An Overview of Childhood Poverty: Pathways and Programs

By Arturo Sesma, Jr., Ph.D.

Hundreds of books, articles, and studies have investigated the role of poverty on child development outcomes, often showing the pervasive and ubiquitous effects that living in poverty produces. Thus, numerous studies show that poverty is associated with:

- Poor health outcomes (low birth weight, high lead levels, growth stunting);
- Poor cognitive functioning (lower IQ scores, learning disabilities);
- Low academic achievement (grade retention, special education placement, dropout);
- Poor socioeconomic functioning (acting out, depression, anxiety);
- Risk behaviors (teen pregnancy, delinquency, substance abuse).

Knowing the correlates of poverty, however, tells us very little about how poverty influences development. This is because poverty is a distal factor, or a factor whose effects are largely indirect and work through a number of intervening, mediating processes (see Figure 1). Because much of the action between poverty and child outcomes is presumed to work through these mediating processes, most of the recent work in this area has focused on identifying the significance and magnitude of various intervening factors. In the sections that follow, a brief description of...
these mediators is provided, followed by a discussion of various approaches used to mitigate the effects of poverty on development.

**Mediators of Poverty**

**Nutrition and health.** Although these mediating factors can be considered effects of living in poverty, they also play a significant role in the kinds of problems seen later in development. For example, prematurity, especially extremely low birth weight (less than 1,250 grams), greatly increases a child’s risk for learning disabilities and mental retardation. Additionally, other reports suggest that the effects of persistent malnutrition affects the nature of the parent-child relationship (e.g., lethargy, less sensitivity), and this altered interpersonal dynamic between parent and child can then have consequences for other negative psychosocial outcomes such as insecure attachment, negative affect, and limited mastery motivation.

**Home environment.** Another mechanism through which poverty affects development is in the absence of cognitively stimulating materials and resources – toys, books, and other learning opportunities – in the home. Bradley (1994, 2002) has argued that low socioeconomic status

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**Figure 1. Pathways and mediators through which poverty influences child outcomes.**

- **Mediators**
  - Nutrition & Health
  - Home Environment
  - Parent-Child Interactions
  - Neighborhood Conditions

- **Child Outcomes**
  - Physical Health
    - Low birth weight
    - Prematurity
    - Growth stunting
    - Lead poisoning
  - Cognitive Abilities
    - Learning disabilities
    - Developmental delay
    - Lower IQ
  - School Achievement
    - Grade repetition
    - High school dropout
  - Socioemotional Behavior
    - Externalizing behavior problems
    - Internalizing behavior problems
  - Risk Behaviors
    - Teen pregnancies
    - Delinquency
(SES), as well as other factors related to low SES, such as parental education, reduce the number and quality of resources. This is significant because enriching and stimulating resources in the home are consistently associated with children’s IQ and achievement test scores in elementary school, and with fewer behavior problems among children.

**Parent-child interactions.** Perhaps the main pathway implicated in the socioeconomic health of children living in poverty is the parent-child relationship. Empirically-supported conceptual models of this mechanism seem to follow a similar chain of events: parents living in poverty are more likely to endure stress, evince mental health problems (e.g., depression, anxiety), and experience heightened marital/partner conflict. All of these factors, in turn, adversely affect the quality of parenting and subsequently, the parent-child relationship.

**Neighborhood conditions.** Recently, the effects of neighborhood conditions have been considered as potential mediators of the poverty-child outcome link. Children living in poverty are more likely to be exposed to both environmental hazards, such as high lead levels and unsanitary living conditions, as well as high levels of “social toxicity,” defined by Gabarino (1995) as “the social context [that] has become poisonous to development...violence, poverty, disruptions of relationships, nastiness, despair, depression, paranoia, and alienation...” A synthesis of recent analyses on the effects of neighborhood poverty suggests the following:

- Negative effects seem to be stronger for school-age children than for preschool children;
- Cognitive and academic outcomes seem to be more strongly related to neighborhood influences than to socio-emotional indicators; and
- African-American children seem to be less affected by neighborhood conditions than Caucasian children.

To be sure, these are still preliminary findings on the mediating role of neighborhood conditions. Curiously enough, one of the more robust findings to come out of the neighborhood work is the protective role of high SES neighborhoods for children living in poverty. One study found that the percentage of families in the neighborhood with incomes over $30K was positively related to five-year-olds’ IQ scores and negatively related to the probability of dropping out of school or having a teen pregnancy, regardless of the family income and parental education.

**Strategies Employed to Mitigate the Effects of Poverty**

There is no dearth of approaches that have been tried to combat the effects of poverty on development. Many of these are federally funded programs, such as the Special Supple-mental Food Programs for Women, Infants, & Children (WIC), Head Start, Medicaid, and Food Stamps. Two approaches are described below; one a venerable strategy and another that has emerged over the last 15 years.

