

# Poverty, Public Policy, and Children's Wellbeing

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Poverty among families with children has been a persistent problem in the United States since the 1950s, when data began to be available. Rates of poverty have fluctuated over the years, with a significant dip in the 1960s and early 1970s, but they rose in the 1990s and reached high levels again in 2009. Programs for early intervention and aid to education in the 1960s War on Poverty were created because policy makers recognized that children living in poverty face multiple disadvantages that accumulate over time. In this chapter, I discuss some of the research illuminating the impacts of poverty on children, and then turn to the safety-net programs designed to reduce poverty or alleviate its effects on children.

## Definitions of Poverty

For purposes of public programs and policies, including eligibility for services and block grants, the United States uses a definition of poverty that was created in 1963; it was initially defined as annual pretax income lower than three times the cost of a minimally adequate diet. The poverty threshold depends on the number of people in the family and is adjusted annually for inflation, but it does not take into account regional variations in cost of living except in Alaska and Hawaii. In 2012, the threshold was \$23,050 for a family of four, and \$19,090 for a family consisting of a single parent with two children. Because the poverty definition has been widely criticized, efforts

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to revise it to reflect contemporary patterns of expenditure and to include noncash income have been underway for many years (Citro & Michael, 1995), but the original definition continues to be the basis of public policy. Many public programs determine eligibility as a family income representing a given percentage of the poverty threshold. For example, children are eligible for free school lunches with family incomes lower than 133% of the threshold and for reduced price lunches with incomes less than 185%. A number of scholars use 200% of the poverty threshold, describing families between 100% and 200% of the threshold as “low-income” (e.g., Sawhill, 2003). In 2012, that would be \$46,100 for a family of four.

#### Rates of Poverty among Children

Although child poverty rates in the United States have fluctuated over time, they remain stubbornly high, with the latest increase occurring during the 2008–2010 recession when 20.7% of all U.S. children lived in families defined as poor and 41.7% lived in families with low incomes. Poverty rates were higher for children ages 0–5 (24%), compared with 18% for older children (Forum on Child and Family Statistics, 2011). Approximately 9% of American children lived in “deep poverty,” defined as family incomes less than half of the poverty threshold—the highest percentage since 1997. There are large discrepancies among families based on ethnic group and family structure: poverty rates among Black (36%) and Hispanic (33%) children were three times those of non-Hispanic White children (12%), and 44% of children with single mothers were poor compared to 11% of children in married-couple families (Forum on Child and Family Statistics, 2011).

#### Hardship

Defining poverty by cash income assumes that people with low incomes lack ways of meeting basic needs for food, shelter, and health. Surveys often question people about “hardship,” how often they go without food, cannot pay rent or have been evicted, lose electric or telephone service for nonpayment, and go without needed medical or dental care. Although hardship is correlated with low income, they are not identical (Gershoff, Aber, Raver, & Lennon, 2007; Mayer & Jencks, 1989).

### Income Inequality

Increasing income inequality—the gap between the highest and lowest incomes within a society—may be as important as absolute levels of income or poverty (Blank, Danziger, & Schoeni, 2006). The “Occupy Wall Street” movements of 2011 called attention to the large discrepancy between rich and poor in the United States. From 1980 through 2005, the number of U.S. children living in middle-income (200%–399% of poverty threshold) families declined from 41% to 32%. At the same time, the percentage of children living in families with high incomes (more than 400% of poverty) was higher in 2005, at 30%, than in 1980, at 17% (Forum on Child and Family Statistics, 2008). Economic inequality gives rise to social inequality in many domains including family life, educational opportunity, neighborhoods, and housing (Neckerman, 2004). Social exclusion, a related concept used widely in European policy discussions, includes inequalities in basic living, family economic participation, housing, health, education, public space, and social participation, as well as the subjective experience of social exclusion (Kahn & Kamerman, 2002).

### **Poverty and Child Development**

Children growing up in poverty are at a disadvantage in almost every domain of development (Duncan & Brooks-Gunn, 2000; Huston & Bentley, 2010). In a nationally representative sample of children whose mental development was evaluated at age 24 months with the Bayley Scale of Infant Development, children from low-income families (less than 200% of poverty) scored more than half a standard deviation lower on average than did those from more affluent families (Halle et al., 2009). By the time children reach kindergarten, the inequalities in skills associated with family income are even larger; moreover, the achievement gap between poor and nonpoor children widened dramatically from 1980 to the early 2000s (Reardon, 2011). Of course, the reasons for developmental differences associated with poverty are complex and multiple, but there is increasing evidence that they originate in early experience.

