

Families Living in Poverty

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"Poverty demoralizes."

—Ralph Waldo Emerson (1860, p. 90)

"It is not an ennobling experience. Poverty entails fear, and stress, and sometimes depression; it means a thousand petty humiliations and hardships."

—J.K. Rowling (2008)

"If a free society cannot help the many who are poor, it cannot save the few who are rich."

—John F. Kennedy, Jr. (1961)

Poverty pervades every aspect of the life of an individual and a family. Income deprivation influences whether families can meet the most basic needs for food and shelter. It affects the health of family members. Poverty influences human relationships and stresses parents' abilities to care for and raise their children. Poverty can exert a particularly devastating influence on children's development, and it is disproportionately represented across particular cultural and ethnic groups. With limited access to resources that others take for granted and exposure to more perilous living conditions, some individuals' lives are rendered more difficult and at risk. Persons living with economic hardships are more likely to have physical and mental health concerns. Children growing up in low-income families are more likely to endure compromised child development.

The effects of childhood poverty have been documented extensively with respect to academic and school outcomes. Children growing up in poverty begin school behind their peers who have more means, and they often continue to demonstrate lower skill performance during their schooling (Duncan & Magnuson, 2011). The effects of environmental conditions associated with growing up in poverty are especially troubling for very young children who are undergoing rapid and important brain development. Timing, thus, may be an issue. Harmful circumstances that occur early in a child's life during this particularly sensitive and vulnerable period of development may constitute even greater risk from neglect or exposure to harm (Duncan & Magnuson). The 2010 census revealed that the official U.S. poverty rate was 15.1%; this figure represents 46.2 million people (DeNavas-Walt, Proctor, & Smith, 2011). Using a new

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supplemental poverty measure (SPM) that takes into account government benefits such as nutritional supplements, medical costs, and housing subsidies, the poverty rate increases to 49 million Americans, or 16% of the population (Short, 2011). These facts are particularly alarming when one reflects on the official classification system, which defines the federal poverty line as \$22,113 for a family of four and as \$24,343 using the new SPM. Poverty rates have been increasing for most population groups, with the real median income declining for both White and Black households—even those who are not classified as "poor" (DeNavas-Walt, Proctor, & Smith). Over 15.5 million children, or nearly one quarter of children in the United States, are growing up in low-income families (Chau, Thampi, & Wight, 2010a, 2010b, 2010c; Wight, Chau, & Atarati, 2011). Of these children, 9% live in families considered to be at the extreme poverty level (less than 50% of the federal poverty line). The rate of poverty varies widely across the country, but these data indicate that black, American Indian, and Hispanic children are disproportionately affected.

This chapter explores the meaning of poverty, how poverty affects family and child outcomes, and how transactional models of development help family service providers to understand and support family adjustment and adaptation. Although associations of poverty with damaging developmental outcomes are well documented in the research literature, the pathways whereby income deprivation influences an individual child or family are complex. Lack of access to resources (e.g., adequate meals, health care, learning environments) or exposure to deleterious conditions (e.g., neighborhood violence) can snowball and lead to conditions such as health concerns, depression and mental health issues, less responsive caregiving, and compromised educational and learning opportunities. The supports and resources that are provided to children and families can influence these pathways; they can provide the mechanisms and opportunities to strengthen families' abilities to cope and adapt to stressful circumstances.

THE FACES OF POVERTY

Poverty has many faces. The stories that follow suggest the range of American families who struggle through economic hardships, as well as the multiple effects created by economic deprivation on families. Some families are able to overcome these difficulties, whereas others succumb to the overwhelming uphill battle. Begin by considering these different families, all of whom struggle with economic hardship to care for their children. These families exemplify the many faces of poverty. As discussed briefly in Chapter 1, poverty is found across all geographical regions, races, and family constellations, although higher percentages of families living in poverty are found in certain groups. Low-income families are more likely to be headed by a single parent (usually a mother), reside in a city, and have not graduated high school. In addition, although a larger number of people living in poverty are Anglo-American, a larger percentage of African Americans, American Indians, and Hispanic/Latinos are poor (Dalaker, 2001).

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Mary Anne and her daughter, Cecilee, who has cerebral palsy, share dinner with her large family every Sunday when the family meets after church. Mary Anne and her daughter

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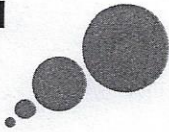
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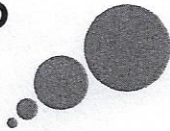
live in a small trailer behind her mother's house and most of Mary Anne's relatives live within 5 miles of them. Mary Anne feels fortunate to have her family close by. Someone is almost always available to care for Cecilee for a short time or give her a ride to her Head Start class or to a medical appointment. Mary Anne is unemployed; she recently was laid off from her custodial job at a nearby paper plant. The long hours spent working at night had been difficult for her, but now she is faced with unemployment and no income. When Mary Anne is out searching for work, Cecilee's grandmother tries to take care of Cecilee, but her arthritic condition prevents her from being able to lift or move to assist Cecilee.

Hernandez Family



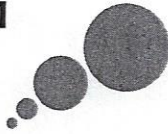
Graciela and Arnoldo Hernandez scramble to keep food on the table and a roof over their heads. Graciela works during the morning and afternoon and then rushes to retrieve their son from preschool and prepare the family meal before Arnoldo goes off to his night job. They are worried about the health and safety of their three young children. They confess to the family support coordinator from their child's school that their apartment is full of rats. However, they do not want to complain for fear of being evicted. They try to keep the children off the floor and keep them close at night.

Ge



Ge is a 7-year-old girl who has a visual impairment. Ge's father, Ly Chia, and her mother, Mai Dao, immigrated to the United States from Laos and settled in a small farm community. Her family was forced to subsist on welfare after the economic recession that shut down many local factories in their new community. Ly Chia's brother lives nearby. He manages to feed his own family from the produce of his small farm and to help Ly Chia's family as well. Ge is in first grade and is bussed to school with her 9-year-old brother, while her 3-year-old sister remains at home during the day. Ge's brother helps her navigate and get to her classroom, where she receives specialized services for her visual impairment.

Lamont



Lamont's family lives in a large, urban area. When Lamont was born at City Hospital, Jonelene, his mother, was told that he had Down syndrome and that he would need pediatric care and an early intervention program. She and her husband, Carl, took him back to the hospital emergency room several times over the next year—once when he fell off the bed and stopped breathing, and again when he had a fever and was coughing and wheezing so much that they were afraid he would die. A public health nurse

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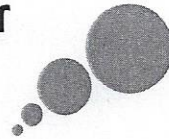
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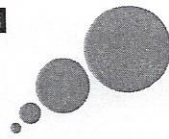
came to visit the family's small apartment and helped them to get connected to a local agency that provides services to infants with disabilities. Jonalene fully intended to get Lamont registered in the program, but she and her husband split up and she had to leave the apartment. She was forced to move from shelter to shelter. Just finding a roof over their heads and getting a hot meal each day became her daily existence.

