



September-October 1997 Family Life Newsletter

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GROWING UP POOR

“...setting the level of the threshold and hence the number of poor is principally a political judgement, but the ranking of families from the poor to the wealthier is less judgement and can be based on scientific on scientific measurement.”

-D.M. Betson and R.T. Michael (1997). Why So Many Children Are Poor. p 35. The Future of Children 7 (2).

HOW BAD IS IT?

While the rate of poverty for elders declined dramatically from 1960 to 1990 (35% to 11%), child poverty, after some improvement in the 1960s, returned to over 20% in the past two decades. Ethnic minority children continue to be most severely affected (over 40% of Hispanic and African-American youth), but poverty in suburban areas and with white families is growing despite general economic growth. Fifty-five percent of poor families with children are headed by a single parent.

A recent study found 1/3 of citizens spent at least one of their first eighteen years in poverty. Two-thirds of this group lived with limited resources for less than five years, but 17% suffered over ten years at the bottom of the economic ladder. One study found that 26% of children’s poverty began at birth; 12% with the loss of a parent; 42% with economic changes within the family.

15% of children under 18 in Wyoming live below the poverty level (Source: 1997 Wy Kids Count Fact book); nationwide, an additional 10% of children under 18 live in households with an income of only 150% over the poverty level. (Source: U.S Dept of Health and Human Services “Trends in the well-being of America’s Children and Youth: 1996.”) Without government transfers (food stamps, public housing, tax credits) and facing higher costs and limited social benefits typical of rural areas, these “non-poor” families may face conditions worse than those “officially” poor.

While material success has never been determinative of personal potential, most of us would choose to develop character, provide education, medical care, and social support with a middle class lifestyle. When families live “on the edge” basic needs are often in question, community bonds weak and changeable, and children’s dreams are often lost in the harsh realities of survival. Perhaps more significant, a child’s dreams are lost to a whole community.

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

--John F. Kennedy

ROUNDUP ON THIS EDITION

Table with 2 columns: TOPIC and PAGE. Includes entries for Research and Theory, Stats and Facts, Just in Time, and Catch the Wind.

Feedback or requests for resources or training welcomed.

For more resources on family life education check out the UW Extension Family Life World Wide Web site, “Dramcatcher” at www.uwyo.edu/ag/ces/family/dream.htm

# Research Briefs

## New Data on Child Poverty

### Rural Poverty Outcomes

Poverty in the US has a dual nature: some remain impoverished for a short while, while many others are poor for years. A 1986 estimate reveals that, on average, poverty beginning in birth lasts for nearly eight years. More recent estimates conclude that over the past 20 years the persistence of poverty has not fallen, confirming the long-term nature of poverty. Failure to recognize the nature and needs of poverty has resulted in policies that are inappropriate for many of the poor, thereby allowing persistence in the existing poverty problems.

*Sanders Korenman; Jane E. Miller; & John E. Sjaastad. (1995). Long-term Poverty and Child Development In The United States: Result From The NLSY. Children and Youth Services Review, 17, (1/2), 127-151.*

### Poverty and Intelligence

Studies traditionally found children from low socioeconomic status perform poorly on intelligence tests. However, recent studies of lower-class children when compared to middle-class children found minor or no difference in intellect based upon Piaget's model of intelligence, which measures behavior on various tasks that help determine cognitive placement of children.

*Helen Bee. (1994). Social Issues in Developmental Psychology. Harper and Row: New York.*

### Poverty and Iron Deficiency

Iron-deficiency anemia, the nation's most extensive nutritional deficiency, is highest in low-income children. Data from Latin America and Asia show that infants and young children with iron-deficiency anemia score lower in psychological tests (developmental scales, intelligence tests, cognitive tasks). Clinical trials have shown, however, that cognitive tests improve once iron stores are replenished.

*Ernesto Pollitt. (1994) Poverty and Child Development: Relevance of Research in Developing Countries to the United States. Child Development, 65, 283-295.*

### Children's Beliefs about Poverty

A 1986 evaluation of beliefs about economic inequality found that most respondents saw income inequality as unalterable due to unequal talents and abilities of people, that inadequate income prompted hard work, and that human nature fueled desire to possess more than others. 70% of the same group affirmed that "everyone who works hard can get ahead" and 70%-80% of the respondents supported the stereotypes of welfare recipients as "lazy" and "dishonest about needs."