### Importance of Early Experience

Not only are differences associated with poverty evident from the early years, but longitudinal evidence suggests that poverty in the first 5 years has more

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lasting effects than does poverty later in childhood. In a long-term study of family income, early poverty predicted adult obesity (Ziol-Guest, Duncan, & Kalil, 2009) and adult earnings and work hours (Duncan, Ziol-Guest, & Kalil, 2010); poverty in the first 5 years of life was a more important predictor than poverty experienced later in childhood and adolescence. There is now a consensus that the foundations for such adult health problems as heart disease and hypertension begin in childhood (e.g., Gregory et al., 2009).

### Biodevelopmental Framework

Using emerging knowledge about early brain development, Shonkoff (2010) proposed a biodevelopmental framework incorporating three areas of early experience: (a) relationships that provide nurturing responsive caregiving versus neglect or abuse; (b) physical and built environments that promote or threaten health (e.g., toxins), and (c) appropriate versus poor nutritional environments. Each of these three components interacts with the child's genetic makeup to affect basic biological and neurological "footprints" that have long-term consequences for physical and mental health as well as educational attainment.

Taken together, the emerging information about the importance of early environments points to early childhood as an especially critical time for policies that insure health-promoting circumstances for children. Poverty increases the likelihood that children will lack such environments.

#### *Nurturing environments.*

Parents raising children in poverty face obstacles that reduce, in some cases, the positive caregiving they provide. The psychological stresses of low income can lead to parents' psychological distress, which, in turn, increases the likelihood of harsh parenting and low nurturance toward their children (McLoyd, Aikins, & Burton, 2006). Their homes offer less cognitive and language stimulation than more affluent homes (Bradley, 2003). Similarly, the child-care environments experienced by poor children, on average, are of low quality offering little in the way of intellectual stimulation or support for development (Phillips & Lowenstein, 2011).

#### *Physical environments.*

The physical environments experienced by children living in poverty pose relatively high risks of air, water, and noise pollution, which can in turn affect children's health as well as cognitive and social development (Cole &

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Winsler, 2010; Evans, 2006; Forum on Child and Family Statistics, 2008). Children living in poverty are more likely than nonpoor children to have elevated blood lead levels, particularly if they are African American (Evans, 2006). One set of authors estimates that elevated exposure to lead and other pollutants could account for up to one fourth of a standard deviation in achievement test scores (Dilworth-Bart & Moore, 2006). Many poor children live in neighborhoods that expose them to violence and other threats to safety. The physical and social hazards in housing and neighborhoods can produce high levels of stress that require children to expend both cognitive and emotional resources in vigilance and self-protection (Evans, 2004).

#### *Nutritional environments.*

In 2009, 17.2 million children (23% of all children) lived in households in which either adults or children were “food insecure,” meaning that, at times, they were unable to acquire adequate food for active, healthy living because they had insufficient money or resources. Almost one million children lived in “very low food security” households, meaning that the food intake of household members was reduced and their normal eating patterns were disrupted; they sometimes had to skip meals or did not eat for a whole day (Fiese, Gunderson, Koester, & Washington, 2011; Forum on Child and Family Statistics, 2011).

### **Policies Affecting Children in Poverty**

Unlike most European countries, in which many family benefits and services are offered as society's contribution to all families with children, many United States policies can be thought of as a safety net, intended to help those who are falling or failing, though the net is often frayed. As a result, eligibility for most forms of family support is based on family income. Currie (2006) reviewed U.S. child policies for low-income families with children from an economic perspective, arguing persuasively that their effectiveness depends on the net that they form—that is, all are needed, and significant holes in the net would be produced by elimination of one or more of them.

The recession that began in 2008 put the safety net to a test. When it was most needed by families, did it protect them from the consequences of high levels of unemployment and, in many cases, loss of housing? The answers are mixed. In some respects, the safety net failed, but in others it operated to prevent very severe poverty and hardship for some families with children. In what

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follows, I consider the nature and adequacy of policies in the five domains discussed by Currie (2006): employment and income supports; food security and nutrition; early care and education; health care; and housing.

