Serving Low-income Families in Poverty Neighborhoods Using Promising Programs and Practices:

Building a Foundation for Redesigning Public and Nonprofit Social Services

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EXECUTIVE SUMMARY

Following the passage of welfare reform, public social service agencies witnessed overall declines in welfare caseloads, yet these declines have not necessarily been accompanied by improvements in the status of low-income families and neighborhoods. In an effort to highlight the important relationships between poverty, place and family in a post-welfare reform era this report analyzes: 1) the status of low-income families, 2) the status of low-income neighborhoods, 3) promising programs to serve low-income families living in poverty neighborhoods, and 4) promising practices for meeting the multiple needs of low-income families living in poverty neighborhoods.

Chapter I:
The status of low-income families in a post-welfare reform era

The major research on low-income families includes the following:

• One-third of all workers in the U.S. earn below poverty wages and of these workers, one-third are persistent low-wage earners who are responsible for the bulk of their family’s income (Carnevale & Rose, 2001).

• The primary earner in a low-income family works full-time, year round, and the average income of a single-parent working family is barely above $15,600 (Acs et al., 2001).

• African American and female-headed households earn considerably less than White and male-headed households (Carnevale & Rose, 2001; Johnston, 2002).

• In California, the high cost of living increases the financial hardships of low-income families; more than 16 percent of households in California spend over 50 percent of their income on rent alone (Johnston, 2002).

Based on a review of the literature on the status of low-income families, four key themes emerge:

1) Low-income families experience severe hardships whether they rely on cash assistance, work or a combination of both.

• Research suggests that over 72 percent of low-income families earning twice the poverty line (or up to $37,320 using 2003 data for a family of four) experience a serious hardship (affordable housing and lack of childcare) within a twelve month period (Boushey et al., 2001).

• Earnings from government assistance and low-wage labor are inadequate for providing even a minimal standard of living to low-income families and therefore many families must choose between health care and food, or between other necessary expenditures (America's Second Harvest, 2002).
2) **Low-income families are resilient and resourceful.**
- Many low-income families exhibit strengths equal to non-poor families (Orthner et al., 2003) and demonstrate a remarkable capacity to employ flexible and creative coping strategies (Edin & Lein, 1997a; Zedlewski et al., 2003).
- Low-income families are able to make use of extensive social networks such that more than 75 percent report receiving cash assistance from a friend or family member (Edin & Lein, 1997a). Low-income families also rely on side work and help from private charities when necessary.

3) **Low-income families face significant barriers to using public and private services and to increasing earnings from work.**
- Many low-income families who would otherwise be eligible for government cash or in-kind assistance either do not know they are eligible, or find that the application process is an obstacle to receiving assistance (Zedlewski et al., 2003).
- For families that do receive government assistance, there are disincentives to increasing their earnings because as earnings increase, other government assistance is reduced (Shipler, 2004).

4) **The quality of life for families of color and immigrant status is continuously affected by discriminatory practices in the employment and service sectors.**
- Low-income families of color and immigrant families still face the burden of poor educational systems, random crime, gangs, high unemployment, ongoing issues with the police, job and earnings discrimination, discrimination within TANF programs, and constant fear of remaining in poverty for generations. (Gooden & Harknett, 2001; Gilens, 1999; Handler & Hasenfeld, 1997; Quadragno, 1994).

Chapter II: The status of low-income neighborhoods in a post welfare reform era

The major research on low-income neighborhoods includes the following:
- Between 1970 and 1990, concentrated neighborhood poverty (defined as those census tracts where more than 40 percent of the residents are living in poverty), increased, especially among the urban African American population and among poor, female-headed families with children (Wilson, 1996).
- Emerging immigrant communities, especially those from Mexico, the Caribbean, Central America and Southeast Asia also tend to experience high rates of poverty (CIS, 1999).
- Geographically speaking, of the 34.6 million people in poverty in 2002, 27 million lived in metropolitan areas (78%): 13.8 million in inner cities (40%) and 13.3 million in the suburbs (38%). Among those living outside metropolitan areas, 7.5 million (22%) people were in poverty in 2002 (Jargowsky, 2003).

A review of the literature on the status of low-income neighborhoods reveals four key themes:

1) **Macroeconomic trends have contributed to the creation of segregated, high poverty neighborhoods.**
A major force shaping low-income neighborhoods has been the transformation of the urban economy, which for the past fifty years and most rapidly, in the past two decades, has become more decentralized, global, and heavily reliant on finance, services, and technology rather than on its once larger and more powerful manufacturing base (Abramson, Tobin, & VanderGoot, 1995; Massey & Eggers, 1993).

These macroeconomic changes have fueled the concentration of poverty and joblessness in central cities where low-income minorities tend to be disproportionately located (Coulton, Chow, Wang, & Su, 1996).

2) **Low-income neighborhoods tend to be characterized by a variety of social problems.**

- The term “neighborhood effects” is used to describe the simultaneous presence of neighborhood socioeconomic disadvantage with other social problems, including high rates of unemployment, crime, adolescent delinquency, teenage childbearing, social and physical disorder, single-parent households, child maltreatment, high levels of mobility, poor child and adult health and mental health, and poor developmental outcomes for children and adolescents (Coulton, Korbin, Su & Chow, 1995; Policy Link, 2002; Roosa et al., 2003; Sampson, 2001, Sampson, Morenoff, & Gannon-Rowley, 2002).

3) **There are several possible mechanisms through which the social environments of low-income neighborhoods impact residents.**

- The environmental conditions of low-income neighborhoods may impact residents in several possible ways: 1) the level or density of social ties between neighbors, the frequency of social interaction among neighbors, and patterns of neighboring; 2) the mutual trust and shared willingness to intervene for the public good; 3) the quality, quantity, and diversity of institutions in the community that address the needs of residents; and 4) the land use patterns and the distribution of daily routine activities that affect well-being (Sampson and Morenoff, 2002).

4) **Neighborhood indicators for Bay Area neighborhoods can help inform social service practice and delivery.**

- In 2003, 72 Bay Area neighborhoods experienced concentrated poverty; the majority of these neighborhoods are clustered around the cities of Richmond, San Jose, Oakland, and San Francisco. These cities are located in the counties of Contra Costa (20 neighborhoods), Santa Clara (16 neighborhoods), Alameda (11 neighborhoods) and San Francisco (9 neighborhoods) and account for 77 percent of the concentrated poverty neighborhoods in the Bay Area. Additional data reveal variations in the social, health and economic status of these neighborhoods.

- Neighborhood specific assessment techniques can assist program planners in designing the most appropriate interventions. By developing a set of indicators in the domains of well-being for which significant neighborhood effects have been demonstrated, local institutions may be able to better locate services and target strategies for neighborhood intervention.
Chapter III:
Promising programs for low-income families living in poverty neighborhoods

A review of the literature on promising programs reveals three key themes:

1) **Earnings and asset development programs are used to increase the economic self-sufficiency of low-income families.**
   - Programs to increase the earnings and assets of low-income families include employment programs, including place-based strategies that target employment services to an entire neighborhood, linking low-income parents to “good jobs,” and the use of work incentives and supports; as well as asset development programs, including promoting banking and savings accounts, promoting low-income car and home ownership, and linking families to the Earned Income Tax Credit (EITC).