**Child-centered approaches.** Early childhood programs and enhanced preschool experiences are perhaps
nized intervention strategy employed for children living in poverty. Ranging from small-scale demonstration programs (e.g., Abecedarian Project, Perry Preschool Project) to large, federally-funded projects (e.g., Head Start), this intervention strategy is predicated on the assumption that providing enriching experiences relatively early in development will help prepare the child for school entry. Evaluations of these early-enriching experiences indicate the following:

- Short-term gains in cognitive functioning (i.e., IQ) are found, but these gains largely decline over time;
- Academic achievement outcomes, such as reduced grade retention, fewer special education placements, and higher graduation rates persist;
- Programs with continued follow-up throughout child and youth development are more likely to produce long-term benefits than programs that end in early childhood.

Two-generation programs. While programs that focus on children’s social and cognitive competence do show salutary effects, there has been a growing recognition that simultaneously addressing the needs of both child and parent may be a better approach to countering the effects of living in poverty. These “two-generation programs” typically provide high-quality child care and health services for children, while also providing parents with parenting education, job and vocational training, as well as case-management and counseling services. Only short-term evaluations of these two-generation programs have been conducted, because at the time of evaluation, children in these programs were five years old or younger. However, results to date suggest moderate effects at best. This has led some researchers to abandon this multigenerational approach, while others acknowledge that the relative infancy of these programs, in conjunction with the systemic nature of poverty, warrants more time to ascertain the benefits of targeting both child and parent.

Summary and Comment
To be sure, the role of poverty in the lives of children is far more complex and dynamic than described in this paper. Issues such as the timing of poverty (when it occurs during the course of a child’s life), the persistence or transitory nature of poverty, as well as how all of these factors interact over time are also important in understanding how these processes play out. Our level of understanding, however, has not led to wildly or even appreciably successful approaches designed to mitigate the effects of poverty on development. This is due, in part, to the multiple-risk nature that comes with living in poverty (i.e., poverty is often accompanied by minority status, single parenthood, parental mental illness, etc.), as well as to larger societal factors such as inequality and labor conditions.

However, one factor that often does not receive the attention it should focuses on building informal supports and community cohesion to make significant differences in communities of poverty. There is evidence that even in a poor neighborhood, there can be supportive community organization with social capital. Where present, social capital contributes to collective socialization whereby adults...
informally look after each other and their children. For example, in a classic study, Gabarino (1980) found that in two communities that were matched along poverty dimensions (e.g., percent unemployed, percent on welfare, etc.), one community had higher-than-expected cases of child maltreatment, while the other community had rates of maltreatment far lower than would be expected. What accounted for the difference? The latter community was more socially integrated, had more positive neighboring, and had fewer stressful day-to-day interactions among community members.

Thus, as we think about the effects of poverty, and programmatic approaches designed to combat these effects, we would also do well to think about how we, as both professionals and neighbors, can help build the kinds of informal social networks and relationships that can often sustain a neighborhood, and its children, even in conditions of poverty.

References


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Riskiest of the Risky: Homeless and Highly Mobile Young Children

By Molly Kelash

Homeless. For most, the word evokes images of unshaven men in dirty, ragged clothing, sheltering in cardboard boxes, begging for money to feed their growling stomachs or their addictions. But in reality, many of America’s homeless are families, children and youth under the age of 21. According to the National Alliance to End Homelessness, on average about 600,000 families and 1.35 million children experience homelessness in the United States each year.

In Minnesota, the numbers aren’t much better. According to the 2006 Wilder Study conducted on the night of October 26, there were 7,713 people counted in emergency and transitional housing programs in the state. As many as 2,726 of those were children with their parents – another 1,951 children were counted as being affected by a parent’s homelessness.

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Stamping out homelessness altogether is the ideal, but one that is hampered by a vicious cycle of perpetuation within these families, creating a legacy of poverty and homelessness for these children. But local early childhood educators and experts, shelters, and economists believe the cycle may be broken by providing those vulnerable preschoolers with a stable, continuous learning environment even while their family lives remain in flux.

Even from a purely economic standpoint, says Art Rolnick, senior vice president and director of research at the Federal Reserve Bank in Minneapolis, high quality early intervention makes sense. “Multiple examples of high-quality early childhood interventions across the country show rates of return ranging from 7 percent to 17 percent, inflation adjusted,” he said in a speech to the Center of the American Experiment in July 2006.

In an earlier, 2003 article for the Federal Reserve called "Early Childhood Development: Economic Development with a High Public Return," Rolnick and co-author Rob Grunewald delve into the social/economic ramifications of little or no school preparedness for the 0-5 year-old: “The quality of life for a child and the
contributions the child makes to society as an adult can be traced back to the first few years of life.”