### Employment and Income Supports

#### *Cash assistance.*

In the 1980s and 1990s, major changes in income supports for low-income families were designed to promote employment through both sanctions and incentives. The entitlement program, Aid to Families with Dependent Children (AFDC), popularly known as “welfare,” was eliminated in 1996 and replaced with Temporary Assistance to Needy Families (TANF). One cornerstone of the new program was work (see Greenberg et al., 2002 for details of changes). Recipients could be required to work or participate in mandated activities to seek work; failure to do so could and did result in sanctions and loss of grants. States were given block grants and considerable autonomy in deciding such things as eligibility, specific work activities, and time limits. During the late 1990s, the number of families receiving TANF plunged, and employment among single mothers increased. Both trends were touted as signs that welfare “reform” had succeeded (Haskins, Primus, & Sawhill, 2002).

#### *Tax incentives for employment.*

During the same time period, tax incentives and supports for employment were expanded. The Earned Income Tax Credit (EITC), which supplements the earnings of the working poor, was expanded by raising the maximum benefit from \$1,235 in 1991 to \$3,556 for a family with two or more children in 1996; it continued to increase at a slower rate in the 2000s to \$4824 in 2008. Families with children are the principal beneficiaries. For adults without children, only those with very low incomes are eligible, and the maximum credit was \$438 in 2008 (Eamon, Wu, & Zhang, 2009). In 2010, about 28 million tax filers received the credit (Tavernise, 2012). Unlike most other credits and exemptions for children in the tax code, the EITC is refundable; that is, if the credit is larger than the taxes owed, the difference is paid as a refund. Analyses of the impact of the EITC on family wellbeing estimate that it reduced the percentage of children living in poverty; about one in five children whose families would have been poor without the EITC were raised above the poverty threshold in 2005 (Eamon et al., 2009).

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### *Effects on children and families.*

The effects of employment-based welfare policies on parents and children were studied extensively in both random-assignment experiments and longitudinal studies in the 1990s and early 2000s. Overall, policies that promoted employment for welfare clients were successful in increasing employment rates, but average family income did not improve. People exchanged welfare for a low-wage paycheck, and many remained poor. When policies included earnings supplements and supports for child care, family incomes were raised, and children's academic and social development improved (Morris, Gennetian, Duncan, & Huston, 2009). One example of such a program was New Hope, which was tested in Milwaukee in the 1990s. Full-time workers received earnings supplements to bring their incomes above poverty level, child-care subsidies, and health-care subsidies. Children in their families had improved school performance, more positive social behavior, and lower behavior problems than those in a control group (Duncan, Huston, & Weisner, 2007).

Although employment-based policies can be designed to promote family and child wellbeing, they leave out individuals who cannot or do not find paid work. Even in good economic times, scholars pointed out that the changes in welfare policy left a group of families with neither earnings nor welfare (Danziger, 2010). In 2008, only 67% of single mothers had any employment (Danziger, 2010). Among low-income single mothers with no other adult earner in the household, the percent who were "disconnected," that is, jobless and without cash assistance, rose steadily from a little over 10% in 1996 to about 25% in 2009, when jobs were scarce as a result of the recession. These mothers are extremely poor and often have barriers to employment (Danziger, 2010; Loprest & Nichols, 2011). Despite dramatic increases in national unemployment rates beginning in 2008, the number of families receiving TANF remained low through 2010, indicating that the safety net did not respond to their increased need (Danziger, 2010; DeParle, 2012).

## Food and Nutrition

### *Supplemental Nutrition Assistance Program.*

One of the few poverty programs available to all children and adults with low incomes is the Supplemental Nutrition Assistance Program (SNAP), popularly known as food stamps. SNAP provides families with an estimated

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22 million children, about 29% of all children in the United States, with resources to purchase a nutritionally adequate diet. About 70% of SNAP funds go to families with children (Keith-Jennings, 2012). A number of studies show that the program reduces poverty by moving family incomes closer to the poverty threshold and/or raising them above it (Center for Budget and Policy Priorities, 2013; Tiehen, Jolliffe, & Gunderson, 2012). The trend in use of food stamps indicates an increase in the number of poor adults and families needing basic supports; it contrasts sharply with the trend for cash welfare (Danziger, 2010).