2) **Family strengthening programs are used to improve health and educational outcomes, as well as link families to needed support and benefit services.**
   - Programs that strengthen families include the promotion of healthy child and family development through home visitation programs, parenting education programs, and programs implemented through California’s First Five; as well as early childhood educational programs to increase school readiness; and strategies to facilitate the receipt of support services including outreach efforts and strategies to streamline eligibility procedures.

3) **Neighborhood strengthening programs are used to improve community development, collaboration among service providers and promote resident involvement in neighborhood affairs.**
   - Programs that strengthen neighborhoods include community development corporations (defined as neighborhood-based nonprofit business ventures) that most often focus on improving housing options in low-income neighborhoods (Blanc, Goldwasser & Brown, 2003)
   - Comprehensive community initiatives are long-term strategies to increase collaboration, planning and coordination of funding among community-based organizations in low-income communities (Blanc et al., 2003)
   - Community organizing strategies are used to increase resident involvement in community planning, decision-making, and advocacy in order to bring resources into a neighborhood.

Chapter IV:
Promising practices for low-income families living in poverty neighborhoods

A review of promising practices for meeting the multiple needs of low-income families living in poverty neighborhoods reveals four main themes:

1) **The challenges facing low-income families living in poverty neighborhoods**
multifaceted.

- The parent who needs living wage work is often the same parent who needs services to promote healthy child development and resides in a neighborhood that needs more resident involvement, community collaboration and economic development. Promising practices to address the multiple and complex challenges facing poor families and poor neighborhoods are increasingly using a more holistic approach that brings together various levels of intervention.

2) **Integrated family and neighborhood strengthening practices represent innovative strategies to address the multifaceted issues facing low-income families living in high-poverty neighborhoods.**

- The Annie E. Casey Foundation’s Making Connections (MC) Initiative and the Harlem Children’s Zone (HCZ) are two programs that currently implement the following integrated approaches: a) earnings and asset development, b) family strengthening, c) neighborhood strengthening and d) an emphasis on collaboration, capacity building and producing tangible results.

3) **The organizational structure, challenges and successes of the MC and HCZ provide insight into the nature of integrated family and neighborhood approaches.**

- The organizational structure of MC sites tends to be characterized by a loose and flexible structure and many sites are hosted by local organizations with an emphasis on collaborative committees with strong resident participation. Challenges facing integrated approaches are related to keeping residents engaged in the process, forming and maintaining collaborations with partners, dealing with certain characteristics of the community, and handling the expectations of the funding sources. Overall, the major success reported by staff included the development of resident leaders to direct the course of programs.

4) **A framework for the design of an integrated family and neighborhood program includes the following features:**

   - *internal processes* include reformulating service models, organizational strategies, and a responsive organizational structure,
   - *neighborhood processes* include targeting the neighborhood and the scope of service, and assessing neighborhood characteristics,
   - *external processes* include structured and strategic partnerships, community buy-in, community leadership development and tracking outputs and outcomes.

This framework can assist social service agencies in moving their services toward a more integrated family and neighborhood approach for all low-income families, not just Welfare-to-work participants.
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Promising Practices for Meeting the Multiple Needs of Low-Income Families in Poverty Neighborhoods
Chapter I

The Status of Low-Income Families in the Post-Welfare Reform Environment:
Mapping the Relationships Between Poverty and Family

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INTRODUCTION

Poor families in the United States are not identified by welfare receipt or unemployment status alone. In fact, in most low-income families someone works. Data from the National Survey of America’s Families indicate that one in six individuals of working age live in a family that is considered low-income even though at least one member of the household is working (Acs, Ross Phillips, & McKenzie, 2001). The unfavorable conditions of low-wage employment, and for some, the added stress of discrimination, make it difficult for working families to escape poverty (Williams, 1997; Williams & Williams-Morris, 2000). For example, one-third of all workers in the United States earn below poverty wages and of these workers, one-third are persistent low-wage earners who are responsible for the bulk of their family’s income (Carnevale & Rose, 2001). Low-income families in which the primary earner works full-time throughout the year, and most likely characterizes a single-parent family, earns $15,600 annually (Acs et al., 2001). Thus the earnings of low-income families are more than $26,000 less than the U.S. median household income of $41,994 (Johnson, 2002).

The two key factors that prevent low-income families from increasing earnings are human capital deficits and the decreased work opportunities available to members of disadvantaged groups. The lack of education keeps individuals from attaining higher paying jobs and increases the likelihood of experiencing poverty at some point during their lifetime (Carnevale & Rose, 2001; Rank, 2001). Of both working and non-working low-income families, the head of the household is likely to lack a high school diploma.
Gender may also serve as a barrier to higher-paying employment. When looking at prime age earners (30 – 59 years), 32% of women are considered to be low-earners, compared to only 12% of men of the same cohort (Carnevale & Rose, 2001). Race is also related to earnings. In 2000, the median income of households comprised of African Americans was nearly $16,000 less than the median income for households comprised of Whites (Johnson, 2002).

Poverty is generally understood as a brief experience when income falls below family survival needs or the poverty line. Most families experience poverty for a short period that consists of only one to two years, and usually can be correlated with the occurrence of a detrimental life event such as a job loss or health problem (Duerr Berrick, 1995; Rank & Hirschl, 2002). A smaller number of households experience chronic poverty. Chronic poverty can usually be attributed to the presence of constant severe disadvantages, such as an individual with a work disability or a female-headed family with multiple children (Rank & Hirschl, 2002).

Life for low-income families in California generally reflects these national trends. Approximately 14% of Californians were living below the federal poverty level in 2000 and one in ten was a child under the age of five (Johnson, 2002). The racial income gap noted above is also present in California. The median income of African American households in California was close to $35,000 as compared to the median income of $53,734 for White households (Johnson, 2002).

One important factor that increases stress on low-income families in California (relative to many other areas of the country) is the higher cost of living. The median cost of renting an apartment in the United States was $602 in 2000, as compared to $747 in
California and $928 in San Francisco in that same year (Johnson, 2002). As a result of these high rents, more than 16% of households in California spend over 50% of their income on rent alone (Johnson, 2002). Despite the increased cost of rent for an apartment in California, and particularly in an urban area such as San Francisco, many of these apartments are lacking in basic plumbing and kitchen facilities. Less than 1% of occupied apartments in the United States lack plumbing, as compared to 3.2% of occupied apartments in San Francisco. Similarly, 1% of apartments in the United States do not have a kitchen, as compared to 5% of apartments in San Francisco. Living in an apartment without appropriate plumbing and cooking facilities increases the amount of money a family must spend on food and other necessities, placing an even greater burden on low-income families.

As a result of the high cost of living, many families are forced to choose between necessities such as food, health care, and clothing. These decisions, as well as the coping strategies employed by families who are struggling to meet their needs are described in this analysis. The analysis begins with a description of three key elements of low-income families: 1) definitions of family and low-income, 2) child and adult well-being, and 3) family formation. The highlights of the definitional issues are noted in Figure 1 and are followed by an elaboration of the other issues. The discussion then turns to the primary focus of this analysis, namely the family assets and coping strategies used by low-income families. After noting the challenging circumstances in which low-income families find themselves, the analysis concludes with a set of practice and research implications.
1. **Well-Being**

   - “Well-being is the quality of life experienced by individual human beings and is dependent on a host of factors, from basic health, to the quality of primary and family relationships, to intellectual fulfillment and emotional satisfaction.” (Top 10 by 2010, 2002)
   - Measuring well-being includes census statistics, school records, crime reports, health statistics, and surveys of attitudes or behavior.
   - Measures of material well-being, such as the Index of Child Well-Being (CWI), include health, safety, educational attainment, community participation, social relations, and emotional well-being (The Foundation for Child Development, 2004).