In their book, *Infants, Toddlers and Families: A Framework for Support and Intervention*, authors Martha Erikson, a senior fellow at the University of Minnesota Center for Early Education and Development (CEED), and Karen Kurz-Riemer write: “From birth until about 5 years old a child undergoes tremendous growth and change. If this period of life includes support for growth in cognition, language, motor skills, adaptive skills and social-emotional functioning, the child is more likely to succeed in school and later contribute to society. However, without support during these early years, a child is more likely to drop out of school, receive welfare benefits, and commit crime.”

A Minneapolis organization, in partnership with the University of Minnesota’s Shirley G. Moore Laboratory School and various city and county entities, including public support from Rolnick, targets homeless pre-school children specifically. They are the most likely to fall through the cracks and become the least likely to succeed in school later on.

“Because we are a homeless shelter in downtown Minneapolis, we realized we’re in a unique position to focus on highly mobile children, to put into practice years of research done by us, the U of M and others as well as successful models developed around the country,” says Jim Minor, President and CEO of People Serving People Foundation, Inc. (PSP).

Annette Rutnes, a PSP resident who is being treated for breast cancer, has seen first hand the positive influence and immediate power the structured PSP environment can have on children, “My three boys, especially my 7 year-old, have gotten so much here,” she says. “Having the structure and services in place that hold us all accountable, creating a time and place for everything – I’ve seen it make all the difference in the world. Not only that,” she says,” when our time here is done, they can all feel proud about the things they learned and accomplished here – not just say, ‘Oh, I was just at a homeless shelter’.”

The new early childhood initiative at PSP is now in what Minor calls Phase One – a preschool/all day daycare staffed by two teachers from the University of Minnesota three days a week; Phase One currently has 14 enrollees. The plan is to offer this option to parents who pass through the doors of PSP even after they have moved out and to provide busing to and from the program until the child enters kindergarten.

“What children are exposed to is everything – if they learn how to learn, are surrounded by people who are concerned about their welfare and watch their parents learning, that can make all the difference in what they expect out of life and how they treat what life has given them.”
To create a comprehensive offering, PSP is also partnering with Way to Grow (which teaches parents how to teach their children), Hennepin County Government, Hennepin County Medical Center, and Minneapolis Public Schools. And because its population fits the demographic, PSP is also involved in the county’s “500 under 5” initiative – an effort to identify and prepare 500 local children under the age of five for academic success.

“We’ve also started a study in partnership with CEED this July about the various dynamics within a homeless family that prevent success at school,” says Minor. And, he says, PSP is continually looking for local and regional organizations that may be doing similar things, or may have learnings to share. “We don’t want to recreate the wheel here – we want to work together and create networks to identify and help as many of these highly mobile young kids as possible.”

And, as Rutnes says she has learned in her two years of living at PSP, “What children are exposed to is everything – if they learn how to learn, are surrounded by people who are concerned about their welfare and watch their parents learning, that can make all the difference in what they expect out of life and how they treat what life has given them.”

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The Jeremiah Program

By Molly Kelash

Since it opened in Minneapolis in 1998, the Jeremiah Program has helped more than 100 low-income mothers and their families build new lives. Participants complete their education and achieve economic self-sufficiency through empowerment skills, access to affordable housing, child development services, health care, support services, and meaningful employment.

“Participation in the Jeremiah Program also helps mothers become a better source of stability for their children,” says Jeremiah Program President and CEO Gloria Perez Jordan. “If mom is in turmoil, it is absorbed by the children and it has negative effects on academic performance, among other things.”

Planning for the Jeremiah Program began in the early 1990s when a group of Minneapolis community leaders came together to create a supportive housing program for single mothers. By 1997 they had raised over $5 million in startup funds, and within two years they established the Minneapolis campus and Child Development Center.

Jeremiah’s on-site Child Development Center provides the structured school readiness environment and basic preschool activities many Jeremiah families could not access while living in homeless shelters or with multiple families in small, substandard apartments.

“My three- and four-year-old are a lot less angry, probably because I am, but also because they have consistency in their lives now – they still go to the daycare school with the kids we lived with, and they’d see me studying and going to work every morning,” says Denese Martin, a recent Jeremiah graduate. “They just seem like they’re more social and smarter because of this place.”

The Children’s Services Director conducts observation evaluations of all children upon entry and develops individualized growth and development plans for every child to prepare them for kindergarten. The mothers also build parenting skills and partner with their children’s teachers at the Center.

According to its mission statement, Jeremiah believes that by intervening early and helping children succeed, it is breaking the cycle of poverty for two generations.

“We don’t have any long-term studies, but we do have reports from 90% of graduates that their children continue to progress at the national academic standard after they leave here,” says Perez Jordan.

In September 2007, the program opened the Jeremiah House, a Saint Paul facility with 88,000 square feet, including 38 apartments, computer labs, a library, playground, kitchen, and more.

For more information, visit http://www.jeremiahprogram.org.