#### *Nutrition programs.*

The federal government funds a number of nutrition programs for children and pregnant women. The largest is the School Lunch Program, providing free and reduced school lunches for children in low-income families as well as snacks in after-school programs and lunches in nonprofit child-care residential settings. The program subsidized lunches for 31 million children per day in 2010 (U.S. Department of Agriculture, 2012c). Similarly, the School Breakfast Program provided free and reduced price meals to 9.1 million children in 2009 (U.S. Department of Agriculture, 2012c). The Child Care and Adult Food Program provides meals and snacks for more than 3.2 million children and 112,000 adults each day as part of the day care they receive (U.S. Department of Agriculture, 2012a). The Women, Infants, and Children Program (WIC) provides nutritional food for pregnant women and children. In fiscal 2011, it served 8,960,587 families (U.S. Department of Agriculture, 2012d). Evidence indicates that it can improve birth outcomes and increase infants' ingestion of important nutrients (Foster, Jiang, Gibson-Davis, 2010; Yen, 2010). Smaller programs offer school breakfasts and meals during the summer (Fiese et al., 2011).

#### *Effects on food insecurity.*

I noted earlier that many families with children experience food insecurity; hence, evaluations of the publicly supported programs have focused on whether they reduce food insecurity. Overall, these programs reduce food insecurity, but interpretation of the results is complicated by the fact that people who use the programs are considerably more in need than are eligible families that do not use the programs. As a result, children sometimes remain more food-insecure even with the available programs (Fiese et al., 2011).



## Early Education and Care

### *Early intervention and education.*

Funding programs for early education and child care include programs to promote school readiness for children from low-income families and programs to help working parents with the cost of child care. The first major federal early intervention program was Head Start, begun in 1965, which serves 3- and 4-year-olds. More recently, as the importance of the first years of life became apparent, Early Head Start was launched. It offers a mix of family-based and center-based services for children from infancy through age 3. The Nurse–Family Partnership home-visiting programs for pregnant women before and after the birth of a child are now widely funded across the country (Olds, Sadler, & Kitzman, 2007). All of these programs address health, nutrition, and children's socioemotional needs as well as cognitive and language stimulation, and all them emphasize parent and family involvement.

State prekindergarten programs are more narrowly focused on pre-academic skills that will prepare children for formal schooling; they now exist in 40 states. Although most restrict eligibility to children at risk of low achievement (e.g., children from families with low incomes, with limited English proficiency, or with special needs), a few states offer universal prekindergarten to all 4-year-old children. About 38% of the nation's 4-year-olds and 11% of 3-year-olds are enrolled in Head Start and prekindergarten programs (National Institute for Early Education Research, 2011).

Early intervention and education programs are not designed to affect poverty in the short run, but to reduce poverty in the next generation by remediating some of the academic and social disadvantages associated with poverty. A strong body of evidence based on experimental studies of demonstration programs as well as longitudinal research supports the effectiveness of these early interventions for children's development (Duncan, Ludwig, & Magnuson, 2007). Children who have received early education enter school better prepared in basic academic skills, particularly reading (Gormley, Gayer, Phillips, & Dawson, 2005). Experimental studies have shown that the effects of well-planned interventions are not limited to short-term gains, but also last into adulthood (Campbell et al., 2008; Karoly, Kilburn, & Cannon, 2005). Although impacts on test scores tend to fade out with age, both small demonstration interventions and large-scale programs have produced long-term impacts on such areas of adult functioning as

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high-school graduation, college attendance, “idleness,” crime, teen parenthood, and health status (Deming, 2009; Karoly, 2011).

#### *Child care.*

Unlike early intervention programs, which are designed primarily to promote child development, assistance with child care is intended to support parental (maternal) employment. It is one cornerstone of the policy requiring low-income single mothers to be employed. As part of the 1996 changes in the welfare law, four child-care subsidy programs were consolidated into the Child Care and Development Block Grants fund (CCDBG), which provides federal funding to states to subsidize child care for low-income working parents. Funding for child care almost doubled in the 1990s (Fuller, Kagan, Caspary, & Gauthier, 2002), but has remained steady or declined since that time (Zedlewski & Zimmerman, 2007). The CCDBG program served 1,694,200 children in an average month in 2011 ([http://www.acf.hhs.gov/programs/occ/data/ccdf\\_data/10acf800\\_preliminary/list.htm](http://www.acf.hhs.gov/programs/occ/data/ccdf_data/10acf800_preliminary/list.htm)), but there were waiting lists in 17 states, including California, Texas, and New York, the three states with the largest child populations (National Association of Child Care Resource & Referral Agencies, 2011). The federal government also offers tax credits for child care, but, unlike the EITC, they are not refundable—that is, they are available only to reduce the taxes owed. Therefore, they are less likely to benefit low-income parents.