2. **Family**

   - “…two or more people who consider themselves family and who assume obligations, functions, and responsibilities generally essential to healthy family life.” (NASW, 2003,p. 155)

3. **Poverty**

   - Current federal definition of poverty is $18,660 for a family of four (two adults, two children) (U.S. Bureau of the Census, 2004). It is based on three times the estimate of a low-income family’s food budget, with the assumption being that the other two-thirds can be spent on housing, clothing, and other needs. A total of 12.1% of people were living in poverty in 2002, an increase from 11.7% in 2001 or an additional 1.7 million people living in poverty in the United States (Proctor & Dalaker, 2003).
   - Debate: the current federal definition of poverty grossly underestimates the number of people living in poverty, especially since the value of food has decreased relative to other needs vs. an overestimate the poverty rate in that the current poverty estimate fails to include the value of food stamps, tax credits, or other benefits (Bernstein, September 26, 2003).
   - The federal measure of poverty developed in 1963 is no longer valid because of political, economic, and social shifts in the United States (e.g., increased need for child care as more women have entered the labor force, growth of single-parent households that are primarily female-headed, regional variation in the cost of living, rapid rise in medical costs, new tax laws where some increase taxes and some increase benefits, the expansion of in-kind benefit programs like food stamps, and inflation). (Citro & Michael, 1995)
1. Background

Child and Adult Well-Being

Child and adult well-being are discussed as separate concepts within the ecological framework. The ecological framework provides the best theoretical foundation to interpret the inextricably linked relationships between children, families, and adults in the community (Chung, W. S, & Pardeck, J. T., 1997; Garbarino, J., 1982; Ungar, M., 2002). It is difficult to influence the well-being of one group without affecting the other individuals in the community. For example, programs that provide health insurance to children, but not to their parents, might improve child health, but fail to address the health status of their parents and or guardians.

Child well-being.

Child well-being is a broad term without a clear definition (Pollard & Lee, 2003). Pollard and Lee (2003) noted several trends in the well-being literature based on their systematic review of 175 studies from 1991-1999. Though there was little consistency in defining or measuring well-being across studies, five domains of well-being emerged from the research: physical, psychological, cognitive, social, and economic (Pollard & Lee, 2003). Eighty percent of the studies purported to study well-being (a multidimensional construct), but measured one domain, and just 2.3% of the studies assessed well-being in at least four of the five domains (Pollard & Lee, 2003). Most indicators of well-being were subjective rather than objective, and generally focused on strengths and resources rather than deficits. An exception to the focus on strengths was in the psychological domain, in which more measures were deficit-based. Pollard and
Lee (2003) call for a consistent definition of well-being and development of an instrument that can assess well-being across all five dimensions.

One effort to define and measure well-being in a systematic way is the Index of Child Well-Being (CWI), developed by researchers at Duke University (The Foundation for Child Development, 2004). The CWI is a multidimensional construct that encompasses well-being indicators in seven domains: material well-being, health, safety/behavioral, productive activity, place in community, social relationships, and emotional/spiritual well-being. Each of these seven domains is equally weighted in the composite index. The index is expressed as a percentage increase or decrease across an arbitrarily chosen baseline year of 1975. Highlights of the most recent CWI report (The Foundation for Child Development, 2004), which assessed child well-being from 1975-2002, were as follows:

- The composite index score of well-being for children is better than it was in 1975, but only modestly (rising four percentage points from the baseline). This increase in child well-being was observed across all ethnic and racial groups.
- Child well-being declined in the 1980s and early 1990s, but has since recovered.
- The increase in child obesity is the major factor contributing to problems in the health domain of child well-being.
- As rates of violent crime have dropped, safety/behavioral indicators of child well-being have increased.

Though the CWI contributes to knowledge about child well-being, questions remain about the methodology used to substantiate the index. First, the CWI equally weights the seven domains in creating the composite score. Some child advocates argue that certain
domains deserve increased weighting (Munoz, 2004). Second, emotional and spiritual indicators are collapsed together in the calculation, leaving youth with little spiritual or religious beliefs (or beliefs not measured at all by the available instruments) and receiving lower scores despite their appearance of satisfactory emotional health. Finally, two indicators comprise the social relationships domain: the number of children living in single-parent households and the number of children who have moved within the last twelve months. Further, this domain omits other important indicators of social relationships, such as relations with peers and other adults in the child’s life.

Another key measure of child well-being is the annual Annie E. Casey Foundation’s KidsCount Data Book. The Casey Foundation uses the following 10 indicators of child well-being, gathered from a number of sources, such as the U.S. Census (The Annie E. Casey Foundation, 2003, p. 59): 1) percent of low-birthweight babies, 2) infant mortality rate, 3) child death rate, 4) rate of teen deaths by accident, homicide, and suicide, 5) teen birth rate, 6) percent of teens who are high school drop-outs, 7) percent of teens not attending school and not working, 8) percent of children living in families where no parent has full-time, year-round employment, 9) percent of children living in poverty, and 10) percent of families with children headed by a single parent. California ranked 21 of the 50 states in child well-being using these ten indicators (The Annie E. Casey Foundation, 2003). Child well-being is also discussed in a number of other studies (Besharov, 2003; Gutmann, 2002; Hofferth, Phillips, & Cabrera, 2001; Moore & Vandivere, 2000; Vandivere, Moore, & Brown, 2000).

Adult well-being.
Though a voluminous literature exists on the well-being of children, little research has been completed on adults (Brim, Ryff, & Kessler, 2004). A recent study, entitled Midlife in the United States (MIDUS), assessed physical, social, and psychological well-being among a national sample of individuals aged 40-60 years. Though MIDUS focused on midlife adults, data were collected on a total of 7,189 English-speaking adults between 25 and 74 years through a telephone interview and a written questionnaire. The younger and older research participants were recruited for comparative purposes. Efforts were made to ensure adequate representation of older men, persons from lower-income groups, African Americans, Latinos, and individuals living in urban areas. Key findings from the MIDUS study include (Brim et al., 2004):

- While physical health status tends to decline with age, mental health status seems to improve. Similarly, middle and older adults reported an increasing feeling of mastery in work and family, and reported being better able to manage stress than young adults.

- Overall sense of well-being was strongly correlated with social context (family, work, and community) for middle- and older-age adults than young adults.

- Health status varied across socioeconomic groups and within specific levels of socioeconomic status, suggesting that there are many other variables affecting health status (e.g. a feeling of mastery in work and family contexts lower socioeconomic groups was related to increased health status).

- The MIDUS study found that 85 to 90% of adults marry at some point in their lives and more than 90% have at least one child between the ages 40-59, implying that the family, as an institution, remains strong.
Overall levels of social responsibility and community participation were high among midlife adults (i.e. younger adults tended to be more focused on family, while older adults made a greater contribution to community efforts).