Jose



Arely and her 16-year-old son Jose immigrated to the United States 10 years ago. They share a small apartment with Arely's sister and her son in a suburban area. Both sisters send whatever money they can to relatives in El Salvador who were left homeless by an earthquake. Arely typically works 12 hours per day, and often 6 days per week, cleaning houses. She is extremely worried about her son, who was expelled from high school after threatening another student. She finds solace and support in her church; she goes every Sunday (her one day off of work) and several nights a week to pray.

Dawn



Floyd and Nancy Marshall have two children, Dawn and David. Dawn's birth was fraught with difficulties, and she sustained brain damage during delivery. Subsequently, she had numerous hospitalizations and health complications. Floyd works at the local mill and earns minimum wage while Nancy tries to earn a few dollars here and there by helping to care for elderly neighbors or children. Making ends meet each month is a challenge. The family has borrowed money from Nancy's parents, and they have relied on the assistance of people in their community on more than one occasion. They often express exasperation over the fact that their hard work does not seem to get them ahead or even on par with their family's needs.

Children and Poverty

Over 15 million children live in poverty (under the official poverty line of \$22,113 per year for a family of four); that number increased by 33% between 2000 and 2010 (Wight, Chau, & Aratani, 2011) to represent 21% of all children. When the new supplemental poverty measure is used to calculate the proportion of children living in poverty, the percentage drops to 18% (Short, 2011). This reduction is due to the inclusion of family resources from in-kind benefits, such as targeted government programs aimed at nutritional supplements (Supplemental Nutrition Assistance Program), children's health care, housing supplements, and child care. Nine percent of children (6.8 million children) have families who live in extreme poverty (i.e., at less than 50% of the federal poverty level or less than \$11,000 for a family of four people; Wight et al.). The poverty rate for infants and toddlers is higher than for any other age group (Kruisinger & Tarr, 2011; Wight et al.). Immigrant families are likely to live in poverty (27%), and the poverty

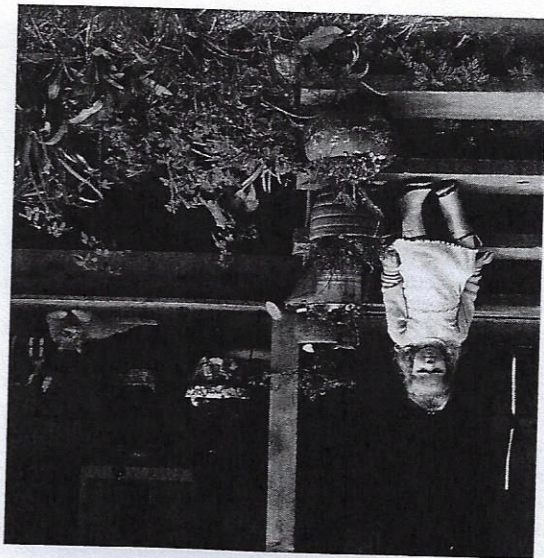
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rates for children vary by race/ethnicity: 36% for Black/African American children, 34% for American Indian children, 33% for Latino children, 15% Asian children, and 12% for White children (Wight et al.).

Studies show that families typically need at least twice the income level at the poverty line (more than \$44,000 for a family of four) to make ends meet (Chau, Thampy, & Wight, 2010c). It is noteworthy that some 42% of children live in families at this level (twice the poverty level), which is considered low income. The concerns of these families typically mirror those for families considered to be "poor" and include issues of underemployment or unemployment, child care, and health care.

As is evident, a large number of children live in poverty in the United States. These conditions influence their exposure to risk conditions and reduce their access to environmental conditions for optimal learning and development.

Poverty and Race/Ethnicity

Using 2010 census data, the official poverty rates by race/ethnicity are as follows (Short, 2011):

- Whites: 13.1% (31,959,000 people)
- Blacks: 27% (10,741,000 people)
- Asians: 12.1% (1,737,000 people)
- Hispanics of any race: 26.7% (13,346,000 people)

Poverty rates have been increasing across the board for most racial and ethnic groups in the United States. However, the new SPM formula that takes into account government benefits (e.g., nutritional supplements, medical costs, housing subsidies) shows the greatest increase for Hispanics, with the poverty rate shifting from 26.7% using the official measure to 28.2% with the SPM (Short, 2011). The use of the SPM measure shows a reduction in the poverty rate for Blacks (from 27.5% to 25.4%) due to participation in social programs.

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Census reports also document the association of race and ethnicity with health disparity indicators such as family composition (e.g., single parents), food insecurity, health insurance coverage, environmental factors (e.g., exposure to secondhand smoke, lead poisoning), health and dental care, and health issues including asthma, obesity, and learning and behavioral problems (Seith & Kalof, 2011). Factors of race and ethnicity also are associated with gaps in school readiness (Brooks-Gunn, Rouse, & McLanahan, 2007). These associations and disparities are disturbing given that an increasing number of children of color are living in poverty.

Poverty and Disability

The links between poverty and disability are also compelling. Findings from the Institute for Women's Policy Research analysis of disabilities among families reported that low-income families are nearly 50% more likely to have a child with a disability or a severe disability than are higher income families. Furthermore, they reported that families receiving welfare benefits have an even higher likelihood of having at least one child with a disability: 20% of all families receiving welfare benefits have a child with a disability; of these families, 13% have a child with severe disabilities (Lee, Sills, & Oh, 2002). In addition, this analysis found that single-mother families were more likely to have a child with a disability than were two-parent or single-father families. Disability rates were also higher for single mothers in low-income families than for single mothers with higher incomes. Approximately 29% of these low-income single mothers had a disability and 17% had a severe disability (as contrasted with 17% and 5%, respectively, for higher income single mothers). The percentages for Nedy Families—38% of these women had a disability and 25% were reported to have a severe disability (Lee et al., 2002). Other reviews related to welfare reform and disabilities estimated that 30%–40% of families receiving welfare had either a mother or a child with some level of disability (Loprest & Acs, 1996; Meyers, Lukemeyer, & Smeeding, 1996). A study conducted by Fujiura and Yamaki (2000) gathered prevalence data that revealed a relationship between poverty and risk for disability. The conditions of poverty that may lead to disability or chronic illness and the provision of resources to low-income families who have members with disabilities, however, have largely been overlooked in research and policy formation (Rosman & Knitzer, 2001). Recommendations for addressing the needs of these families who receive welfare and who have family members with disabilities have been made to expand access to health care, child care, and vocational training and secure income maintenance through Supplemental Security Income (Birenbaum, 2002).