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Inadequate Nutrition. Many health problems begin with inadequate nutrition in early childhood. Although extreme cases of malnutrition and starvation are rare in the United States, an estimated 13 million children lived in households identified as food insecure in 2003. Children who are considered to be food insecure are those who do not have enough food to meet their nutritional needs. Studies show that these children are at risk for cognitive and developmental impairments. They may also experience social withdrawal, delayed motor skills development, and growth retardation. Nutritional deficiencies in iron, calcium, and dietary fat may also worsen health problems associated with exposure to environmental toxins like lead.

Exposure to Environmental Toxins. Young children are exposed to various toxins in their environment, such as tobacco smoke, pesticides, methyl mercury, and lead. Childhood lead poisoning is also a significant concern. While children from all socioeconomic levels can be affected by lead poisoning, the burden of this disease falls disproportionately on children in poverty and children of color. The devastating impact of exposure to neurotoxins, such as lead, on the developing brain is well documented. Lead poisoning is associated with reading and learning disabilities, reduced intelligence, behavioral problems, and hyperactivity. The primary source of lead exposure to children is housing built before 1978 that contains lead paint and contaminated soil. In the

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U.S. it is estimated that 310,000 children between the ages of one and five have blood lead levels that exceed the recommended intervention level of 10µg/dL. Death can occur when blood lead levels exceed the intervention level.

Distressed Communities. The condition of neighborhoods where children in poverty live can also affect child development. Nearly half of families in poverty live in areas where there are high concentrations of poverty. Families in these
conditions are restricted in their selection of housing, schools, and child care facilities. Poverty can mean living in economically distressed neighborhoods characterized by crime, high unemployment among adults, and limited resources for child development. Poor communities are disadvantaged even further by a lack of public resources, economic investment, and political power. Consequently, children who reside in such neighborhoods have fewer safe places to gather and play, which in turn interferes with their emotional and physical development.

Summary

Disparities related to nutrition, exposure to environmental hazards, and poor neighborhood conditions are difficult to overcome when dealing with the impact of poverty. However, early interventions can decrease the negative effects of poverty. To address the consequences of persistent poverty on children’s growth and development, it is important to target resources and attention on communities at greatest risk.

- Federal nutrition programs (e.g., Women, Infant and Children Nutrition Program and The National School Lunch Program) help to improve the diets of poor infants and children. Nutrition programs targeting those most vulnerable may also have positive effects on physical and cognitive outcomes.
- Lead prevention and parental education programs (e.g., the U.S. Department of Housing and Urban Development’s Lead Hazard Control Grant Program) may improve cognitive outcomes in children by reducing children’s exposure to lead-based paint in the environment.
- Job training programs can improve employment opportunities and help stabilize family incomes. Securing family income may strengthen the family unit and improve children’s emotional well-being by reducing the stress and anxiety that parents experience with poverty and unemployment.

References


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Poverty, Development, and Child Protection Services

By Anita Larson

In the United States, the youngest children are disproportionately involved in child protection systems. In 2005, the national victimization rates of infants and toddlers ages 0-3 was 16.5 per 1,000 children, higher than all other age groups. In Minnesota, this rate was 9.5 per 1,000 children. Research on foster care has shown that infants are at higher risk for entry into foster care than are children of other ages, particularly if they are from urban areas. In addition, the younger the infants are when placed in foster care, the longer they are likely to remain – something that has critical implications for infant-caretaker attachment.

The most common form of substantiated maltreatment is neglect, and a majority of neglected children are from families in poverty. The interdependence of poverty and child maltreatment is widely recognized in research: child neglect is 44 times more common in families who live in poverty. In one recent study of income and children in placement, incomes were lowest for families who had infants and toddlers in out-of-home care than for all other age groups. Although poverty frequently appears in conjunction with maltreatment, researchers do not always understand the exact mechanisms by which they are so strongly associated. Some researchers are now trying to use family investment and stress theories to measure and explain these complex relationships.

Family investment theory focuses on the materials and resources that parents can buy to meet their child’s needs. Family stress theory posits that economic stress will reduce the parent’s ability to meet the child’s needs by worsening parent-child interaction. Mothers who cannot provide for their children are prone to depression, which is strongly associated with neglect. Neglect is particularly harmful to the physical and neurological development of infants and toddlers, and the detrimental effects of poverty on neonatal development, intelligence and achievement in early childhood are well documented. Very young children who also live in poverty are thus doubly affected and have fewer protective resources available to them.
How Can Parents and Caregivers Support a Baby’s Healthy Development?

How can parents and caregivers support a baby’s healthy development? By working together to help babies master their most important job in the first year of life — to trust and feel secure in the world. When babies feel comfortable and safe, they can put all their energies towards playing, learning, and growing.

Babies can form close emotional relationships, or attachments, with their parents and their other caregivers. Babies may act somewhat differently with their caregivers than they do with their parents, but they can still enjoy trusting, secure relationships with them. Both parents and caregivers perform the same kinds of caregiving tasks such as playing, soothing, feeding and changing. When adults respond to a baby’s bids for attention and care accurately, consistently, and sensitively, the baby develops a sense of trust and positive expectations in the people and the world around them. Every positive relationship a baby has with an adult counts!