The critical relationship between individuals and their social environments was noted: “A recurrent theme across all contexts of midlife is that individuals both are both significant contributors to their family, community, and workplace and are influenced by what is occurring in these life domains.” (p. 31)

The MIDUS study provides a much-needed perspective on the well-being of adults, and as such, makes an important contribution to the limited literature in this area. These findings include variables that also relate to family formation as explored in the next section.

Trends in Family Formation

Low-income families are changing. Much of the change is due to the decrease in marriage, rise in cohabitation, and increase in out-of-marriage births. The first part of this section reviews trends in family formation as described in the most recent studies available. The second part discusses the effects of welfare reform policies seeking to influence marriage, childbearing, and teen pregnancy.

The 2000 U.S. Census indicates that marriage rates differ based on socioeconomic status, race, education, and gender (Child Trends, 2002). Individuals from lower socioeconomic groups, African Americans, and those with less than a high school education are less likely to be married. Being female, in combination with any of the above factors (African American race, lower socioeconomic status, or less than a high
school education), further decreases the likelihood of marriage as compared to men from similar race, income, or education cohorts.

Several factors, such as availability of suitable marriage partners, influence the rates of marriage in different racial or cultural communities (Trent & South, 1992). In an effort to gain a deeper understanding of trends in family formation, the Fragile Families and Child Well-Being Study is following a birth cohort of 4,700 children in 20 cities, which include Oakland and San Jose (McLanahan et al., 2003). Forty-one percent of mothers in the Fragile Families study have household incomes that are at or below the federal poverty line, with another twenty-eight percent of single mothers having household incomes below 200 percent of the poverty line. The study will follow the families from the birth of their child through age four, and has a comparison group of married parents in each city. Highlights of the study’s most recent national report include (McLanahan et al., 2003):

- Most unmarried parents (82%) are in a romantic relationship when their children are born and over half of them are living together.
- Many unmarried parents lack the human capital necessary to support a family (close to 40% of unmarried mothers and fathers do not have a high school diploma).
- Nearly 25% of unmarried mothers did not receive prenatal care in their first trimester of pregnancy. One in ten mothers reported drinking alcohol, and 23% reported smoking cigarettes during their pregnancy.

Another study that contributes to our knowledge of family formation and composition among low-income individuals is the National Survey of America’s Families
(NSAF). The NSAF analyzes family, child, and adult well-being in 40,000 randomly selected families from thirteen states, including California. Data was collected between 1997-2002, so it provides a unique perspective on the effects of welfare reform on low-income families. Some highlights of a recent NSAF data brief (Acs & Nelson, 2003) on child well-being and family formation include:

- There was a slight decrease (3.7%) in the number of children under five living with single mothers between 1997-2002.
- During the same time period, there was also a slight increase (2.5%) in the number of children living with married parents.

Taken together, these studies provide evidence of both promising and troubling trends. Promising trends include the percentage (82%) of unmarried parents who are in a relationship when their children are born and the increase in the number of children living with married parents (Acs & Nelson, 2003; McLanahan et al., 2003). More troubling are the number of unmarried mothers who did not receive prenatal care (25%) and the percent of unmarried parents without a high school diploma (40%) (McLanahan et al., 2003). Given the increased public policy focus on family formation, the next section highlights the relationship between the family formation policies mandated by welfare reform and other public policies.

**Public Policy Influences on Child and Family Well-being**

Expanding the discussion of the status of low-income families, this section reviews one key aspect of the social environment that impacts low-income children and families;
namely, the role of public policies that regulate distribution of food, health insurance, and other goods or services.

Low-income families are particularly vulnerable to shifts in social welfare policy because they do not have the personal resources to compensate for changes in income support programs, health coverage, transportation and child care costs, tax laws, or housing subsidies. Because all of these programs play a significant role in the lives of low-income families, additional support can have an enormous impact. For example, a study based on the 1997-1999 National Survey of America’s Families (NSAF) found that families living in subsidized housing had better employment outcomes than families living in unsubsidized housing, even though more barriers to employment existed for families with housing assistance (National Center for Children in Poverty, 2003).

Research suggests that low income families need support from five critical policy areas: 1) Income support programs such as TANF and SSI; 2) Health insurance; 3) Food stamps and other nutrition support programs; 4) Income tax laws; and 5) Childcare subsidies (Hofferth et al., 2001). The following discussion highlights health insurance, food stamps, and childcare subsidies and excludes income supports and tax laws. The expenses associated with each of these policy domains represents a major portion of low-income non-discretionary household spending. The issues are illustrated with examples from California.

Health insurance.

The number of people living in California without health insurance has reached staggering proportions. In a recent survey of the health insurance status of Californians, more than one in five, or a total of 6.3 million individuals, reported having been
uninsured at some point in the last twelve months (Brown, Ponce, Rice, & Lavarreda, 2002). The majority of those who lacked insurance were from low-income households; 30% of people living in households below the federal poverty line were uninsured as compared to 5.8% of people living in households earning at least three times the federal poverty level (Brown et al., 2002).

Without health insurance, the high cost of basic medical care may prevent many low-income families from seeking treatment for highly treatable illnesses. The average out-of-pocket cost for medical expenses for people without health insurance is $420 per year, and many workers without health insurance accumulate medical care debts ranging from $1,000 and $100,000 (The Annie E. Casey Foundation, 2003). Medical care costs are so great that nearly one-third of the families participating in emergency food programs report that they must often choose between paying for medical care and purchasing food (America's Second Harvest, 2002). Unfortunately, the typical choice for many families is the purchase of food.

Why are so many people uninsured? Four reasons are briefly reviewed here. First, many low-wage jobs do not provide health coverage to their employees. Approximately 75% of jobs paying less than $25,000 per year do not offer health insurance to employees (The Annie E. Casey Foundation, 2003). Second, families who qualify for Medicaid are at risk of losing their medical benefits if their income increases even though they may not be receiving health insurance through their employers. Third, recent immigrants who lack a green card are not eligible for many state-supported health insurance programs, such as Healthy Families (Brown et al., 2002). In California, 180,000 children living in immigrant families did not qualify for the Healthy Families
program, though they would otherwise have been eligible. Finally, many families are not aware of the availability of state-supported health insurance programs. All told, approximately one in four families eligible for the Healthy Families program did not know that the program existed (Brown et al., 2002).

Food stamps and other nutritional support programs.

A large number of Californians rely on food support programs to meet their nutritional needs. Over 1.5 million people in California participate in the federal food stamp program, close to 1.3 million receive food subsidies from the Women, Infants, and Children (WIC) program, and almost three-quarters of public school children receive free or reduced-price lunches through the federal school lunch program (America's Second Harvest, 2003). Despite the high number of participants in these three programs, there is still significant unmet need for nutritional support; nearly 12% of California households experienced food insecurity between 1999 and 2001 (America's Second Harvest, 2003). Reasons for food insecurity include inadequate benefits levels and the complexity of the application process for the federal food stamp program.