*Judith A. Chafel. (1997). Societal Images Of Poverty: Child and Adult Beliefs. Youth And Society, 28, (4), 432-462.*

Children, 5 to 18 years, are conscious of social and economic inequality. They explain, "The rich 'have clothes ...money...food to eat' but the poor 'don't have no food to eat...they don't have a place to live'". Older children said, "The rich are 'smart'...they have 'different personalities'...poor people are 'lazy.' They are poor because they don't want to work'." As youth grow older, attitudes parallel adults'.

*Judith A. Chafel. (1997). Societal Images of Poverty: Child and Adult Beliefs. Youth And Society, 28, (4), 432-462.*

### Cost of Poverty

Federal expenditures for public assistance represent only 3.4% of the national budget, including: Aid to Dependent Children (AFDC), Supplemental Security Income, and Food Stamps. Furthermore, only 52% of children in families receive public assistance. Two-thirds of this percentage depend solely on this aid and one-third earn income as well. In fact, 57% of all children in poverty under the age of six live in families where one or both parents work.

*Jane Knitzer; J. Lawrence Aber. (1995). Young Children In Poverty: Facing The Facts. American Journal of Orthopsychiatry, 65, (2), 174-176.*

### Effective AntiPoverty Programs

Evidence shows that children gain success academically and socially when comprehensive preschool services are followed by coordinated programming in school. One program, Parents as Teachers, focuses on parental involvement, parent education, and close ties with

community resources. Quality development, age 0-3, is promoted by screening, home visits, and personalized parent services from early childhood educators.

*Edward F. Zigler. (1995). Meeting The Needs of Children In Poverty. American Journal of Orthopsychiatry, 65, (1), 6-9.*

## TheoryBase

### Child and Family Poverty

Studies showing links between poverty risk factors and child outcomes use three models:

The additive model of risk assumes that poor children have more biological and environmental risks, including: low birth weight, low maternal education, low social support, stressful life events, and inadequate parenting.

The cumulative risk model asserts that accumulation of risks, rather than explicit risk factors, account for developmental delays seen in young children.

The double jeopardy model finds that children from poor families often experience more risks with more severe consequences than children from families who are not poor experience.

*Hiram Fitzgerald; Barry Lester; & Barry Zuckerman. (1995). Children of Poverty: Research, Health, and Policy Issues. Garland Publishing: New York.*

Analyzing the ghetto underclass and structure of urban poverty, Wilson, Aponte, Kirschenman, and Wacquant found that the social dislocations which plague inner cities are due to fundamental and long-term changes in social and economic structures rather than the long term belief or theory that



poverty is the result of a sudden collapse of values and the moral fabric of individuals.

*Fred Harris; & Roger Wilkins. (1988). Quiet Riots: Race and Poverty in the United States. Pathenon Books: New York.*

# Stats: Growing up on the Poor Side of Town

## Poverty Rate

Poverty in the U.S. is defined by a measure which consists of a set of thresholds that are compared with a families' resources to determine if they are poor. The 1997 threshold is:

Family Size	Threshold/48 states*	Family Size	Threshold/48 states*
1	\$ 7,890	6	\$21,490
2	\$10,610	7	\$24,210
3	\$13,330	8	\$26,930
4	\$16,050	For each additional person,	
5	\$18,770	add \$2,720	

\*Rates for Alaska and Hawaii are greater due to cost of living.

Sources: Eugene M. Lewit; Donna L. Terman; Richard E. Behram. (1997) *Children and Poverty: Analysis and Recommendations*. *The Future of Children*, 7, (2), 5; *Federal Register*, Vol. 62, No. 46; 3/10/97, pp. 10856-10859. For further information on development of thresholds and proposed alternatives check G.M. Fisher. (1992). *The development and history of the poverty thresholds*. *Social Security Bulletin*, 55, (4), 3-14. and C.F. Citro & R.T Michael. (Eds., 1995). *Measuring poverty: A new approach*. Washington: National Academy Press.