Involved Caregiving and Teaching

Babies need their parents and other caregivers to be consistently involved with them. Adults who provide lots of appropriate touching, hugging, and holding, who talk and communicate often with smiles and other facial expressions, and who show happiness or joy when they are with the babies, are building the babies’ sense of security. Research shows that babies who have secure attachments with child care providers have experienced more involved teaching than babies who are less secure.

Providing appropriate stimulation and physical comfort, as well as meeting physical needs, are all part of involved caregiving. Parents and caregivers who are tuned into babies recognize their cues, interests, and preferences. They know how to encourage learning and exploration, use touch appropriately, and skillfully meet each baby’s caregiving needs.

Harmonious Separations and Reunions

Even when babies feel comfortable and secure in their child care environments, separation from their parents may be difficult. Separation from caregivers may be difficult too, even when babies have close relationships with their parents. Parents and caregivers can work together to ease these transitions. By supporting a successful, less stressful separation, parents and caregivers give their babies someone to “go to” rather than someone to “leave from” (Raikes, 1996, p.61). Parents and caregivers, rather than food or toys, provide the comfort and emotional support babies need as they separate from their caring adults.
Secure Base for Exploration of the World

Babies use their parents and caregivers as “secure bases” from which to explore their world. They are often “checking in” with their secure base in different ways, such as glancing, making noise, gesturing, or making physical contact. Becoming the secure base for a baby takes time, however, and is the result of many successful interactions. Babies have strong needs for a comforting physical presence that lessen with a growing sense of security. So protests or crying may mean “I need you now until I feel more comfortable later on” rather than “I’m always going to need you to be this close to me.” Parents and caregivers who recognize babies’ needs for a secure base find that later on the babies are more comfortable and energetic in their play and exploration, learn more from their play, and interact more with others in their settings.

Support During Times of Stress

If a family is experiencing stressful periods, caregivers can play an important supportive role for both parents and babies. Caregivers who build trusting relationships are able to offer support and comfort that is more easily accepted than if it came from an unfamiliar adult. They can help a baby establish a sense of security.

Ways to Promote Trusting Relationships

Parents and caregivers who create positive relationships with babies promote babies’ healthy development. They know that by being involved caregivers, serving as secure bases for children’s exploration, and supporting smooth separations and reunions with parents, babies will likely have a trusting and worthwhile experiences as they grow. There are other benefits, too. Research is showing that when babies have secure relationships with caregivers, they also have more positive relationships with other children.

Trusting relationships give babies a “developmental advantage.” With this in mind, parents and caregivers can rethink some of the kinds of typical child care practices that make it more difficult to build and maintain relationships with babies, such as moving babies to a new class when they become crawlers; frequently rotating to “share” responsibilities; discouraging contact between a baby in a new room and her “old” child care provider; or not considering a baby’s home and cultural experiences. Babies need messages that adults they trust will support them in challenging situations so the babies can learn how to master difficulties.

By Amy Susman-Stillman, Program Coordinator, Irving B. Harris Training Center for Infant and Toddler Development, University of Minnesota, Minneapolis, Minnesota.

References:


For More Information

For more information about quality child care, call the Minnesota Child Care Resource and Referral at 1-888-291-9811 or go to http://www.childcareaware.org/

Questions About Kids is on the Web at —
http://www.harristrainingcenter.org
http://ici2.umn.edu/ceed

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In addition to the influence poverty can have on the ability to parent, poverty and maltreatment become associated through what is known as “surveillance bias,” in which individuals connected to one set of public services become “visible” to others. It is estimated that there are up to 18 times more child maltreatment incidents that occur in the United States than what is known to child protection agencies. What partially accounts for the disproportionate number of poor families in child protection is the fact that they are also actively involved in some other public system such as public assistance programs (i.e., “welfare”), the justice system, schools, or visiting home nurse programs. So while poverty may directly affect a parent’s ability to provide materially for their child and indirectly reduce the parent’s emotional capacity to engage with the child, it also increases the likelihood that the family will come to the attention of the child welfare system.

Researchers have not attempted to estimate what proportion of all child maltreatment cases could be eliminated if families in poverty were able to meet their basic needs, but poverty is increasingly recognized as an important factor for family function and, ultimately, child well-being. Minnesota’s Family Assessment Response (FAR) child protection process (begun in 2000, formerly known as Alternative Response) triages incoming child protection reports by severity and allows for a more family-centered approach involving assessments and referrals to other social services, the majority of which are financial (child care, public assistance, appliances or furniture, food, clothing, medical care, or help paying rent). Families served in this new way are those who would have received few or no services under the previous system. Families whose reports require intensive investigation are referred for the traditional process as before.