Food stamps are not available to some families whose incomes exceed the maximum level but could be considered low-income, particularly in states that have a high cost of living like California. To qualify for food stamps, a family must earn less than 130% of the federal poverty level and have limited assets (The Finance Project, 2002). In 2003, the highest allowable household income to qualify for the federal food stamp program was less than $1,994 per month (or just under $24,000 annually) for a family of four (USDA Food and Nutrition Service, 2003). Even those families that receive food stamps may experience food insecurity due to insufficient benefit levels.
The maximum food stamp grant for a family of four in 2003 was $471 (USDA Food and Nutrition Service, 2003). This is an amount that certainly would not cover the cost of groceries for a family of four in California.

In addition to the income restrictions and low benefit level, the paperwork involved with applying for food stamps may prevent some families from participating in the program. In 2000, 47% of the households in California that were eligible for food stamps did not receive them (The Annie E. Casey Foundation, 2003). America’s Second Harvest, a food policy research and advocacy institute, found that the average application for food stamps was twelve pages long, as compared to two-page state applications for jobs requiring a high degree of responsibility and accountability, such as being a bus driver (O’Brien, Prendergast, Thompson, Fruchter, & Aldeen, 2002). California’s food stamp application is 21 pages long and requires an 11th grade reading level to complete (O’Brien et al., 2002).

Progress has recently been made in expanding food support programs for low-income families. During the week of June 20, 2004, both the House of Representatives and the Senate passed legislation that expands the federal school lunch program, through which children of low-income families can receive free or reduced cost meals (Abbott, 2004). During the same week of 2004, President Bush announced completion of a plan to replace paper food stamp vouchers with electronic cards that could be used at the grocery store like ordinary credit or debit cards (Pear, 2004). The electronic cards are expected to reduce the stigma associated with redeeming food stamps and prevent food stamps from being misused (Pear, 2004).
Childcare subsidies.

Childcare is a large expenditure for low-income families, and can be a barrier to employment when affordable childcare is not available. The research evidence suggests that the cost of childcare influences the labor force participation of mothers to the extent that the increased cost of child care is correlated with decreased employment (Shlay, 2004). The choice to remain unemployed makes sense given that childcare costs between $4,000 to $6,000 per year (The Annie E. Casey Foundation, 2003). Two parents working full-time in minimum wage jobs make $21,400 in pre-tax income. Even if these parents allocated 10% of their income towards childcare, they would require an additional $2,000 to $4,000 to pay for childcare (The Annie E. Casey Foundation, 2003).

Limited subsidies for childcare are available, but they do not reach all of the families who need them. In their review of the research on childcare subsidies, Shlay, Weinruab, Harmon, and Tran (2004) describe two types of barriers to the use of childcare subsidies. The first type includes consumer attitudes and knowledge. Many low-income families are unaware that they are eligible to receive childcare subsidies and some report that they do not need them even though they may be qualified. The second type of barrier to the use of subsidies is bureaucratic; like the federal food stamp program, some families have difficulty completing the required paperwork and providing supporting documentation. To gain a better understanding of the reasons for the non-use of subsidies by eligible families, Shlay et al. (2004) found that 44% of families who were not using subsidies did not know that they met the eligibility requirements. Of the families who did believe they were eligible but still did not use the subsidies, 37% reported that the difficulty of applying for a childcare subsidy was the reason for non-use.
In addition to the lack of knowledge and the bureaucratic hurdles that inhibit subsidy use, budget cuts are likely to reduce, rather than expand, the access to affordable childcare for low-income families. Though federal funds for childcare through Temporary Assistance to Needy Families (TANF) and the Child Care Development Fund (CCDF) were increased between 1996 and 2000, these subsidies are at risk of being reduced in the current budget environment in which many states are being forced to cut spending on social service programs (The Annie E. Casey Foundation, 2003). For example, recent legislation passed by the Senate Finance Committee could cause 430,000 children to lose their childcare (Mezey, 2003).

This section briefly reviewed three policy domains that impact the lives of low-income families. A critical issue missing from this discussion has been racial and ethnic disparities in access to jobs, education, housing, and other resources. Given the centrality of this issue, the next section focuses on the experiences of families of color and immigrant families.

Racial Disparities and Poverty among Families of color and Immigrant Families

The quality of life for people of color rarely receives adequate attention when complex social policy issues are debated in the literature. Too often, if race or ethnicity is discussed, the discourse follows along dichotomous lines, such as comparing African Americans to Whites. In California, the comparisons of populations do not inadequately represent the racial and ethnic diversity found within communities. The additional problem with comparisons is that the number of biracial individuals, that is increasing dramatically, is completely overlooked. Because documenting racial disparities on many
issues is needed, the tendency to polarize race in social policy unfortunately leads to unexamined impacts of these policies on people of color. In this section, the relationship between poverty, race, and ethnicity are explored. The primary focus is on the research related to the differential impacts of public policy on poor families of color, especially welfare participants.

**Poverty and Race**

Nancy Boyd-Franklin (2003) describes the interaction between poverty and race for African American low-income families as experiencing a “sense of futility and disempowerment.” (p.265). The same statement is true for other low-income families of color, especially when the condition of poverty spans several generations. Boyd-Franklin also notes that even though low-income families of color have benefited from job and educational opportunities emerging from recent social policies, the communities in which they live still face the burden of poor educational systems, random crime, gangs, high unemployment, ongoing issues with the police and constant individual feelings of being trapped. Thus, the psychological consequences of poverty can oppress family members based on their race, social standing, and need for public assistance.

When examining welfare reform, Finegold and Staveteig (2002) offer the following four reasons to include race and ethnicity issues prominently in the development of a research agenda:

1. To learn about the variation in response to policy changes, as they may differ between members of diverse racial and ethnic groups.
2. To uncover whether self-sufficiency is encouraged and supported among all clients.
3. To focus on the differential impacts of welfare policies among and within various racial and ethnic groups to aid in designing more effective programs.
4. To reveal and eliminate discriminatory practices in welfare policy implementation.

African Americans represent the racial group with the largest number of families and children on the TANF rolls (Administration for Children and Families DHHS, 2003). A total of 39% of adult heads of households and 41% of children on TANF are African American, 24% adults heads and 28% children are Hispanic and 31% of adult heads of households and 26% of children are White (Administration for Children and Families DHHS, 2003). The caseload trends and analyses of those leaving welfare roles confirm the existence of differential patterns as noted in Table 1 (Lower-Basch, 2000). Lower-Basch (2000) reported that African Americans, Hispanics, and Whites were almost equally represented in 1996, but white families declined on the rolls at much faster rates than African Americans or Hispanic families. In sum, African Americans and Hispanics appear to be more likely to return to the welfare rolls than Whites. Due to the limited data, the research literature does not yet include conclusive evidence on the impact of time limits on these populations.
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<td># Families with children under 18</td>
<td>24,916</td>
<td>4,636</td>
<td>2,973</td>
<td>24,784</td>
<td>5,585</td>
<td>5,320</td>
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<td># Poor families with children under 18</td>
<td>2,776</td>
<td>1,670</td>
<td>955</td>
<td>1,984</td>
<td>1,615</td>
<td>1,330</td>
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<td>Poverty rate, families with children</td>
<td>11.1%</td>
<td>36.0%</td>
<td>32.1%</td>
<td>8.0%</td>
<td>28.9%</td>
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<td># Female headed families with</td>
<td>3,737</td>
<td>2,269</td>
<td>771</td>
<td>4,252</td>
<td>2,892</td>
<td>1,353</td>
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<td># Poor female headed families with child</td>
<td>1,266</td>
<td>1,336</td>
<td>493</td>
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<td>-14.8%</td>
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<td>Poverty rate, female headed families</td>
<td>33.9%</td>
<td>58.9%</td>
<td>64.0%</td>
<td>25.4%</td>
<td>46.1%</td>
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Figures in thousands.
"White" means Non-Hispanic White.
Source: U.S. Bureau of the Census, Historical Poverty Tables, Table #4.
Little research was found on rates of employment and pay for immigrant families, but evidence suggests that a welfare recipient’s race may be associated with earnings and type of employment, but not with the employment rate. Non-white recipients are more likely to be hired in lower-paying jobs (Gooden, 2000) and are likely to be earning less (Allard & Danziger, 2001; Harknett, 2001) than white recipients. Danziger et al. (2000) found that race was not associated with rate of employment. However, Gooden’s (2000) study of racial differences and employment outcomes for 223 welfare recipients in Virginia found that African Americans were more likely than Whites to be working in lower-paying occupations such as food services workers or nurse’s aides. This finding deserves further exploration because the current welfare employment literature indicates that type of employment matters for persons of color.