Historical Trends in Poverty Rates

Poverty rates undeniably are linked to social and political time periods (e.g., the Great Depression) and to the corresponding shifts in family characteristics and societal pressures and opportunities. The increase in mother-only households is often cited as causally linked to increased poverty rates for children. However, the link may not be so linear or clear cut as is often thought. Although lower income levels typically characterize mother-only households, the low earnings of fathers and employment insecurity remain prime contributors to increases in poverty as well (Hernandez, 1997). In addition, analyses suggest that these issues (e.g., low salaries) may indirectly influence poverty and family trends by necessitating that mothers work outside the home to increase family

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Poverty rates for families and children have varied over the past decades. In a study of poverty between 1998 and 2000 (Dalaker, 2001), the average rates over the 3-year period for various populations were the following: 11.9% for all races, 25.9% for American Indian/Alaska Natives, 23.9% for Blacks, 23.1% for Hispanics, 11.3% for Asian/Pacific Islanders, and 9.9% for Whites (7.8% for white, non-Hispanic). The overall poverty rate dropped between 1999 and 2000, undoubtedly due to a strong economy. With the economic downturn in the early 21st century, more families and children began living in impoverished circumstances. The percentage of children living in low-income families increased from 37% in 2000 to 42% in 2009 (Chau, Thampi, & Wight, 2010c). The risks posed to the well-being of these families and children are many and comprehensive. Duncan and Magnuson (2011), citing studies of child achievement and adult employment, argued that the effects of poverty in childhood on later development are particularly compelling and influential.

WHAT IT MEANS TO BE POOR

In the discussion thus far, the definition of poverty has centered on income level as defined by the official federal poverty line for a family of four. Policy makers and social scientists, however, have hotly debated the characteristics used to define poverty or economic deprivation. Income alone hardly paints the whole picture. In fact, these numbers and percentages are conservative markers for children and families living in poor economic resource conditions. The official measure has failed to take into account key government programs that affect family income, changes in standards for living, job expenses, medical costs, changes in family situations, and geographic variations in expenses (Short, 2011). A 1988 study by Hagenars and de Vos (as cited in McLoyd, 1998a) described different methods for defining poverty: absolute poverty, in which one does not have the minimum required for basic needs such as food, clothing, and housing; relative poverty, in which one has less than others in terms of what is typical for most members of that society; and subjective poverty, in which a person feels that he or she does not have enough to get along.

The absolute poverty marker refers to the official poverty line as determined by the Social Security Administration in the 1960s; it is the most commonly used marker for policy and research. This marker provides thresholds for families of different sizes and compositions and was calculated to represent the cost of a minimum diet multiplied by three. A number of difficulties are associated with this marker. First, it fails to adjust for geographic location in living costs and variation in support programs, such as food stamps and Medicaid. In addition, pretax income is used to determine who is below the threshold of poverty. Also, this marker does not reflect the poverty gap—in other words, how far below the threshold the family falls. For a history of the official poverty measure, see Fisher (1997). For more information on measuring income and poverty, see Citro and Michael (1995), Fass (2009), and Short (2011).

Other definitions offer a broader view of economic deprivation than that based on a somewhat arbitrary cash marker of family income. In some research studies, socioeconomic status (SES) has been used to categorize individuals. Components such as the father and mother's occupations, education levels, and certain lifestyle variables also have

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Children living in impoverished conditions may be at greater risk of exposure to a variety of risks including inadequate nutrition, environmental toxins, impaired parent-child interaction, trauma and abuse, lower quality child care, and drugs and substance abuse by parents (Kruttsinger & Tarr, 2011; National Center for Children in Poverty, 1999). These factors further increase the risk of developmental impairment for children. Because nearly one in five young children in the United States lives in poverty, the urgency of this issue is apparent (Chau, Thampi, & Wight, 2010c). Scientific evidence on early brain development underscores the importance of experience in the early years to the child's emotional, intellectual, and physical development (Shore, 1997). Advances in neuroscience research have documented the course of early brain development and highlighted the sensitive period for optimal brain development in the earliest years (including prenatal development) of the child's life. During these early years, exposure to environmental stimulation has a profound effect on brain growth and development. Likewise, early exposure to risks, such as those factors previously listed, also may impede brain development.

In this light, consider again the risk factors identified by the National Center for Children in Poverty (1999; see Figure 6.1). Malnutrition in children is associated with

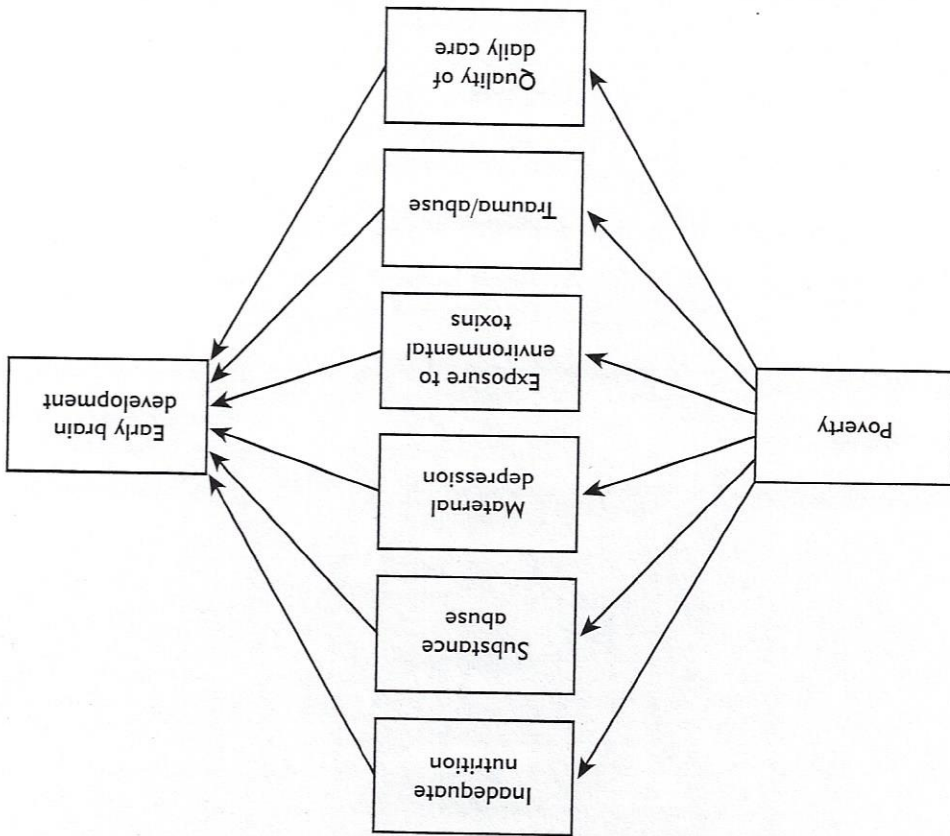


Figure 6.1. The effect of poverty on brain development in early childhood. (From National Center for Children in Poverty [1999]. *Poverty and brain development in early childhood* [p. 1]. Retrieved from http://www.nccp.org/publications/pdf/text_398.pdf; reprinted by permission.)