Some countries with similar child welfare and public assistance systems are heading in new directions. The United Kingdom has recognized the important role that poverty plays in child well-being and has made a commitment to eradicate child poverty by 2020. A key strategy involves a redefinition of what constitutes poverty, incorporating both relative low income and “measured childhood deprivation.” This philosophy recognizes that poverty involves financial inequality as well as the material deprivation that limits educational attainment and child development. This new definition moves towards operationalizing measures that fit well with family stress and investment theories. Although families in poverty can raise healthy children, and children need many things that do not directly depend on money, resources are required for much of what helps children thrive. The best programs are those that approach families with a combination of financial assistance as well as in-kind services and parenting supports.

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1 In 1995, the Gallup Organization polled parents nationwide and concluded that child maltreatment is far more prevalent than the official data suggests. Gallup estimated some 3 million children were victims of physical abuse alone – 18 times greater than the number of children identified by authorities as victims of physical abuse in 2002. An estimated 1 million children are believed to be victims of sexual abuse – 11 times the official figures for 2002.
Although poor families can raise healthy children, and children need many things that do not directly depend on money, resources are required for much of what helps children thrive. The best programs are those that approach families with a combination of financial assistance as well as in-kind services and parenting supports.


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Way to Grow

By Elizabeth Fields

Way to Grow’s mission is to engage diverse parents and families to nurture and prepare their children for school and life success through community-driven family support programs and connections to services. The goals are for children to be born healthy, stay healthy, and develop to their maximum potential for school readiness.

Way to Grow’s service delivery model employs culturally diverse staff members who speak seven languages. Staff members specialize in reaching families that many human service agencies consider the “hardest to serve.” Families bear this label because they are isolated, not yet connected to community services and supports, and have significant barriers in trusting mainstream providers and institutions. Way to Grow staff gains the confidence of these individuals, including teen parents, immigrants, single parents, and families in poverty.

Way to Grow’s core philosophy is that parents have primary responsibility for nurturing and guiding their children. Way to Grow helps parents gain the knowledge, skills, and access to resources to foster development in their children. By helping parents prepare their children for school, we are preparing them for life.

Way to Grow partners with over 50 organizations to provide a comprehensive set of services to expectant parents and families with children from birth to kindergarten. The program’s holistic activities aim to ensure that young children are ready to start kindergarten – physically, socially, emotionally, and cognitively. The scope of school readiness services includes:

- Helping parents develop individualized goals to foster their child’s development.
- Providing weekly Play, Learn & Grow parent-child classes at four locations.
- Coaching parents on positive parent-child interactions and how to nurture early literacy skills.
- Offering four prenatal education classes (six sessions in length) each quarter.
- Tracking access to healthcare for well-child visits, including immunizations.
- Connecting families to community resources for basic needs.

Way to Grow was established in 1989 by Minneapolis’ then-mayor Don Fraser and other community leaders to improve children’s readiness for kindergarten. After 15 years as a program of the Minneapolis Youth Coordinating Board, Way To Grow became an independent nonprofit organization in 2004.

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Minnesota's Legislative Commission to End Poverty by 2020: A Focus on Children

By Tom McNamara

The National Association of Child Care Resource and Referral Agencies and the Minnesota Child Care Resource and Referral Network report that 7.6 million U.S. families out of roughly 74 million families live below the poverty level. According to the National Center for Children in Poverty (NCCP), however, the poverty level does not take into account all those who live in low-income families. In May 2004, the NCCP stated, “Research suggests that most families need [an] income of at least double the poverty level... to make ends meet.” A recent Minnesota Public Radio report on the Northwest Area Foundation’s survey of Minnesota’s perception of poverty also confirms the NCCP’s claim. The majority of Minnesotans polled believed that “a family of four needs at least $40,000 a year to make ends meet.” Currently, for a family of four in the U.S., the poverty level is at $20,650 a year in earned income. In view of this, a little over 20 million families in the U.S. live below 200% of the poverty level; 223,000 of these families are in Minnesota. There are 28.5 million children under age 18 who live below 200% of the poverty level in the U.S. and 290,000 children of these children are in Minnesota. Generally, around 25% of people in most U.S. states live below 200% of the poverty level and cannot make ends meet.

Though Minnesota is below the national poverty level average, the state has had a growing need in recent years to discuss the poverty issue. On June 27, 2007, members of the newly-created Minnesota Legislative Commission to End Poverty by 2020 met for the first time. The commission consists of nine state senators, nine state house representatives and two non-voting governor appointees. In that meeting, members named Senator John Marty (D) and Representative Carlos Mariani (D) as Co-Chairs of the poverty commission.

In 2006, former Senator John Hottinger (D) and Representative Jim Abeler (R), a current commission member, intro
duced bills requesting the creation of this 18-member bipartisan committee.

The goals of the commission, as outlined by the bill, are to identify strategies to end poverty, to examine possible short-term policy changes to combat childhood poverty and racial disparities, and to incorporate non-government groups and individuals into eliminating poverty. The commission also hopes to answer the following five questions the bill proposed: “Who is poor? Why are they poor? What are the human and societal costs of poverty? How can poverty be eliminated? Are current measurements of poverty useful?” Members of the commission will travel throughout Minnesota to talk to citizens directly concerning these questions. The desired outcome for the commission, ultimately, is to end poverty by 2020.