## Many Faces of Poor, 1993 (Percent of children by category)

	Extreme Poverty (< 50% threshold)	Poverty* (under 100%)	Near Poverty (under 200%)
USA	10	22	44
WY	5	14	NA

Sources: Proportion of children under age 18 living below the poverty level. (1996). *Trends in the well-being of America's children and youth*. Table ES 1-C, pp. 43., Washington, DC: DHHS and Jane Knitzer; J. Lawrence Aber. (1995). *Young Children in Poverty: Facing the Facts*. *American Journal of Orthopsychiatry*, 65, (2), 173-176.

\*Official rate (1992) for children < 18 years is 22.4%. An experimental measure accounting for all benefits and expenses reveals a poverty rate of 27.1% ([www.census.gov/hhes/poverty/povmeas/papers/chinpvup.html](http://www.census.gov/hhes/poverty/povmeas/papers/chinpvup.html))

## Children in Poverty by Race (Percent White, Black, Hispanic)

	White	Black	Hispanic	All Races
1970	10.5	41.5	(NA)	14.9
1980	13.4	42.1	33.0	17.9
1990	15.1	44.2	37.7	19.9
1994	16.3	43.3	41.1	21.2

Statistical Abstract of the United States. (1996), No. 731: *Children below poverty level, by race and Hispanic origin: 1979 to 1994*, p. 472

## Poverty Areas

Poverty areas are census tracts or block numbering areas where at least 20% of residents were poor in 1989. In 1990, 20% of Americans (52M) lived in such an area, 4% in areas of extreme poverty (40%+ poverty). In such areas most residents are impoverished, though economic resources are significantly below typical communities. Higher percentages of Hispanic, African-American, single parent, and less educated families live in high poverty areas.

## Poor and Young

**Child poverty rates in US are 2-9 times as high as other major industrialized nations.\***

**One out of four U.S. children (1997) live in poverty (approx. 7 million under the age of 6).**

Anne C. Lewis. (1997). *The Price of Poverty*. *Phi Delta Kappan*, 78, (6), 423 (1).  
\*(1993 US poverty rate was more than twice the United Kingdom and Canada, four times France, and greater than 10 times Sweden's rate. Rebecca Kim. (1996). *Improving Children's Lives*. London: Garland Publishing.)

**8.4 million poor kids in 1996 lived in rural or suburban areas, whereas only 6.9 million live in metropolitan areas.**

Children's Defense Fund. (1997). *The State of America's Children Yearbook*, 2., 1996. Washington, DC: CDF.

**One in three children in 1997 will be poor for at least one year by age 16; 53% of children in single-mother families are poor; Black and Hispanic children are more than twice as likely to be poor as whites (1994 rates, White: 16.3%; Black: 43.3%; Hispanic: 57.7%).**

US Department of Commerce, Bureau of the Census, *Current Population Reports*, Series P-60.

**Studies show that 26% of children's poverty spells begin at birth, 12% begin with the loss of a parent, and 42% begins with reductions in the earnings of an adult household member.**

Mary E. Corcoran & Ajay Chaudry. (1997). *The Dynamics of Childhood Poverty*. *The Future of Children*, 7, (2), 48.

# Facts: Living with Poverty

## Health Impacts of Child Poverty

- + Infant mortality is 4 times higher in the poorest vs. most affluent class
- + Low birth weight and nutritional deficiencies, more common among children in poverty, also contribute to health problems, including more frequent infections (especially gastro-intestinal and respiratory, wheezing, illness in infancy, general ill-health, anemia and other related nutritional deficiencies, asthma, middle-ear disease, dental caries, and permanent visual loss and squint);
- + Accident rates correlate with social disadvantage, environmental risk;
- + Psychological, emotional, and developmental well-being are also closely associated with socioeconomic status. Economic hardship, family discord, disruption and dysfunction, parental mental health problems, and difficulties in coping with everyday demands of life all contribute to higher risks among families in poverty.

Richard Reading. (1997). *Poverty and the health of children and adolescents. Archives of Disease in Childhood.* 76, (5), 463-467.