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delays in physical growth and motor skills development, lower test scores in subsequent years on academic subjects, social withdrawal, and, as a result, lower expectations from parents and teachers. Research studies substantiate the link between degree of poverty and degree of malnutrition (Brown & Pollitt, 1996). Substance abuse during and after pregnancy also has been demonstrated to produce deleterious effects on brain development (Mayes, 1996). Exposure to toxins such as lead also can damage or stunt brain growth (Seith & Isakson, 2011). Furthermore, children who experience trauma or abuse in their early years may have difficulties forming attachments, and they may display more anxiety and depression. The stressors associated with poverty create more trauma for these children (Brooks-Gunn et al., 1995).

The quality of care also is important to children's well-being, particularly children's emotional and intellectual development. Mothers who suffer from depression are less likely to provide appropriate and needed stimulation and interactions with their infants, resulting in deficits such as lowered activity levels, withdrawal behaviors, and shorter attention spans (Belle, 1990). Positive interactions and exposure to learning environments influence how the brain develops. Poor child care and parent-child interactions likely impede a child's development, whereas high-quality child care experiences have been linked with enhanced child development (Burchinal, Lee, & Ramey, 1989; Cost, Quality and Child Outcomes Study Team, 1995). Children living in poverty are disproportionately exposed to risks, and thus their well-being is seriously threatened.

An extensive body of research literature has documented the association between poverty and child outcomes. Family income can dramatically affect outcomes for children and adolescents, and these negative effects are more apparent for some outcomes than for others. In addition, these outcomes are linked to the depth and duration of poverty (Brooks-Gunn & Duncan, 1997). Descriptive studies have linked poverty conditions to teenage pregnancy, low academic achievement, and juvenile delinquency (Brody et al., 1994; McLoyd & Shanahan, 1993; Sampson & Laub, 1994). Furthermore, low income has been associated with socioemotional difficulties, including conduct disorders, anxiety, and depression (Bank, Forgatch, Patterson, & Petrow, 1993; Dodge, Pettit, & Bates, 1994; McLoyd, Jayaram, Ceballo, & Borquez, 1994; Pinderhughes et al., 2001). Brooks-Gunn and Duncan (1997), using data from large-scale, national, cross-sectional databases, provided a comprehensive analysis of the links between family income and child outcomes. The data sets analyzed included the Panel Study of Income Dynamics, the National Longitudinal Survey of Youth (NLSY), Children of the NLSY, National Survey of Families and Households, the National Health and Nutrition Examination Survey, and the Infant Health and Development Program (IHDP). Outcomes were examined in the areas of physical health (low birth weight, growth stunting, lead poisoning), cognitive ability, school achievement, emotional and behavioral outcomes, and teenage out-of-wedlock childbearing.

Brooks-Gunn and Duncan (1997) noted that different indicators of risk or well-being were found at different periods in the child's life (e.g., birth to 2 years, early childhood from ages 3 to 6, late childhood from ages 7 to 10, early adolescence from ages 11 to 15, late adolescence from ages 16 to 19). With respect to physical health, their analyses revealed that children from low-income families were less likely to be in excellent health. Children born to mothers with low incomes also were more likely to have low birth weights—a factor itself associated with potential health, cognitive, and behavioral difficulties in future development. Furthermore, children living in poverty were more likely to manifest growth stunting and experience lead poisoning.

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An extensive body of research literature has documented the association between poverty and child outcomes. Family income can dramatically affect outcomes for children and adolescents, and these negative effects are more apparent for some outcomes than for others. In addition, these outcomes are linked to the depth and duration of poverty (Brooks-Gunn & Duncan, 1997). Descriptive studies have linked poverty conditions to teenage pregnancy, low academic achievement, and juvenile delinquency (Brody et al., 1994; McLoyd & Shanahan, 1993; Sampson & Laub, 1994). Furthermore, low income has been associated with socioemotional difficulties, including conduct disorders, anxiety, and depression (Bank, Forgatch, Patterson, & Petrow, 1993; Dodge, Pettit, & Bates, 1994; McLoyd, Jayaram, Ceballo, & Borquez, 1994; Pinderhughes et al., 2001). Brooks-Gunn and Duncan (1997), using data from large-scale, national, cross-sectional databases, provided a comprehensive analysis of the links between family income and child outcomes. The data sets analyzed included the Panel Study of Income Dynamics, the National Longitudinal Survey of Youth (NLSY), Children of the NLSY, National Survey of Families and Households, the National Health and Nutrition Examination Survey, and the Infant Health and Development Program (IHDP). Outcomes were examined in the areas of physical health (low birth weight, growth stunting, lead poisoning), cognitive ability, school achievement, emotional and behavioral outcomes, and teenage out-of-wedlock childbearing.

Brooks-Gunn and Duncan (1997) noted that different indicators of risk or well-being were found at different periods in the child's life (e.g., birth to 2 years, early childhood from ages 3 to 6, late childhood from ages 7 to 10, early adolescence from ages 11 to 15, late adolescence from ages 16 to 19). With respect to physical health, their analyses revealed that children from low-income families were less likely to be in excellent health. Children born to mothers with low incomes also were more likely to have low birth weights—a factor itself associated with potential health, cognitive, and behavioral difficulties in future development. Furthermore, children living in poverty were more likely to manifest growth stunting and experience lead poisoning.