Although programs for young children can affect children’s development and family financial wellbeing regardless of the label attached to them, the policy goals of early education are primarily to improve children’s academic and social skills, whereas the policy goals of child-care subsidies are primarily to promote parental (usually maternal) employment. Much of the research on child-care subsidies is, therefore, designed to investigate effects on employment. The data shows consistently that subsidies increase the likelihood that mothers will be employed, even when jobs are relatively scarce (Blau & Tekin, 2007; Gorey, 2009). Moreover, experimental tests of enhanced child-care subsidy policies have demonstrated that increased availability or affordability (e.g., raising income thresholds, reducing out-of-pocket costs) increased employment and the use of subsidies. As a result, parents were more likely to use center-based care, which may have accounted for the reduced frequency of such child-care problems as caregiver illness or sudden unavailability that interfered with employment (Gennetian, Crosby, Huston, & Lowe, 2004).

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Child-care subsidies can be used for any type of care. In contrast to Head Start and other early education programs, there are no requirements to guarantee quality of care or even basic safety. The federal government does require that states use at least 4% of their grants for quality enhancement, but the funds are used for a range of activities including basic inspections and licensing. Observational studies indicate that many children from low-income families receive low-quality child care, particularly in the informal settings often used by their parents (Phillips & Lowenstein, 2011). On average, the center-based care they receive is higher quality than other forms of care (Coley, Li-Grining, & Chase-Lansdale, 2006). Welfare and employment programs can promote parents' use of center-based care in the preschool years; when they do, their children display slightly fewer behavior problems in elementary school than do children who do not experience child care or who are in other types of care (Crosby, Gennetian, Dowsett, & Huston, 2010). There is evidence, however, that children receiving subsidized care have more behavior problems than comparable children not in such care (Herbst & Tekin, 2010). Regardless of the type of care, quality matters. In a large sample of children from very low-income families, children experiencing high-quality care displayed fewer behavior problems across several years in elementary school (Votruba-Drzal, Coley, Maldonado-Carreño, Li-Grining, & Chase-Lansdale, 2010).

### Health and Health Care

Since 1965, Medicaid has provided health insurance for children, the elderly, the disabled, and some adults between 18 and 65. All children in families below the poverty threshold are eligible, as are some of their parents. In 2008, Medicaid was projected to provide health coverage for 31 million children, 17 million adults (mostly low-income working parents), 6 million seniors, and 10 million persons with disabilities. Although about half of all Medicaid enrollees are children, they account for just one fifth of Medicaid spending (Center for Budget & Policy Priorities, 2013).

The Children's Health Insurance Program (CHIP) began in the late 1990s and was reauthorized with significant expansions and changes in 2009, including a higher level of federal matching funds. States can elect to offer the program, for which they must provide some of the costs. Forty-six states and the District of Columbia cover children up to or above 200% of the Federal Poverty Level (FPL), and 24 of these states offer coverage to children in families with incomes at or above 250% of the FPL. States may

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get the CHIP enhanced match for coverage up to 300% of the FPL (\$67,050 for a family of four in 2011) (<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIPRA.html>).

With the expansions in 2009 as well as the recession, enrollment in both Medicaid and CHIP increased from 40.2 to 42.7 million children, representing an increase from 82 to 85% of those eligible. States varied considerably in the percentage of eligible children enrolled, with relatively low percentages in three large states: California, Texas, and Florida (Kenney et al., 2011).

Overall, Medicaid and the CHIP successfully countered the trend for children to lose health coverage in the private sector as parents lost employment and employers reduced coverage in the few years prior to 2011. The percentage of children who were uninsured was lower in 2010 than in 2007, before the economic downturn started, because Medicaid and CHIP expanded and offset the loss of parents' employer coverage among children. In 2010, the number of children with employer-based coverage fell by 800,000, but 700,000 children gained coverage through Medicaid or CHIP (Kenney et al., 2011).