## Cognitive Impacts of Child Poverty

One recent study found a direct correlation between increase in income and increases on test scores and educational attainment. Effects of sporadic poverty appear to be similar to continuous poverty, probably because families on the edge of the poverty line tend to go in and out of poverty quite frequently.

Children whose parents progressed further in school attain higher test scores, probably due to parent attitudes, values, and ability to assist. Children in step families are three times less likely to complete schooling than those living with a mother; twice as likely to drop out as those living with a father. Effects likely stem from family disruption and divided loyalties.

Reading materials in the home also result in positive effects. The more books, newspapers, and magazines available to read, the higher level of education achieved.

Mike Powers. (1996). *Growing Up Poor. Human Ecology Forum.* 24, (3), 204.

## Economic Impacts of Child Poverty

- + Economic deprivation is related to educational performance, including: capacity to follow complex directions and learn new skills on the job; schooling completed (before dropping out or quitting to work);
- + Each year of child poverty at current levels reduces future economic output by an estimated \$98.8 billion calculating only effects of lost years of schooling;
- + Child poverty is also correlated with higher unemployment, involuntary part-time employment, or work hours lost due to teenage parenthood, ill health, or death at an early age;
- + Poverty can impair the development of skills needed for teamwork, create lasting scars on outlook and motivation, and cause chronic physical or mental health problems, all directly relating to a worker's output.

Child poverty reduces lifetime worker output. (1996). *Challenge.* 39, (5), 38-41.

## Cost Savings from Preventive Care

A 1992 study of the Special Supplemental Food Program for Women, Infants, and Children (WIC) found that every dollar invested in WIC for pregnant women yields up to \$4.21 in Medicaid Savings.

Source: *The American Dietetic Association*

<http://www.eatright.org/acost-effectiveness.html>

## Benefits from the School Breakfast Program

The School Breakfast Program provides cash assistance to States for non-profit breakfast programs that serve 7.2 million children across the nation. Researchers have found that students who ate breakfast improved their math and reading scores, paid more attention in class, reduced nurse visits, improved behavior, and were absent and tardy less often.

Source: USDA

[www.usda.gov/fcs/ogapi/resarch.htm](http://www.usda.gov/fcs/ogapi/resarch.htm)

## Cost Savings from Job Training Programs

A study of the Job Opportunities and Basic Skills Training (JOBS) Program- designed to provide job search assistance, education, and vocational training to recipients of Aid to Families with Dependent Children (AFDC)- found that the combined annualized savings for AFDC and Food Stamps would be \$984 per participant.

Source: Freedman, Stephan and Daniel Friedlander. (1995). *The JOBS*

*Evaluation: Early Findings on Program Impacts in Three Sites.* Manpower Demonstration Research Corporation.

University of Wyoming  
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## TEACHING TOOLS FOR FAMILIES

### Feeling their Pain: Understanding the Meaning of Poverty First Hand

+Helping professionals understand and assist limited resource (attitudes in interaction & practical tools) children, families.

In order to assist families and individuals in need, we first must grasp circumstances common to poverty including:

- \* Hunger
- \* Health problems
- \* Inadequate, unsafe or costly housing
- \* Low-paying or inconsistent jobs
- \* Financial pressures
- \* Parenting stresses
- \* More hospitalization
- \* Poor nutrition
- \* Lack of health insurance
- \* Frequent moves
- \* Safety risks
- \* Limited job options
- \* Lack of transportation
- \* Demands and victimization
- \* Increased child abuse
- \* Low self esteem
- \* Vulnerability to illness
- \* Limited support base
- \* Unsafe neighborhoods
- \* Low education level
- \* Limited motivation
- \* Stress and depression
- \* Increased stigmatization

This list is generalized--not all poor people experience problems listed and most cope well in spite of stressful circumstances. This incomplete catalog of troubles fails to describe the daily grind and cumulative grief of surviving on limited resources.