With regard to cognitive abilities, Brooks-Gunn and Duncan (1997) noted that children living in poverty were 1.3 times more likely than children who were not living in poverty to experience developmental delays and learning disabilities. In a related study using the NLSY and IHDP data sets, children from families with lower incomes scored lower on standardized tests of IQ, verbal ability, and achievement (Smith, Brooks-Gunn, & Kiebanov, 1997). In that study, the effects of poverty were found at each of the ages tested between 2 and 8 years. Furthermore, duration of poverty was found to be a crucial variable. Children who lived in persistent poverty (i.e., for more than 4 years) fared worse than those who never lived in poverty, and they scored 6-9 points lower on cognitive assessments. It is also noteworthy that these negative effects appeared to grow stronger as the children got older (as demonstrated on the Peabody Picture Vocabulary Test-Revised [Dunn & Dunn, 1981] as a measure for the IHDP sample). Effects of income also were shown as early as age 2 for the IHDP children. In addition, the severity or magnitude of poverty appeared to affect children's outcome on cognitive measures. Children in the lowest income group (i.e., family income less than 50% of the poverty level) scored 7-12 points lower than children from families who had low incomes but not at the lowest poverty level. The effect of poverty was noted to have some relationship to school achievement in the older age groups as well (Brooks-Gunn & Duncan). Poverty was shown to exert a small but negative impact on graduation rates and years of schooling attained. An increase in family income in the early years was associated with more years of schooling completed, however.

Emotional and behavioral child outcomes were also analyzed (Brooks-Gunn & Duncan, 1997). Children who were poor were found to experience emotional and behavioral difficulties more frequently than children who were not poor. Both externalizing behaviors (e.g., aggression, fighting, acting out) and internalizing behaviors (e.g., anxiety, social withdrawal, depression) were studied. Again, results revealed that children growing up in persistent poverty were more likely to experience both externalizing and internalizing behavior problems than were children who had not grown up in persistent poverty (IHDP sample; Duncan, Brooks-Gunn, & Kiebanov, 1994). Children who experienced short-term poverty also demonstrated more behavior problems, but the effects were not as great as for those in persistent poverty. Although studies demonstrated a link between poverty and emotional outcomes, the effects of poverty were not as large in this area as for cognitive outcomes (Brooks-Gunn & Duncan). Other research studies have noted effects on socioemotional development and diminished adaptive functioning (e.g., relationships with peers, self-esteem, behavior problems, vulnerability to depression) for children living in poverty (McLoyd, 1990, 1997). Brooks-Gunn and Duncan also examined the relationship of income to out-of-wedlock teenage births. Findings revealed that the timing and duration of poverty did not seem to exert an effect, although the rate of teenage out-of-wedlock births was nearly three times higher for teenagers from low-income families than for teens not living in poverty.

In research on poverty, it is difficult to ferret out the effects of income poverty from other interacting variables, such as timing of poverty and family structure. With respect to timing, these data (Smith, Brooks-Gunn, & Kiebanov, 1997) did not reveal differences on cognitive indices. It must be noted that the time periods were short (within the early years), however, and also that these negative outcomes were apparent by the age of 2. Brooks-Gunn and Duncan (1997) cited additional data that the timing of family income level affected a child's years of schooling completed. They found that family income levels in the child's early years (younger than age 5) were more strongly linked to number

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of school years completed than were family income levels when children were between the ages of 5-10 or between the ages of 11-15. They noted further that a \$10,000 increase in mean family income between birth and 5 years was associated with an additional full year of school attained for children from low-income families.

The Effect of Family Structure on Income Levels

The impact of family structure as it relates to family income levels and child development outcomes has been of interest. Understanding the effect of different family structures and family shifts in response to changing societal programs (e.g., welfare reform) and values is complex. Research suggests that the family structure makes a difference, and growing up in families characterized by disruption does produce negative developmental consequences (McLanahan, 1997).

In the study by Smith et al. (1997), family structure did not influence outcomes for either of the two samples across ages when income levels were controlled. In the NLSY sample, however, when income level was *not* considered, the situation of living in a female-headed household and the introduction of another new parent into the family were both associated with lower verbal ability scores for young children. According to Booth and Dunn (1994), these findings are in accord with others, suggesting that remarriage or first marriage for a never-married mother may bring stresses. Although surveys indicate that the number of single-parent households has declined in recent years, troubling new reports indicate that more children (particularly African American children in cities) are living in households with no parent (e.g., living with relatives, friends, or foster families; "More Kids," 2002).

ECONOMIC WELL-BEING AND FAMILY VARIABLES

Economic hardship also has been associated with effects on family variables—parenting behavior, parental and family functioning, marital relationships, and family processes (Brody et al., 1994; McLoyd, 1990; Pinderhughes et al., 2001). One study was conducted on a large sample of families in a rural Midwest region characterized by economic difficulty; the authors found economic stress was linked to marital and family conflict and conflicts between parents and their adolescent children (Conger, Ge, Elder, Lorenz, & Simons, 1994).

Other research has expanded knowledge of the relationship between economic hardship and family and child functioning to include more diverse samples. For example, this phenomenon was examined in a study with an ethnically diverse, low-income sample of children who were African American and Hispanic and who lived in families headed primarily by single mothers (Mistry, Vandewater, Huston, & McLoyd, 2002). Results of this research confirmed that economic stress affected parenting behavior due to adverse effects on parental psychological well-being. Parents reported feeling less effective or capable in child disciplinary situations and were observed to be less affectionate in parent-child interactions. These less optimal parenting practices were associated with higher ratings of behavior problems for children and lower teacher ratings for positive child social behavior. Thus, a family economic stress model was used to understand the impact of poverty on families and children. Although economic hardship has been strongly associated with family stress, variables such as family ethnicity, work history, geographical location and density (urban versus rural), and community and personal resources may play crucial roles in determining how families actually

respond to economic influences on pathways of families and parents

As is evident from the pathways of families and parents, home environment, neighborhood practices are present

Poor health concerns also can For instance, low children are both associated with ability in late level. Goldstein (1994) also been associated with ear infections marriage or first marriage for a never-married mother may bring stresses. Although surveys indicate that the number of single-parent households has declined in recent years, troubling new reports indicate that more children (particularly African American children in cities) are living in households with no parent (e.g., living with relatives, friends, or foster families; "More Kids," 2002).

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Parental mental health affects child mental health associated with learning experience. Finally, parents in the way that Brooks-Gunn,

respond to economic distress (McLoyd, 1990). Living in poverty challenges the abilities of families and parents to support and care for themselves and their children (McLoyd).

Pathways or Mechanisms of Influence

As is evident from the research reviewed, living in poverty can exert powerful negative influences on family functioning and children's developmental outcomes. Of interest are the pathways or mechanisms whereby income levels influence child outcomes. Brooks-Gunn and Duncan (1997) discussed five potential pathways: health and nutrition, home environment, parental interactions with children, parental mental health, and neighborhood conditions. Each pathway is briefly considered and implications for practice are presented later in this chapter.