Two studies have found that whites typically earn more than non-whites. Allard & Danziger analyzed data from the State of Michigan client database along with two surveys of Detroit area employers. A comparison of whites and non-whites living in areas classified as having good access to jobs found that whites earned close to 15% more than non-whites. Harknett (2001) examined administrative data and surveys of female welfare recipients collected by MDRC in California and found that whites had higher per-quarter earnings than non-whites. For example, white women in the control group (not enrolled in the Labor Force Attachment program) earned an average of $353 more per quarter than black women in the control group.

Allard and Danziger (2001) analyzed individual-level employment outcomes and welfare exits in Detroit as related to geographic access to jobs for African Americans and Whites. They found that recipients living in suburban areas had greater access to jobs
than did inner city residents. White recipients tended to live in suburban areas and had
greater access to jobs than non-whites living in the inner city. They also found that
recipients living in areas with greater access to jobs were more likely to exit welfare.

As the factors of neighborhood residence and race are frequently correlated, it is
important to look at the interrelationship of neighborhood, access to employment
opportunities, and race. Holzer and Stoll (2002) did a telephone survey of employers in
four major metropolitan areas and found that the hiring rate for African Americans and
Hispanic welfare recipients was lower than their representation in the population of low-
income, female-headed households. For example, in Los Angeles, about 50% of the low-
income, female-headed families are Hispanic, but the hiring rate found for this group in
the study was under 40%. The authors suggest that minority welfare recipients may face
more difficulties in gaining employment than white recipients. Holzer and Stoll (2002)
also found that African Americans and Hispanic welfare recipients were less likely to be
hired in suburban companies and more likely to be hired at companies serving a greater
proportion of African American and Hispanic customers, although it is unclear if this is
due to spatial mismatch, discrimination, or other factors.

There is conflicting evidence about the impact of job search and job support
programs on members of diverse racial and ethnic groups. Harknett (2001) found similar
employment outcomes for black, white, and Hispanic welfare recipients enrolled in a
jobs-first program. The employment outcomes for members of all racial and ethnic
groups studied in the jobs-first program were better than employment outcomes for
recipients enrolled in a control group that neither required job search nor offered job
search support services.
However, Gooden (2000) found that enrollment in a job readiness program was associated with higher earnings for whites, but not blacks. It is difficult to determine what caused this conflicting evidence; it is possible that some of the difference can be attributed to regional differences in the implementation of job support programs, as Harknett’s study took place in California, while Gooden’s took place in Virginia.

Gooden (1998) studied differential treatment of black and white clients by caseworkers in Virginia and found that many white clients reported receiving support in pursuing educational goals and in receiving discretionary assistance with transportation, but blacks clients did not report receiving such assistance. Gooden’s sample was small (39 participants), but her findings suggest that further study is needed.

And finally, every year more and more immigrants enter the United States and often need public assistance to survive. They are nearly twice as likely to participate in many of the means-tested programs where the highest welfare use rates occur in New York (30%), California (28%), and Texas (25%) (Capps, Ku, & Fix, 2002). Though many immigrants rely on public assistance to survive, many are able to secure only low wage jobs. Thus, the incomes for immigrants tend to be lower than the earnings of the native-born poor, resulting in longer stays on the public assistance rolls

There has been little research on racial or ethnic variation in response to welfare policies and programs. The existing research indicates that there may be cultural differences between racial and ethnic groups that could influence the responses of recipients to TANF policies. A study using NSAF data found some differences in attitudes that may influence how members of various racial or ethnic groups respond to TANF policies (Wertheimer, Long, & Vandivere, 2001). For example, 82% of African
American mothers felt that a single mother could bring up a child as well as a married couple in contrast to the views of 67% of Hispanic mothers and 63% of White mothers. Another example is that 60% of Hispanic mothers believe that a mother with small children should not work outside the home in contrast to the views of 50% of White mothers and 35% of African American mothers.

While many African Americans, Latinos, and immigrants have transitioned from the welfare rolls, evidence of disparities and hardships rooted in the differential access to resources continue to exist (Walters & DeWeever, 1999). Families of color and immigrant families display tremendous patience and survival skills that are often missed in large quantitative studies. These families survive despite such hardships as discrimination, low wages, lack of benefits, limited access to information about job opportunities, poor English proficiency, lack of access to higher paying jobs due to few opportunities to advance within employment structures, difficulty meeting basic needs for food, shelter, health care, and clothing, and poor living conditions. In order to foster changes in the experiences of these families changes in social policy will be needed.

4. Family Strengths, Challenges, and Coping Strategies*

In addition to the racial, ethnic, and cultural discrimination experienced by many low-income families discussed in the preceding section, families living in poverty are able to confront numerous challenges in their daily living. Given the emphasis on well-being earlier in this analysis, it is important to focus on how family strengths contribute to the life situations that low income families endure and how they are similar to high-income

* Many thanks to Jill Nielsen, M.S.W. for her assistance with this section.
families with respect to family resiliency (Orthner, Jones-Sanpei, & Williamson, 2003). The section concludes with examples of how low-income families use these strengths to meet daily needs despite the challenges they face.

**Strengths**

Working with vulnerable populations can be quite challenging and often benefits from incorporating the client strengths perspective, especially when it can benefit all persons in the household. A core concept in the strengths-based or empowerment service delivery literature is family resilience.

A measure of family strengths developed by Orthner, Jones-Sanpei, and Williamson (2004) assesses family strength in six dimensions: economic stability, communication skills, problem-solving abilities, family cohesion, social support, and presence of risk factors. In telephone interviews with over 2,000 low-income families, Orthner et al. (2004) found that low-income families scored high on indices of problem-solving and family cohesion despite the economic insecurity that many faced. However, the analyses revealed a wide variation in communication skills and social support, with many families reporting fewer competencies in these areas. Orthner et al. (2004) hypothesized that the low level of social support reported by many families in the study was attributable, in part, to the downward trend in civic engagement throughout the United States. Putnam (2000) provides a thorough discussion of this phenomena in *Bowling Alone: The Collapse and Revival of American Community*. As such, the decline in civic engagement for low-income families may indicate that there is a need for activities that assist families in making connections with friends and neighbors.
In an earlier study, Orthner et al. (2003) compared family strengths in low and higher income families. The results showed that the primary difference between low-income and more affluent families was, not surprisingly, economic stability. Other assessed areas of family strength revealed few significant differences between low-income and more affluent families. Orthner et al. (2003) noted that the most troubling finding was not any difference in family strengths between groups but in the low level of family strengths. Approximately 30% of the families responded that they did not feel confident in their problem-solving abilities, communication skills, or family cohesion. These findings suggest that marriage and family enhancement programs that teach problem-solving and communication skills may be useful for strengthening both low-income and non-poor families.