These broad description above suggests why kids in poverty face special problems:

- \* Health conditions from infant mortality to growth stunting, and lead poisoning which leads to hearing loss, vitamin D metabolism damage, and impaired blood production.
- \* Several of these impacts are a result of limited cognitive abilities (intelligence, verbal ability, and learning development) experienced by children in poverty.
- \* A low education level predicts experiences later in life.  
Income is influenced slightly by years of education. The less one knows, the less they are able to deal in a successful manner with social, physical, and emotional problems.
- \* Low self esteem, limited motivation, and stress and depression are closely correlated with other behavioral and emotional outcomes. Internalizing symptoms of dependence, anxiety, unhappiness, and social withdrawal lead to the external behaviors of fighting, acting out, and aggression.
- \* When looking at unwanted pregnancies, we find that out-of-wedlock pregnancies decline significantly when a family's income level reaches twice that of the poverty threshold, revealing a direct correlation between pregnancy and income level.

Once we attain a sharper knowledge of the effects poverty may have, we can focus on prevention, and then, on direction and help to fight these problems.

It's important to remember that each child and each family have unique characteristics which contribute to their circumstances. A guideline or program that works well for one might not work for another. The direction and steps taken in assisting poverty situations need to be specifically geared toward the individual's or family's needs. Though generalized programs will benefit several limited resource children and families, evaluations of individuals need to be made at regular intervals.

One of the most important aspects of assisting children and families in poverty is to be positive every step of the way. If you believe the problems and crisis of poverty can be alleviated and programs initiated to help better peoples' lives, then so will the families you work with. Avoid pessimism, negative connotations, and grim outlooks on the future. Instill courage, faith, pride, and success within those that you work with. If someone believes they can do it, they will.

*just in time...*

## TEACHING TOOLS FOR FAMILIES

### Poverty Program Approaches that Work

\* **Comprehensive**, recognizing that a multitude of challenges exist and are most likely to be overcome through coordinated efforts addressing a range of needs, including:

\* **Health Care Benefits and Preventive Services** including immunizations, dental screenings, nutritional evaluations and recommendations, safety precautions;

\* **Developmental Child Care** including prenatal care, periodic monitoring and screenings of children (particularly focusing on those between the ages of 2-5 yrs old), assistance in helping parents find the best alternative programs (i.e. HeadStart, WIC);

\* **Parent Education** including homemaking services, GED preparation, computer skills, adult literacy, job placement/employee skills, support groups for parents to discuss and be advised with a focus to create a sense of belonging through shared experiences and concerns, family/parental involvement with child's school learning and activities, family therapy;

\* **Supplemental Child Education** including after-school activities-(cultural, recreational, religious, academic), tutoring, one-on-one screening and therapy with child's emotional, psychological, and social skills-(examining both strengths and weaknesses, then focusing on skills to improve), weekend community functions (ie. science and mathematical fairs, reading marathons, outdoor adventures).

\* **Coordinated**, involving joint planning, partnerships, and program interfaces which reduce duplication and competition, giving families a network of supportive experiences.

\* **Community-based**, offering service sites accessible to parents and children (in schools, community organizations, or community-based family support centers), widely accepted by the community, and can be kept open year-round and during nontraditional hours, including weekends.

\* **Continuous**, providing long-term, step-by-step education and support toward self-reliance. Families in chronic poverty need time to master skills, change attitudes, and connect with support services. Even the most persistent adults progress slowly and face multiple obstacles.

\* **Family-Centered**, addressing needs of parents, so they can better serve their children.

\* **Preventive**: An increasing number of model programs recognize that the primary prevention strategy for infants and toddlers is to strengthen the small child's immediate environment--the family and other significant adults, and neighborhood.

\* **Culturally- and ethnically-sensitive**, understanding strengths and resources of specific communities, professionals and volunteers can help families develop insights, skills, and support systems.

\* **Accountable**: Model programs focus their energies on assuring improved outcomes for young children and their families, achieving measurable results concerning the well-being of children and families.

Sources: "Strengthening Families in Need-Models and Communities" *Child and Poverty News & Issues*: Summer 1994, vol 4, 2.

"Ecumenical Groups Work with Health Providers to Reach Poor Children" *Child and Poverty News & Issues*: Fall 1994, vol 4, 3.