Poor health can result from living under adverse economic conditions. Health concerns also can serve as a pathway through which other child outcomes are affected. For instance, low birth weight and increased levels of lead in the blood in young children are both associated with deleterious consequences such as lower scores of cognitive ability in later years. Recurrent ear infections and consequent hearing loss have also been associated with lower IQ scores for children regardless of family's income level. Goldstein (1990) suggested that low birth weight, lead, anemia, and recurrent ear infections may have accounted for up to 13%-20% of the difference in IQ scores between 4-year-old children in families who were considered to be "poor" or "non-poor" in the study.

Studies also have revealed links between adverse child outcomes for children living in poverty and measures of home environment. Typically, researchers have used the Home Observation of Measurement of the Environment (HOME) Inventory (Caldwell & Bradley, 1984) to study this phenomenon. The HOME scale assesses learning materials in the home, maternal warmth toward the child, and parent experiences with the child. An overview of the research in this area (Brooks-Gunn & Duncan, 1997) suggested that elements of the home environment accounted for a significant portion of the effect of income level on children's outcomes in cognitive ability. Studies have determined that approximately half of the effect of poverty level on children's IQ scores can be explained by its effect on learning experiences in the home (Bradley, 1995).

Moving beyond an examination of home environmental issues such as materials and activities, studies also have linked dimensions of parent-child interactions to child outcomes and poverty. As reviewed by Brooks-Gunn and Duncan (1997), parenting practices affect child achievement and adjustment. Some studies have suggested that in families living in poverty, parents may be more likely to use harsh punishment and display lower quality parent-child interactions. For example, a study on young children's mental health noted that children in homes characterized by poverty were spanked more than those in higher income homes (McLeod & Shanahan, 1993).

Parental mental health is noted as another potential pathway through which poverty affects child outcomes (Brooks-Gunn & Duncan, 1997). Less favorable physical and mental health status is associated with poverty. In turn, parents experiencing conditions associated with poorer mental health, such as depression, are less likely to provide quality learning experiences for their children and to engage in optimal parent-child interactions. Finally, poverty may serve as a mechanism for potentially altering child outcomes in the way that it affects neighborhoods (Brooks-Gunn & Duncan, 1997; Levanthal & Brooks-Gunn, 2000, 2003). Certainly, neighborhood environments characterized by

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violence, crime, and limited resources for enhancing child development (e.g., playgrounds, child care, school facilities) may interfere with families' abilities to support one another and their children. Such factors are likely to be associated with adverse child outcomes. Although family effects may exert a more direct link to child outcomes, the neighborhood effects may indirectly contribute to child outcomes, particularly in the school-age years (Chase-Lansdale & Gordon, 1996; Chase-Lansdale et al., 1997). The research suggests that families are the key agents for child outcomes, but neighborhood circumstances may play an increasing role on children's outcomes as they age, particularly when children venture out of the home during school age and beyond (Brooks-Gunn, Duncan, & Aber, 1997a).

EXAMINING RISKS AND SUPPORTS THROUGH TRANSACTIONAL AND ECOLOGICAL MODELS

Scientific inquiry has shifted from "asking *whether* family resources affect child development to asking *why* research shows so consistently that they do" (Shonkoff & Phillips, 2000, p. 267). As such, the impact of poverty on children and families is perhaps best examined and understood through transactional and ecological models that underscore the importance of the child's and family's interactions with the larger world. These models provide a structure through which the complex array of factors and circumstances associated with living under economic hardship can be viewed and the interplay between characteristics of children/families and the environments in which they live can be better understood. The previous discussion of pathways suggests the importance of this dynamic, transactional process.

Schorr painted a portrait of how a myriad of factors—all influenced by poverty—can place child development in jeopardy:

The child in a poor family who is malnourished and living in an unheated apartment is more susceptible to ear infection; once the ear infection takes hold, inaccessible or inattentive health care may mean it will not be properly treated; hearing loss in the midst of economic stress may go undetected at home, in day care, and by the health system; undetected hearing loss will do long-term damage to a child who needs all the help he can to cope with a world more complicated than the world of most middle-class children. When this child enters school, his chances of being in an overcrowded classroom with an overwhelmed teacher further compromise his chances of successful learning. Thus, risk factors join to shorten the odds of favorable long-term outcomes. (1988, p. 30)

As this scenario so vividly portrays, children and families living in poverty face increased risks for poor developmental outcomes. These risk factors interact with one another to transform the developmental possibilities for individuals. Mediating factors help to illuminate how poverty is related to adverse developmental outcomes and also how protective factors can serve to support the well-being of children and families.

Reconsider for a moment the transactional model described in Chapter 3. This model helps explain the outcomes in the previous example. It illustrates how environmental factors (e.g., malnutrition, substandard living conditions) can lead to negative developmental consequences for the child (e.g., developmental delay caused by loss of hearing from ear infection). These consequences, in turn, can transform the child's development and lead to other outcomes. This child's undiagnosed hearing loss will likely lead to less participation in school activities and lessons, poorer interactions with

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peers, and difficulties communicating with important adults in his environment, such as his teacher. These factors produce a transaction: The child's development is negatively affected or transformed such that the child is less likely to be able to interact with or benefit from important aspects of his environment. Furthermore, other characteristics of the child's environment, such as overcrowded schools, poor or inappropriate teaching methods, inadequate or inappropriate health care, and/or lack of diagnostic and intervention services, can exacerbate the negative consequences to the child. From this simple example, one can witness that the child whose development is already at risk is placed in an environment that is less likely to benefit or structure the child's learning. The result is a negative spiral of repercussions. The transactional model therefore helps shed light on the mechanisms or pathways through which impoverishing conditions can act to influence child and family functioning and developmental outcomes.

For the young child at a crucial point in brain development, living in poverty is associated with many short-term risks; when these risks accumulate and interact, they can produce long-term and major consequences. Such factors include the impact on physical health (e.g., poor health and infectious disease, lower vaccination rates, greater rates of asthma and anemia), family effects (e.g., parental depression, maltreatment, exposure to alcohol and substance abuse), and environmental factors (e.g., lack of access to safe play spaces, lead exposure, increased exposure to community and interpersonal violence; Kruttsinger & Tarr, 2011).

The number and types of risks faced by children and families also influence the total impact of these risks on development and functioning. The health and developmental status of the infant and quality of the home environment interact with family economic circumstances; the more risks the child and family face, the more likely it is that negative outcomes will arise (Sameroff, 1983, 2009; Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987). Economic circumstances, because of the long and overarching layering of risk conditions, can exert a major influence such that children born into families who are not poor fare better than do those born into impoverished, even when their biologic or health status is more compromised. Children who are born with biologic risks (e.g., prematurity, low birth weight) and also are born into poverty potentially face a double hazard for even worse developmental outcomes (Escalona, 1982; Parker, Greer, & Zuckerman, 1988).