Ending childhood poverty will be a focus for the commission. Sen. Marty hopes early childhood issues will be given special attention. He said, “Everyone agrees that early education needs to be invested in but then people say that the state doesn’t have the money.” He expressed that government-funded programs, such as universal health care and early childhood initiatives, could become a reality in Minnesota. Marty said, “When people ask, ‘How can we afford to fund this?’ I ask, ‘How can we afford not to?’”

Senator Claire Robling (R), another commission member, said that programs such as sliding-fee child care, Temporary Aid to Needy Families (TANF), Head Start, housing vouchers, food stamps, and health care already assist early childhood but she acknowledged these programs “can certainly be strengthened.”

A commission to end poverty is not new to Minnesota. In 1986-7, Governor Rudy Perpich established a Governor’s Commission on Poverty. The commission’s purpose, similar to the current commission’s, was to identify strategies to end poverty by 2000. The commission gave way to several initiatives that have aided many impoverished Minnesotans. But there is still poverty in Minnesota today, seven years after poverty was supposed to end.

According to Sen. Marty, “If the state took the programs that Perpich’s commission put in place seriously, then poverty would be solved, but we don’t.”

To find out more or to become involved with the poverty commission, visit www.commissions.leg.state.mn.us/lcep/lcep-members.htm and contact the members directly.

References


City of St. Paul Early Childhood Scholarship Project

By Lisa Cariveau

In January 2008, the Minnesota Early Learning Foundation (MELF) and the City of Saint Paul will begin a four-year pilot project that will allow low-income families in Saint Paul’s North End and Frogtown neighborhoods to access mentoring and high quality early education programs through the preschool scholarship project. MELF and Saint Paul Mayor Chris Coleman’s office are partnering to develop this first-in-the-nation pilot program, which is based on research done by Art Rolnick and Rob Grunewald at the Federal Reserve Bank of Minneapolis that shows the high economic return on investments in early education. The Early Childhood Development (ECD) Scholarship pilot seeks to empower families to choose high quality ECD arrangements for their children by offering them access to information about such programs through mentors and by eliminating the barrier of cost to attending such programs through the availability of financial scholarships.

Children and families participating in the project will receive family mentoring beginning as early as pre-natal and continuing to age 5, as well as a two-year financial scholarship for high quality ECD programming beginning at age 3. The pilot seeks to provide services for approximately 1,400 low-income children ages prenatal to 5 by 2011. Parents will have the option of using their scholarship at any ECD program that meets the eligibility guidelines set forth by MELF.

Lisa Cariveau, M.S.W., is the Early Childhood Project Coordinator for Mayor Christopher Coleman, St. Paul, Minnesota. She can be reached at lisa.cariveau@ci.stpaul.mn.us or 651/266-7023.
Giving Young Children a Head Start

By Wayne Kuklinski and Mary Vanderwert

“Head Start was not only a preschool program for my child, it was a lifesaver, a boost that I needed to accomplish the things I wanted. I became involved in Head Start. I volunteered in the classroom, attended parent meetings and served on Policy Council. I realized I wanted to do more. I wanted to learn more.... Head Start really is a program that helps the whole family. I just wish more people had an opportunity to experience the program.” – Minnesota parent

The goal of Head Start is to help low-income families overcome poverty by improving the health and social competence of preschool-age children and by promoting economic self-sufficiency for parents. Head Start provides a comprehensive program of early health and nutrition, early childhood and parent education, parent involvement and social services, all of which are coordinated with community-based service systems.

In Minnesota during the 2006-2007 program year, 36 Head Start programs were funded to serve 12,717 children ages three to five and 21 Early Head Start programs were funded to serve 1,604 children ages birth to 3 and their families. Combined state and federal funding has given 14,321 children and their families the opportunity to be enrolled in Head Start.

Most children are eligible, based on family income below 100% of the Federal Poverty Level. This means that a family of four must earn less than $19,350 to qualify. Children may also qualify if they are in foster care, or if their family receives public assistance. In addition, Head Start programs may enroll up to 10% of children who do not meet these income or other guidelines.

Head Start programs are located throughout the state and housed in community-based organizations, schools, and government organizations. All Minnesota Head Start and Early Head Start programs operate under federal Head Start Program Performance Standards and are reviewed every three years by a team under the leadership of the Administration for Children and Families Regional Office and annually by Minnesota Department of Education field representatives.

For the current fiscal year, Head Start programs in Minnesota receive $84.7 million in federal funds and $20.1 million in state appropriated funds. Until 2004, the federal government regularly provided cost-of-living increases, quality improvement, and periodic expansion but federal funding has hardly changed since then. State funding of Head Start was reduced in 2003 but was gradually restored in 2004, 2005, and 2007 to its current level.