Challenges

Low-income families face numerous challenges in daily living and many of them are related to structural barriers found in society. The barriers include the persistence of poverty or near-poverty, limited access to social services, and unmet needs for food, clothing, shelter, health care, and other basic goods as highlighted in Figure 2.
Figure 2: Common Challenges Faced by Low-income Families

**Challenge # 1: Persistence of poverty or near-poverty.**
- One-third of all workers in the United States earn below poverty wages and of these workers, one-third are persistent low-wage earners who are responsible for the bulk of their family’s income (Carnevale & Rose, 2001).
- The primary earner in a low-income family works full-time, year round, and the average income of a single-parent working family is $15,600 (Acs et al., 2001).
- Thus the earnings of low-income families are anywhere from $11,000-$36,000 less than the median family budget requirements for a household of two adults and two children, as estimated by the Economic Policy Institute (Boushey, Brocht, Gundersen, & Bernstein, 2001).

**Challenge # 2: Lack of education** (Carnevale & Rose, 2001; Rank, 2001).
- Of both working and non-working poor families, the head of the household is likely to lack a high school diploma (Acs et al., 2001).

**Challenge # 3: Chronic health problems**
- Problems include asthma, diabetes, hypertension, cancer, and malnutrition because low-income families experience these illnesses at higher rates than non-poor families (Rank, 2001).
- Food insufficiency is associated with serious adverse physical and mental health consequences, especially the health of low-income children (Siefert, Heflin, Corcoran, and Williams, 2001).
- Babies born into poverty have a greater likelihood of having health problems and are more likely to suffer from malnutrition (Duerr Berrick, 1995).

**Challenge # 4: Domestic violence**
- Low-income status has been associated with higher levels of spousal abuse (Rank, 2001).
- Domestic violence rates among Michigan women receiving welfare benefits reported over 50% had been the victims of domestic violence at some point in their life, and 15% had experienced at least one incident during the past year with an intimate partner (Tolman & Rosen, 2001).
- The domestic abuse experienced by low-income women can be severe, including death threats, police intervention, and restraining orders (Browne & Bassuk, 1997; Duerr Berrick, 1995).
- Women who were both working and receiving welfare reported more incidents of family violence than those who were not working and not receiving welfare (Rodriguez, Lasch, Chandra, & Lee, 2001).

Christie is a childcare worker at a YMCA in Ohio who struggles to provide food, shelter, and clothing for herself and her two children on a $660 monthly income. She also receives $136 in food stamps, $37 in child support, and a housing subsidy each month. Despite the fact that she works and participates in the government programs for which she is eligible, it is almost impossible for her to pay all of her bills. The food stamp allowance is frequently exhausted by the second of the month. The rest of her money is allocated for other expenses, including her car payments, rent, prescription medicine, and clothing for the children. Though Christie wants to increase her earnings to alleviate her family’s hardships, she feels penalized when her income increases by even a small amount. For example, when she took a childcare class that gave her a 10-cent-per-hour raise, her monthly food stamp allowance was decreased by $10, leaving her with only $6 per month more than before she completed the course.

Christie’s demonstrate how low-income families try to bridge the gap between their needs and available resources. In acquiring more resources, many families must employ creative coping strategies that are described in the next section.

*Coping Strategies*

The focus in this section on the coping mechanisms and strategies used by poor families features the survival tactics of quick thinking and creative problem-solving (Duerr Berrick, 1995). Survival strategies must be adapted frequently as the needs and resources of families shift, requiring flexibility and responsiveness to changes in the circumstances of low-income families (Edin & Lein, 1997a).

Though low-income families use a wide variety of coping strategies unique to their situations, this section focuses on three main strategies: social networks, supplementary employment, and use of public and private social services (Figure 3). In Edin and Lein’s landmark study of 379 low-income single mothers, these coping
strategies were the most frequently used and are listed in order of preference, with support from public or private agencies being a last-resort strategy when social networks or supplementary employment are insufficient (Edin & Lein, 1997a). Specifically, of the coping strategies reported by the mothers in Edin and Lein’s study, 77-82% made use of resources available through social networks, while 39-46% employed work-related strategies and 22-31% involved the support of private agencies.
Figure 3: Major Coping Strategies of Low-income Families

Strategy #1: Use of social networks.

- In a sample of 95 families not receiving TANF or earnings from work, nearly 50% reported that they received some type of child support payment, and 64% commented that family helped them either regularly or occasionally when they required assistance (Zedlewski et al.’s, 2003).

- Women generally feel more comfortable accepting assistance from a partner or their children’s father than from other family members (Edin and Lein, 1997a).

- The types of assistance social networks provided to low-income families varies widely, but common types of assistance include occasional childcare, help purchasing food and other necessities, and permission to borrow a car (Zedlewski et al., 2003).

- Case example: “I have a friend who is a better seamstress than I,’ said Lynn, ‘and if she will sew sometimes for me, I will clean her house.’ Her husband used his amateur carpentry skills to make cupboards, bookcases, and the like out of wood scraps he picked up from behind a cabinetmaker’s shop. He bartered a kitchen cupboard for a blueberry pie from ‘a lady that makes the world’s best blueberry pies,’ Lynn said. ‘We barter for repair of the car sometimes.’ And her nephew built them a computer in exchange for bookcases in his office. (Shipler, 2004 ,p. 31)

- The level of support that low-income parents receive through their social network is even higher for working families, such that the average cash assistance low-income working single mothers receive through their social networks is $253 a month as compared to $157 for welfare-reliant mothers (Edin & Lein, 1997a).

- Additionally, low-wage earners tend to have a stronger personal safety net than welfare-reliant mothers that provides more non-cash resources as well (Edin & Lein, 1997b).

- Adolescent children constitute part of a safety network, working odd jobs to bring in extra money for the household (Duerr Berrick, 1995).

Strategy #2: Supplementary employment or “Side work”

- The character of a city’s underground economy determines the extent and type of illegal or underground work in which welfare-recipient and low-wage earning mothers participate (Edin & Lein, 1997b).

- Working mothers are faced with greater budget deficits than welfare-reliant mothers (Edin & Lein, 1997b).

- Not only is working expensive, but the income that is provided through low-wage jobs is less stable than relying on income through welfare (Edin & Lein, 1997b).
Conclusion

Throughout the analysis of the state of low-income families, one fact is clear; low-income families in the post-welfare reform era continue to struggle whether or not they have ever received government assistance. The 1990’s reinvestment in the notion of “making work sustain family life” appears to only reinforce the continuation of the mismatch between the limited skills of the worker and accessibility to jobs that promote family self-sufficiency (Handler & Hasenfeld, 1997, p.43). In light of this focus on work, much of the evidence suggests that low-income families need institutional support in the form of education, health care, current relevant job training, reliable and safe child care, and higher minimum wages. Although these supports are neither new nor untried, they have failed to provide low-income families with adequate social and economic support. The general tendency to cut public welfare programs has forced poor families into survival through temporary jobs and time limited public benefits.