A common saying is often true: The rich get richer and the poor get poorer. This quip reflects the chronic nature and devastating effects of poverty. Indeed, families often are said to live in a cycle of poverty. This cycle of poverty will likely continue and intensify if children and families are not supported to escape its effects. Given the magnitude and range of negative effects on children and families associated with poverty, research and policy efforts have been directed toward identifying these needed supports. Studies have provided clues for supportive interventions that minimize potential deleterious outcomes for children and families living in poverty. For instance, research demonstrated that the developmental outcomes of premature, low birth weight (LBW) children living in poverty were linked to the quality of their caregiving environment (Bradley et al., 1994). Children whose outcomes were more favorable received caregiving that was more responsive, accepting, organized, and stimulating than did children with less optimal developmental profiles. Although the majority of LBW infants in this sample who were born into poverty conditions had poor developmental prognoses, several factors appeared to offset the potential for harm. The dimensions of the caregiving environments that appeared to serve as protective factors included parental responsiveness,

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acceptance of the child's behavior, variety of stimulation, availability of toys and materials, and adequate space for privacy and exploration. Thus, some of the same pathways or mechanisms that conspire to produce negative repercussions also can lead to more positive outcomes.

These pathways or mechanisms occur at all levels of families' ecological contexts. Using the terminology proposed by Bronfenbrenner (1979, 1999) and Bronfenbrenner and Morris (2006) that was reviewed in Chapter 3, these contexts and potential areas of support and intervention are examined. At the microsystem level of the child and family within the home environment, characteristics of children and/or parents that may add stress include biologic risk conditions of a child at birth, disability, and chronic illness, to name a few. Parental issues also may contribute positively to the child and family's functioning. These variables include parental mental health and sensitivity, coping strategies, parent-child interaction styles and techniques (e.g., positive disciplinary techniques, provision of learning activities and stimulation, responsibility), appropriate parental expectations, and marital and family functioning. At the mesosystem level are the influences of the neighborhood, child care resources, schools, health care facilities, houses of worship, and other community agencies charged with providing direct services to families. These formal and informal institutions are activated based on the family's desire and ability to gain support and resources from them. These community contexts can promote children's abilities to actively explore their environments and participate in stimulating and learning opportunities (e.g., exposure to language, print, numbers) and provide families with safety and security to do their jobs as caregivers and nurturers. Government and community agencies (e.g., health, educational, social service, employment, housing) and other legislative and regulatory networks are considered exosystem contexts that influence children and families through the policies and programs that they provide and the priorities that they establish. Indeed, census data on reduction of poverty in some groups (Short, 2011) documents the value of these programs that provide crucial supports such as nutrition supplementation, health care, housing, and child care.

Finally, at the most global or macrosystem level are societal attitudes and values regarding poverty, ethnic and/or racial groups, and families' lifestyles and structures. The impact of broader cultural and societal values such as the freedom from racism, acceptance of different family structures and practices, and compassion towards others creates a climate that has a profound effect on the institutions that more directly and daily influence children and families. Each of these levels of the ecological context for families reveals a potential intervention point to support individual children and their families living in poverty.

SUPPORT FOR CHILDREN AND FAMILIES LIVING IN POVERTY

What can be done to prevent, ameliorate, and/or counteract the effects of poverty? It is beyond the scope of this text to consider or debate the myriad of government and community programs that have been attempted in an effort to prevent or overcome poverty in the United States. Politicians and policy makers will continue to debate appropriate interventions to mitigate the effects of poverty, including education and employment programs, wage increases, food programs, nutrition supplements, health care, housing subsidies, child care, and early education programs (Devaney, Ellwood, & Love, 1997). Some families have long historical roots in poverty that extend generation after generation, living in neighborhoods characterized by economic distress and hopelessness, lack

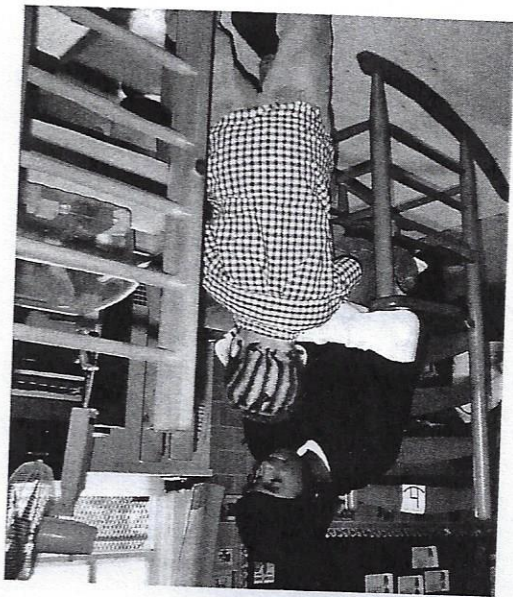
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of education or opportunities to advance, and lack of access to the systems and services to pull themselves up. Other children and families have been thrust into poverty suddenly by a parent's loss of employment or reduction in earning, the loss of a parent, and/or a change in family structure. For some families, helping members to earn more and receive supplements to earned income (e.g., child support payments/contributions from absent parents) can reduce poverty (Plotnick, 1997). But for many, the complexity of their life circumstances requires radical shifts to change their economic fate.

At times, it is overwhelming to contemplate where to begin to support children and families who face the effects of poverty every hour of every day. What, for instance, can education, health care, and social service personnel do as professionals and as individuals to assist these children and families as they face their economic hardships? Although there are no simple solutions, avenues of hope and intervention are available through activating and supporting families and informal support networks, and through relationship-based professional commitments of the helping services.

Characteristics of interventions that are likely to be supportive for families who live in poverty include helping parents and other family members to feel more efficacious in their abilities to nurture and care for their children, develop self-esteem, become more responsive caregivers, respond with warmth and affection to their children, provide stimulating learning opportunities and activities in the home, acquire appropriate developmental relationships. These interventions likely will facilitate secure attachments between parents/caregivers and children, build self-esteem for both, and enhance adult-child relationships that help families to overcome concrete problems will often go a long way toward alleviating the stresses associated with poverty and the resulting mental health issues of depression, punitive parenting style, and psychological distress.

A re-examination of the circumstances faced by the six families introduced at the beginning of this chapter illustrates some types of support for families living in poverty.