**University of Wyoming**

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## TEACHING TOOLS FOR FAMILIES

### A Little Charity Toward Poverty

Our attitudes toward poverty are as old as childhood experiences and as deep as personal fears of deprivation, dependence, and hopelessness. While we may assert that "it's no sin to be poor," work-ethic and consumer values learned in childhood link poverty to laziness and weakness. Popular stereotypes of poor families as irresponsible or unintelligent tend to reinforce these views.

#### **Retrospective**

- \* Did your family have adequate resources?
- \* What were your parents' attitudes about spending, saving, or meeting bills?
- \* When and how did you become aware of others' economic status?
- \* Did your parents or peers encourage friendship with all children, regardless of status?
- \* Were you aware that others judged you by what your parents could afford?

**Perspective:** Discuss how the following myths and realities affect the way you see and interact with others.

#### **Myth**

- 1) Poor families are single mothers with too many children.
- 2.) People get so much welfare they live off the system for years..their children will do the same.
- 3.) Traditional families protect against poverty.
- 4) Traditional families achieved their successes without outside help.

#### **Realities**

- 1) The average mother on welfare has only two children and nearly half of AFDC families have only one child.
- 2) In 1994, a family below the poverty rate received about \$720 per month (\$8640 per year without housing aid)\*
- 3) Prior to 1920, child labor was an income asset and all members sacrificed and contributed to survive (as with many two-parent, low-income families today).
- 4) Government aid offered pioneers land grants, military protection, railroads, telegraphs, irrigation, electrification, highways, GI educational and mortgage benefits, farm subsidies, job opportunities, and school loans.

*Source: Chafel, Judith A.. (1997). Social Images of Poverty: Child and Adult Beliefs. Youth and Society, 28, (4), 432-463. Pathways From Poverty*

\*A 10 year study of welfare receipt and dependency found: 74.8% never received benefits, 12.3% received benefits 1-2 years, 8.5% received benefits 3-7 years, 4.4% received benefits 8+ years. Dependency is likely a result of **too little** rather than too much investment in welfare and training.

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## Teaching Tools for Families

### Summary of Causes of Rural Child-Family Homelessness (Infrastructure Causes)

1. Economic
    - a. National, State, Community Economic Condition
    - b. Taxes: Who pays them, how much, and who gets the benefit of them
    - c. Job Availability
    - d. Income levels for those who work
    - e. Aid for those unable to find work
  2. Governmental
    - a. Laws
    - b. Policies- toward children, families, women, rural areas
    - c. Programs- housing, social service, economic, health, education, training
  3. Housing
    - a. Policies
    - b. Allocations for low-income housing
    - c. Availability
    - d. Cost of renting, buying
  4. Education
    - a. Policies
    - b. Curriculum
    - c. Programs
    - d. Job Training
    - e. Post-high school educational opportunities
    - f. Training for self-sufficiency
- (Personal Contributors to Homelessness)**
5. Employment
    - a. Is the person employable?
    - b. Job history
    - c. Performance
    - d. Quality of relationships with co-workers
  6. Support Network
    - a. Family- who, #, relationship
    - b. Friends- who, #, relationship
    - c. History of Support
  7. Character Resources
    - a. Self esteem
    - b. Attitude- challenged, defeated, depressed,
    - c. Resourcefulness
    - d. History of dealing with problems



source: Vissing, Yvonne M. *Out of Sight, Out of Mind: Homeless Children and Families in Small-Town America*. Univ of KY Press.



## *Catch the Wind: Programming Resources, Public Policy, Key Issues*

### **Programming Resources**

--In addition to those cited above--

**Institute for Children and Poverty** is the research arm of **Homes for the Homeless**, a research/resource/training/community action organization at 36 Cooper Sq., 6th Floor, New York, NY 10003 (212/529-5252), online at [www.opendoor.com/hfh/](http://www.opendoor.com/hfh/)

**Institute for Research on Poverty** at UW-Madison offers research and resources at [www.ssc.wisc.edu/irp/](http://www.ssc.wisc.edu/irp/) Contact: IRP, 3412 Social Science Bldg., 1180 Observatory Dr., Madison, WI 53706 (608/262-6358)

#### **American Public Welfare**

**Association** has a mission to develop, promote, and implement public human service policies that improve the health and well-being of families, children, and adults. Their address is 810 First Street, NE, Ste 500, Washington, D.C. 20002-4267 (202) 682-0100, online at [www.apwa.org](http://www.apwa.org).

