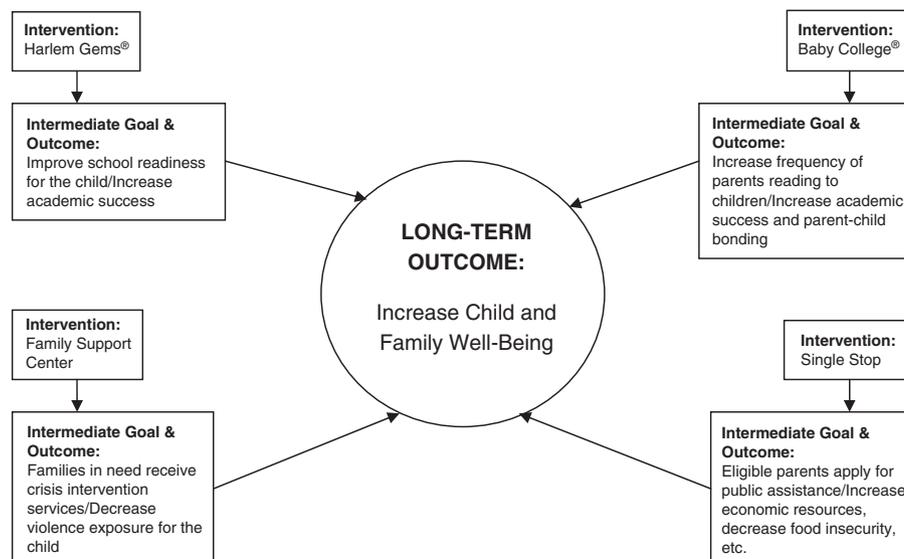


Fig. 1. Conceptual framework of multi-service child poverty interventions using several program examples from the Harlem Children's Zone.

whole child represented by promoting child and family well-being. Some “wraparound” models in the delivery of child welfare services recognize the limitations of categorical service delivery by linking various services to support families. Preliminary research on the positive outcomes of comprehensive programs that address multiple needs suggests that public social service agencies need to find ways to integrate categorical services in order to prevent or eradicate the negative consequences of childhood poverty.

The second issue relates to the federal definition of poverty as reflected in the poverty threshold and the related guidelines used by federal agencies. The federal poverty threshold and guidelines use a metric first established in the 1960s that is based on the dollar costs of the “economy food plan” for families of a given size and multiplying the costs by a factor of three (Blank, 2008). The definition is adjusted according to food price increases over the years, but does not reflect: 1) greater rates of inflation of prices for other essentials, 2) differences in the income distribution over time, or 3) price or income differences across different locales. The poverty measurement debate continues to focus on defining poverty in absolute terms and needs to be revisited using relative terms as has been done in the United Kingdom and other European countries.

Based on this review, there is a growing need to shift our thinking from a focus on reducing child poverty to promoting child and family well-being where every child matters and requires comprehensive services. As this review suggests, current models for addressing child poverty are limited in their capacities to create meaningful, lasting change. By developing a comprehensive approach to eradicating child poverty it should be possible to design and implement new models to address this pressing and persistent problem in one of the wealthiest nations on this planet.

## Appendix A. Search terms and sources

### Search terms

The following predetermined search terms were utilized in varying combinations:

- Child\* OR youth
- Poverty OR poor OR low-income
- Intervention OR policy OR practice
- Poverty alleviation
- Meta-analysis OR meta\*
- Systematic review

Additional search terms were added in combination when attempting to identify studies in specific areas of policy or intervention, such as TANF, welfare reform, and early childhood education, particularly when searching for meta-analyses and systematic reviews.

### Libraries/academic databases/internet resources

- Melvyl (All University of California and World Cat holdings)
- CSA/Illumina Social Sciences Index (includes: Communication Abstracts; EconLit; ERIC; IBSS: International Bibliography of the Social Sciences Index; Islamicus; CSA Linguistics and Language Behavior Abstracts; LISA: Library and Information Science Abstracts; PAIS International; PsycARTICLES; PsycINFO; Social Services Abstracts; Sociological Abstracts; Worldwide Political Science Abstracts)
- Social Work Abstracts
- Family and Society Studies Worldwide
- Google Scholar
- The Campbell Collaboration Library of Systematic Reviews
- The Cochrane Library
- National Registry of Evidence Based Programs and Practices
- California Child Welfare Clearinghouse
- What Works Clearinghouse
- The Coalition for Evidence Based Policy/Social Programs that Work

### Research, practice and policy institutes/foundations

- Brookings Institute/Center on Children and Families
- First Focus
- National Center for Children in Poverty/Mailman School of Public Health/Columbia University
- The Urban Institute
- Public Policy Institute of California
- The Annie E. Casey Foundation
- MDRC (Manpower Demonstration Research Corporation)
- Mathematica
- Child Trends
- Institute for Research on Poverty (University of Wisconsin)
- Institute for Children & Poverty
- Chapin Hall at the University of Chicago
- Harlem Children's Zone
- Sphere Institute
- University of California, Berkeley/Welfare Policy Research Project
- Children Now
- Childhood Poverty Research and Policy Centre
- American Psychological Association
- The National Academies/Division of Behavioral and Social Sciences and Education/Board of Children Youth and Families
- Building Communities of Support for Families in Poverty
- Children's Network of Solano County
- Children's Defense Fund
- Carsey Institute (University of New Hampshire)

### Government websites

- U.S. Census Bureau
- U.S. Department of Agriculture/Food and Nutrition Service
- U.S. Department of Health and Human Services/Administration for Children and Families
- U.S. Bureau of Labor Statistics
- United States Interagency Council on Homelessness

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