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Promoting Healthy Development on the White Earth Reservation

By Barb Fabre

The White Earth Reservation is nestled in the north central part of Minnesota and is home of the Ojibwe Nation, one of eleven federally-recognized tribes in Minnesota and one of the largest bands in the state (20,192 enrolled members). The reservation boundaries encompass 1,300 square miles and approximately 9,122 people (both tribal and non-tribal persons) live within our boundaries, according to the 2000 U.S. Census. For those of us that live here and work here, we know that number is not a recent reflection of all the families that reside here. There has been an influx of families returning to the reservation, which has skyrocketed the need for housing, jobs, transportation, health care, child protection, and child care.

My name is Barb Fabre and I am an enrolled member of the White Earth Reservation and I have worked for the tribe since 1985 in various capacities and for the past 14 years, responsible for developing and administering the tribe’s child care programs.

The White Earth Child Care Programs (WECCP) provides child care services to low-income families through child care assistance services and by recruiting, licensing, training, and monitoring child care providers. Over the years, the WECCP has become one of the tribe’s leaders in community outreach services to children and families in the areas of child development, early childhood education/training, literacy, professional development and in bringing communities, programs, and schools together to create powerful and productive collaboration teams.

In my professional and personal life, I have seen and experienced the challenges of living in a high poverty area with limited resources. In this age of methamphetamine addiction, alcohol/drug abuse, high infant mortality rates, suicide/depression, and out-of-home placements happening across the country, our reservation has seen its share of these social ills. Our most innocent victims of these social illnesses are our children. One of our tribe’s early childhood interventionists is concerned about the increased number of children diagnoses with various forms of Autism, Attention Deficit Disorder, Attention Deficit/Hyperactivity Disorder, Fetal Alcohol Spectrum Disorders, and the infants who are born going through drug withdrawals. As gloomy as this may sound, it is our reality.

The one thing that remains clear, through all these years of working and living here on the reservation, is that parents truly want the best for their children, no matter what their situation is. They want their children to succeed and live a better life then they may have had.
However, it is because of these cases that the desire to help heal our families has increased ten-fold at the reservation’s Tribal Council and its programs that improve the lives of children and families. Although challenged with a shortage of funding and large caseloads, these programs continue to make leaps and bounds by providing family support, community activities, safety, employments, housing, transportation, educational opportunities, awareness, and efforts in revitalizing our traditions, culture, and language.

The WECCP believes in prevention by empowering our communities with information about the issues that affect a child’s developing brain. The one thing that remains clear, through all these years of working and living here on the reservation, is that parents truly want the best for their children, no matter what their situation is. They want their children to succeed and live a better life then they may have had, or at least one with more opportunities.

To help reach families and providers in our rural areas of the reservation, the WECCP purchased a used and retired book mobile, and converted it into the Early Childhood Readmobile and Community Outreach Services mobile unit. This enables us to bring early literacy, the Ojibwe language, storytelling, dental varnishing, school readiness initiatives, early childhood training, and books to children and families anywhere on the reservation and in any setting.

The WECCP has staff who are certified trainers in multiple curricula (e.g. Positive Indian Parenting, Infant & Toddler Training Intensive, Project Exceptional, Brazelton’s TOUCHPOINTS, Stop It Now, Shaken Baby Syndrome, Sudden Infant Death Syndrome, Ages & Stages, etc.) which allows us to hold various trainings in child care settings and communities and for both the staff and clients of agencies who work with children.

WECCP saw another need: Parents, foster parents, social workers, child care providers, Head Start staff, school teachers and professionals, all needed to be in the same room, sitting side by side, network and hearing the same information on issues that affect a child’s developing brain. To get high quality, cutting edge training, most professionals have to travel four hours to the Twin Cities area or beyond. Therefore, the WECCP decided to host a small training on brain development in 2001 and bring in experts like Dr. Cathy Grace from the Early Childhood Institute at Mississippi State University to share extensive brain development research and best practices with our reservation. It evolved into a conference that attracted over 1,200 people in its first year. It was Minnesota’s largest brain development conference and it became an annual event. In August 2007, the Communities Collaboration Planning Committee, which consists of multiple agencies and schools, hosted the seventh annual Communities Collaborative Brain Development Conference.

Barb Fabre is the Director of the White Earth Child Care Program, White Earth, Minnesota; enrolled member of the White Earth Ojibwe Nation; public school board member; and chairwoman of the National Indian Child Care Association (www.nicca.us).

“Although the world is full of suffering, but it is full also of the overcoming of it.”
– Helen Keller
Please update your records with our new mailing address:

Center for Early Education and Development
University of Minnesota
40 Education Sciences Building
56 East River Road
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Come visit us in person or at our new Web address: http://cehd.umn.edu/ceed
Our phone, 612/625-3058, and fax numbers, 612/625-2093, remain the same.