**National Center for Children in Poverty**, based out of the University of Columbia, aims to reduce the number of children in poverty and to improve their quality of life. The center publishes a newsletter three times a year. For more information, visit their website at [cpmncnet.columbia.edu/dept/nccp](http://cpmncnet.columbia.edu/dept/nccp).

**Poverty and Race Research Action Council**, 1711 Connecticut Ave., NW, Suite 207, Washington, DC 20009, 202/387-9887. Produces a newsletter on issues and policy.

**Child Welfare** is a private, non-profit organization whose mission is to ensure the equity of opportunity for all children. The organization maintains an electronic journal, **Child Welfare Review**, [www.childwelfare.com](http://www.childwelfare.com)

### **For Parents and Youth Leaders...Read More**

G.J. Duncan & J.Brooks-Gunn. (Eds., 1997). Consequences of Growing Up Poor. NY: Russell Sage Foundation.

D.T. Ellwood. (1988). Poor Support: Poverty in the American Family. NY: Basic Books.

R. Haveman & B.Wolfe. (1994). Succeeding generations: On the Effect of Investments in Children. NY: Russell Sage Foundation.

### **It's the Law: How Welfare Reform is Working for Children**



The Adoption and Safe Families Act was signed by President Clinton in November, 1997. It made the most sweeping changes in the nation's child welfare laws since 1980, directing the states to insure the safety of children at risk as a priority, and aimed at securing permanent homes speedily for children placed in foster care. The Dept. Of Health and Human Services has encouraged states to develop projects in several key areas: increasing adoption of special needs children, promoting community-based services to prevent child abuse and neglect, improving the access to needed health and mental health services, and projects to meet the unique needs of American Indian children.

In July 1998 final child care regulations to promote affordable, accessible and quality child care for children were announced to help guide states in the implementation of the new unified child care program included in the 1996 welfare reform law. In the regulations, states must have payment rates that provide equal

access to parents to make it easier for them to choose the care appropriate for their child. In addition, family co-payments must be based on an affordable sliding fee scale, and payment rates to providers cannot be based on whether a family receives welfare or not.

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The trouble with being poor is that it takes up all your time.

--Willem de Kooning

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### **Myths about Poverty**

1) Welfare families are getting too much.  
Since 1970, states have allowed inflation to erode 45% of the value of welfare payments. In addition, many state governments have cut benefits:

In 1970, the average monthly welfare check per family was \$676 (in 1993 dollars).

In 1993, the average monthly welfare check per family was \$373.

Even when other government benefits, such as food stamps, are factored in, on average, an AFDC family receives maximum benefits equal to only 42 percent of the poverty line.

2) Welfare causes dependency in the next generation.

Researches classify welfare families as "highly dependent" if 25 percent or more of their household income comes from AFDC payments. Research has shown that in "highly dependent" welfare homes, on average only one out of four daughters become highly dependent themselves. While women whose mothers never received welfare are statistically less likely to apply for welfare as adults than women whose mothers did, statistical research has not established that welfare causes dependency in the next generation.

Source: *Gottschalk, Peter, Sara McLanahan, and Gary Sandefur. (1994). Confronting Poverty: Prescriptions for Change. Harvard University Press, Cambridge, MA.*

## Paradoxes

### Opportunity!

- > LEARN RESOURCEFULNESS...using tin cans, old rags, and fire hydrants as toys.
- > GAIN CHILDCARE EXPERIENCE...watching siblings while Mom works.
- > LEARN TO PLAN MENUS AND PREPARE MEALS...using the agricultural commodity of the month.
- > BEGIN YOUR OWN BUSINESS ...collecting junk, running errands, or fixing things to help your family make ends meet.
- > MEET AND MAKE FRIENDS WITH NEW PEOPLE...as your family moves from place- to- place.
- > LIVE WITH THE PRIDE AND SATISFACTION...THAT WHAT YOU'VE GOT, YOU'VE EARNED.

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