#### The Physical and Social Environment: Housing and Neighborhood

Low-income families face problems of finding and paying for housing, resulting in housing instability and homelessness for some. In one sample of low-income young families from 20 U.S. cities, 9.8% experienced homelessness and an additional 23.6% had a doubled-up episode during the first 5 years of their child's life. Although mothers experiencing homelessness had elevated levels of anxiety and health problems, evaluations of young children in these families indicated that health problems and low performance on cognitive tasks were associated more generally with poverty, but not specifically with homelessness (Park, Fertig, & Allison, 2011; Park, Fertig, & Metraux, 2011).

#### *Housing assistance.*

The Department of Housing and Urban Development oversees three types of programs to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing units are owned and maintained by local housing authorities. Approximately 1.2 million households live in public housing units, but it is not clear how many

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of them are families with children (<http://portal.hud.gov/hudportal/>). Housing choice vouchers (Section 8) can be used for rentals in the private housing market that meet certain requirements. Recipients pay no more than 30% of their adjusted income in rent, and the voucher pays the additional rent. In many places, there are long waiting lists for both public housing and Section 8 vouchers (Currie, 2006). The Low Income Housing Tax Credit is offered to developers who guarantee to include a certain percentage of low-income units in their development (Currie, 2006). Because these programs serve only about 30% of eligible renters, Currie (2006) argues that they are inequitable, providing large benefits to some people while leaving others with no housing assistance.

#### *Neighborhood changes.*

Many people with low incomes live in racially segregated neighborhoods with others who are poor. Neighborhood disadvantage is typically indexed by poverty rates as well as by high rates of crime and violence. Poor neighborhoods differ from affluent neighborhoods in opportunities for recreation, transportation, grocery stores with healthy food, public services, quality child care and schools, out-of-school programs, jobs for adults, levels of pollution, and safety hazards in housing. Living in a poor neighborhood adds to the effects of family poverty on children's academic and social development. In their extensive review of the literature, Leventhal and Brooks-Gunn (2000) conclude that high neighborhood SES contributes to improved school achievement and educational attainment, and that low neighborhood SES increases the likelihood of deviant and problem behavior.

One policy solution is to help low-income families move to neighborhoods that are more racially or socioeconomically mixed than public housing. In the 1970s, the Chicago Housing Authority, under court order, provided opportunities for public housing residents, almost all of whom were African American, to move to racially mixed neighborhoods. Follow-up research indicated that children in families that moved to predominantly white suburban areas reaped some academic benefits (Kaufman & Rosenbaum, 1992).

These findings led the Department of Housing and Urban Development to sponsor a large-scale experiment to determine the effects of moving from public housing with high concentrations of poverty to low-poverty neighborhoods. The Move to Opportunity study offered Section 8 vouchers that could be used only in low-poverty neighborhoods; control groups received unrestricted vouchers or no special offer to move out of public

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housing. Ten to fifteen years after the program began, families in the treatment group lived in better quality housing and safer neighborhoods. Possibly because safety was a principal reason that people wanted to move, there were some benefits for adult psychological wellbeing and health. Economists thought moves would provide better access to jobs, but there were no impacts on work or earnings and inconsistent impacts on children and adolescents. The group that received unrestricted Section 8 vouchers showed many of the same benefits as those who were required to move to low-poverty neighborhoods (Sanbonmatsu et al., 2011). It appears that providing opportunities to move out of public housing has no effects on poverty or economic wellbeing and at best modest effects on health and psychological wellbeing.

#### *Environmental toxins.*

Both housing and neighborhoods pose physical hazards to children living in poverty, but there is little evidence about whether or how the major housing policies affect the levels of pollution, toxic substances, and noise to which children are exposed. Policies to address toxic environmental threats are separate from low-income housing policies. For example, it is well established that exposure to even small amounts of lead is detrimental for children's cognitive and social development. Over the years, policies to reduce exposure to lead have been enacted to protect the public from lead in gasoline, paint, drinking water, toys, and soil, but industrial processes and airplane fuel continue to emit lead into the environment. Screening for lead exposure is not universal and could be improved. With new evidence that even low levels of lead exposure can be harmful, experts suggest that the "acceptable" level of blood lead be reduced (Cole & Winsler, 2010).