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Mary Anne, the mother of 4-year-old Cecile, for example, feels fortunate to live near her family members, who give her emotional and physical support in caring for her daughter. Her spiritual faith and the friendship and support of people at her church are important to her. Mary Anne and Cecile also benefit from the more formal supports found in the Head Start program, the local special education system, and medical specialists with whom they work. Mary Anne is also seeking child care so that she can return to work to earn a living.

For the Hernandez family, formal supports are pivotal. The members of this family have a strong emotional bond with one another. However, they need assistance to procure safe housing and provide their family with secure living conditions. Ge's family members also rely on each other and on the emotional and financial support of close family, their farm community, and the community of Laotians that live nearby to help them through their hard times. They are able to survive on their limited economic resources due to these supports.

The story of Lamont and his mother, Jonalene, elucidates the importance of health care and early intervention community services. The availability of these services literally saved Lamont's life when he was ill and provided the needed education and health services to address his developmental and health needs. This family also depends on formal supports such as shelter, health care, and food to help them exist until Jonalene can find a job and gain economic independence for her family.

The support of close family and community is evident in the other families as well. Arelly relies on her sister's family and her church, and Floyd and Nancy look to their neighbors and family for loans and work opportunities. Each family also benefits from the resources offered through local schools, social services, and health care facilities. Service providers cannot give families the monetary support and resources that they need to move beyond life in impoverished conditions. But service practitioners can support these families by acknowledging and encouraging families to use their informal resources and sources of support, such as kinship, friendship, cultural/linguistic, and faith-based communities.

Acknowledging the competence that families bring to addressing their own needs only facilitates their abilities to care for themselves. When more formal interventions or services are needed, professionals can assist families to obtain information about what is available and how to gain access to the services. Once these resources are identified, professionals can help families navigate the service maze in order to receive the services they need. Providing referrals and assistance in obtaining housing, food stamps/nutrition supplements, job programs, quality child care, mental health services, housing, legal services, and services in the family's primary language can be invaluable to these families. Although poverty presents daily challenges and remains a heavy burden for most of these families, supportive service providers can help to lighten that load.

SUMMARY

Family income level can exert a profound and substantial influence on the development and well-being of children and families. Indeed, the landscape of opportunity for children and families is transformed by economic hardship. Evidence suggests that family income may be one of the most powerful influences on children early in their lives (Duncan, Yeung, Brooks-Gunn, & Smith, 1998). The impact of poverty is not universal or evenly distributed demographically, although it does touch all races, ethnicities, ages,

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-Emma]

and geographical regions. Rather, the effects of poverty are disproportionately experienced by certain groups such as young children, children living in single-parent families, and children who are African American, American Indian/Alaska Native, and Hispanic/Latino. In his book *The Souls of Black Folk* (1903), author W.E.B. Du Bois underscored the disparity experienced by these families in a land of plenty: "To be a poor man is hard, but to be a poor race in a land of dollars is the very bottom of hardships" (as cited by Trapp, 1970, p. 712).

The ways in which poverty exacts its toll are becoming better understood. Poverty is linked more clearly with some adverse consequences than with others, particularly with children's cognitive and achievement outcomes. The duration of poverty also is significant. Living in persistent, long-term poverty likely has more devastating consequences than experiencing poverty for shorter periods of time. The degree or severity of economic hardship also is a factor: The more adverse the conditions, the more negative are the consequences that an individual experiences. Timing, too, may play a role, with the experience of poverty in the earliest years having a greater impact than during adolescence or later years. Children experiencing poverty early on and living in extreme poverty for a long period of time are likely to suffer the worst outcomes. Children who are born at risk or with disabilities and who also are born into families living in poverty are considered to be at "double jeopardy." The interaction of biologic factors with the myriad of environmental factors associated with living in impoverished conditions multiplies the risk for adverse outcomes.

Access to health care, social services, quality affordable child care, quality educational programs, and disability services as needed are of critical importance to families living in conditions of economic distress. Typically, the complexities of the risks these children and families' life situations pose necessitate these services even more. Interventions must also center on fostering conditions that offer families the opportunity to live in neighborhoods that are safe from violence and crime and that are free from racial/ethnic/religious discrimination. These goals are more likely to be achieved by strengthening neighborhood infrastructures and encouraging the participation and input of those that live there (Brooks-Gunn, Duncan, & Aber, 1997b).

Prevention and reduction in poverty are critical investments for this nation. The reduction in childhood poverty could result in profound advantages in almost every area of life: Children's success in school and increased ability to learn, better child health, less child hunger and malnutrition, and social-emotional well-being.

Although it is one of the richest nations in the world, the United States has a higher rate of poverty than most industrialized nations (Rainwater & Smeeding, 1995). The potential for pervasive and devastating consequences for children and families living in persistent poverty is great in our country. Service providers should renew their commitment to designing programs and policies to alleviate conditions that lead to poverty and to support families in sustaining themselves under troubling circumstances.

Inscribed at the base of the Statue of Liberty in New York is the following poem:

*Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tost to me:
I lift my lamp beside the golden door.*
—Emma Lazarus (1883)

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This poem pays tribute to the United States as the haven of the oppressed and gateway to opportunity. May we continue to work to make it so.

ACTIVITIES TO EXTEND THE DISCUSSION

1. **Put yourself in their place.** Imagine that you live in a family of three and that your family's total annual income is less than \$14,000. What adaptations would your family have to make? What priorities would you choose? How would you make these choices? What types of support and services would you seek? To truly identify how hard this is, do the math and make an actual budget for your imaginary family.
2. **Think of the impact.** Think of one of the families with whom you work that you know to be struggling with poverty. How has their economic hardship had an impact on their family? When you discuss the family's issues, be sure to change the family members' names and identifying characteristics to ensure confidentiality.
3. **Draw an "ecological map."** For the family you described in Activity 2, draw an ecological map. What specific elements of their lives are affected by their economic struggles at each level of the ecological framework? In your picture, put the family in the center circle. Place circles listing all their family tasks and functions all around the family. Highlight those that are affected by impoverished circumstances. At the outer edges of the map, indicate what sources of support or resources could be brought to bear to assist and support the family to meet their tasks and functions. Connect these supports and resources to the needs using a solid line for those that exist and a dotted line for those that are needed but not available.
4. **Dare to dream.** Consider again the family that you described in Activity 2. If you could activate any possible services and resources for them, what would those services and supports be? As a service provider, how could you help them find those resources?

TO LEARN MORE: SUGGESTED WEB SITES

Children's Defense Fund

<http://www.childrendefense.org/child-research-data-publications/>

National Center for Children in Poverty

<http://www.nccp.org/>

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