## **Conclusions**

### **Does the Safety Net Work?**

Programs in the five domains I have discussed—economic and income supports, food and nutrition, early care and education, health care, and the physical and social environment—constitute major components of the safety net in the United States. Many more programs operate at the federal, state, and local levels. Because most federally funded programs are administered by state and local entities, require states to contribute matching funds,

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and allow some latitude in the ways the programs are configured, there is considerable variation across states. Although programs in the five domains discussed here are separate policies administered by different agencies and under different rules, they are interrelated in the lives of the individuals they serve. The purpose of a safety net is to protect children and their families from harm—to provide minimal conditions for healthy development. In some instances, antipoverty policies aspire to more ambitious goals of reducing poverty in the short and long term and reducing some of the deleterious consequences of poverty for children. The evidence suggests that, without the current safety net, many more children would suffer the consequences of poverty. Some of the income assistance programs (primarily the EITC), child-care subsidies, and housing assistance reduce child poverty directly and indirectly. Many programs reduce hardship by providing food, medical care, and housing.

On the other hand, the United States continues to have high rates of child poverty and rising income inequality despite the current policies (Lim, Yoo, & Page, 2010). Some safety-net programs responded to the 2009 economic recession with increased assistance (e.g., food stamps), but others did not (e.g., cash welfare). Many of the programs that responded most effectively were entitlement programs that must serve all eligible participants. Food stamps, free and reduced-cost school lunches, and Medicaid are all entitlements, as are programs administered through the income tax system. For low-income families, the primary tax benefit is the Earned Income Tax Credit, but the Child Tax Credit and Child Care Tax Credits are also used by some low-income parents. Parenthetically, most government benefits for nonpoor families are entitlements administered through the tax system (e.g., exemptions for dependents, deductions for home mortgages and property taxes) or made universally available, as in the case of public schools.

Many safety-net programs (e.g., TANF, WIC, child-care subsidies, early intervention and education, CHIP, and housing assistance) are not entitlements. The number of participants is limited by the amount budgeted at both federal and state levels. Typically, a total amount will be established at the federal level and then awarded directly to programs (e.g., Head Start) or, as is increasingly popular, given to states in block grants that require some level of state matching funds. Because the total expenditure is fixed, the nonentitlement programs typically do not serve all eligible families. When state budgets are stretched thin, as was the case during 2008–2010, services for poor families are often cut rather than increased.



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### Do Programs Address Biodevelopmental Processes?

We now know that many of the deleterious consequences of poverty begin in the very early years of life. Policies providing cash and other resources to poor families may improve children's early experiences, but Shonkoff's biodevelopmental model points specifically to three basic needs to build a healthy foundation during the early years: nurturing and supportive caregiving, a healthy physical and built environment, and good nutrition. Policies affecting these early experiences may have short-run benefits, but they also have important consequences for physical, intellectual, emotional, and economic health in later childhood and adulthood. Early interventions for parents and children (e.g., home visiting, Head Start, prekindergarten) as well as child-care-quality initiatives are important means of improving nurturing environments for children from infancy through the early years. Some of these efforts have been increased in recent years, but the quality of child care, particularly for infants and toddlers from low-income families, remains quite low (Phillips & Lowenstein, 2011).

Policies affecting children's built and physical environments include housing subsidies and reduction of exposure to toxins. As noted, there has been considerable progress in lead abatement and other environmental policies. Some families with children receive subsidized housing, but there is relatively little information about the quality of the housing or possible benefits that it may provide.

Although the supplemental nutrition and child-care meal programs probably benefit very young children, WIC is specifically targeted to early development, beginning during pregnancy. WIC not only offers food vouchers, but also provides group counseling about maternal health during and after pregnancy. It serves a large portion of the low-income population during pregnancy and early infancy, but serves fewer children from ages 1 to 4, even though they are eligible. Efforts to promote breastfeeding as part of WIC have met with some limited success, and children in WIC families do receive more of the important nutrients than those not receiving the program.

### What Next?

Poverty and income inequality are affected by social and economic forces on which public policies have limited influence. Nevertheless, public policies can reduce child poverty and its consequences. In this chapter, I have attempted



to build on Currie's (2006) framework of the safety net, supporting her argument that these policies are an integrated set of supports for low-income families that constitute more than the sum of each individually. The safety net is frayed in some respects, and many people are falling through its holes. We can do a better job by examining the characteristics of policies that are successful as well as those that are insufficient to address the needs of our children.

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