This analysis offers a picture of poor families with respect to recent trends in adult and child well-being, family formation, the impact of public policy on families of color and immigrant families, and concludes with the research on family resilience in the form of coping strategies used to survive daily challenges despite insufficient resources. Emerging from the analysis are four key findings. Each finding is summarized below and highlighted in Figure 4:

1. Low-income families, whether they rely on cash assistance, work, or a combination of both, experience severe hardships.
2. Low-income families are resilient and resourceful.
3. Low-income families face significant barriers to using public and private services needed to increase earnings from work.
4. Low-income families of color and immigrants continue to be affected by discriminatory practices in the employment and service sectors.
Figure 4: Highlights of Key Findings

Finding #1: Low-income families experience severe hardships whether they rely on cash assistance, work, or a combination of both.

- low-income families earning twice the poverty line (or up to $37,320 using 2003 figures for a family of four) found more than 72% experienced a serious hardship (difficulty obtaining affordable housing and lack of childcare) within the past twelve months (Boushey et al., 2001).
- many families must choose between health care and food, or between other necessary expenditures (America's Second Harvest, 2002).
- the maximum food stamp grant for a family of four in 2003 was $471 (USDA Food and Nutrition Service, 2003).

Finding #2: Low-income families are resilient and resourceful.

- many low-income families exhibit strengths equal to non-poor families (Orthner et al., 2003) and demonstrate a remarkable capacity to employ flexible and creative coping strategies (Edin & Lein, 1997a; Zedlewski et al., 2003).
- 75% report receiving cash assistance from a friend or family member, with the amount of assistance averaging more than $150 a month (Edin & Lein, 1997a).
- in addition to use of social networks, low-income families also rely on “side work” and help from private charities when necessary.

Finding #3: Low-income families face significant barriers to using public and private services and to increasing earnings from work.

- Many low-income families eligible for government cash or in-kind assistance either do not know they are eligible, or find that the application process is an obstacle to receiving assistance (Zedlewski et al., 2003).
- California’s food stamp application is 21 pages long and requires an 11th-grade reading level to complete (O’Brien et al., 2002).

Finding #4: Low-income families of color and immigrants continue to be affected by discriminatory practices in the employment and service sectors.

- Low-income families of color and immigrant families still face the burden of poor educational systems, random crime, gangs, high unemployment, ongoing issues with the police and constant fear of remaining in poverty for generations.
- Debate: non-white recipients are more likely to be hired in lower paying jobs and are likely to earn less than white recipients (Gooden, 2000; Harknett, 2001) vs. race is not associated with employment rates (Danziger et al. (2000). Evidence continues to identify the detrimental effects of racial discrimination within the TANF program (Gilens, 1999; Handler & Hasenfeld, 1997; Quadragno, 1994).
**Practice and Research Implications**

Despite the amount of research on the status of low-income families, questions remain regarding how to address the many obstacles to moving low-income families out of poverty and making better use of their strengths. Specifically, practitioners and researchers need to address the following questions:

1. In a tight budget environment, how can social service agencies maximize their effectiveness in serving low-income families, whether they have participated in the TANF program or not?

2. How can social services effectively incorporate the resilience and resourcefulness of low-income families into service strategies designed to reduce poverty among families and in the communities?

3. How can administrative barriers to use of social services be decreased while ensuring that state and county agencies remain in compliance with governmental regulations?

A particularly troubling finding emerging from this analysis is the perceived inaccessibility of private and public social services, especially by families of color and immigrant families. It appears that agencies need to find ways to collect more client-relevant and community-relevant information in addition to compliance-oriented administrative data. Such data collection should not be burdensome to low-income families especially when language barriers are taken into account. Social service agencies need to focus more attention on take-up rates of various social service programs, especially as they relate to the length and complexity of application procedures.
In summary, the research on the status of low-income families reveals that there is an enormous burden placed on families who struggle to survive despite the deterioration of society’s safety net. Future research and practice needs to be focused on meeting the critical unmet needs of low-income families. This requires a closer look at the role of place-based poverty, primarily neighborhoods, and the promising programs and practices located throughout the country.
References


Chapter II

The Status of Low-income Neighborhoods in the Post-Welfare Reform Environment: Mapping the Relationship between Poverty and Place

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Introduction

It has long been recognized that children and adults living in poverty are at risk for a number of negative outcomes. In their review of the literature, Roosa et al. (2003) note that children living in poverty are more likely to experience infant or childhood mortality, learning disabilities, adolescent pregnancy, delinquency, mental health problems, and school failure, expulsion, or drop out. Adults who spend their childhoods in poverty are more than likely than their peers to be unemployed and to have mental health and other problems. As inequality in the distribution of wealth, income and opportunity has grown in the U.S., impoverished children and their families have tended to become increasingly concentrated in urban neighborhoods. As a result, there has been an explosion of research focused on relations between neighborhood characteristics and outcomes for children and families. The purpose of this analysis of available research is 1) to provide an overview of the nature of poverty in low income neighborhoods in the U.S., 2) to present the evidence on the effect of living in low income neighborhoods, and 3) to identify the implications for social service delivery, research, and practice.

Defining neighborhood and poverty

The term “neighborhood” typically refers to a residential geographic area. Over the past decade researchers have become increasingly interested in defining neighborhoods in terms of the social networks of neighbor interactions and the nature of
street patterns such as physical boundaries (Sampson, Morenoff, and Gannon-Rowley, 2002). In contrast, community usually refers to a group of people who have a common bond and shared identity beyond a shared place of residence. Communities also usually have one or more formal social institutions for achieving members’ shared goals, such as schools, churches, agencies, or city government. Throughout this analysis, we use neighborhood to refer to a geographically defined residential area (Chaskin, 1997).

Social scientists have proposed different ways to measure poverty, a multidimensional concept that reflects several aspects of well-being (Burtless and Smeeding, 2001). Over the past few decades, the U.S. government has used annual household income to track poverty over time. When a household’s economic resources fall short of needs, as defined by the federal government, a household is classified as poor or in poverty. For example, in 2003, the official U.S. poverty threshold was $14,810 for a family of three with one child (U.S. Census, 2004). However, California’s high cost of living is typically not reflected in the national poverty measure. While the poverty threshold was $17,463 for a family of four in 2000, the U.S. Department of Housing and Urban Development (HUD) estimated that the yearly two-bedroom fair market rent in San Francisco to be $16,344, 94 percent of the poverty threshold (PPIC, 2001).

Poverty rates vary by racial and ethnic group as well as by geographic area. The poverty rate among whites declined in the 1960s and 1970s but has slowly increased since the 1980s to 8 percent. The black poverty rate has consistently declined since 1959 but remains higher than that for most other groups at 24 percent. The poverty rate among Hispanics fluctuated before the 1980s but since has increased to become the second highest poverty rate among all groups at 21.8 percent in 2002. The Asian poverty rate has
remained relatively stable at 10 percent, however, data suggests that some groups of Asians fare better than others (U.S. Census, 2003). For example, in California in 1989 the annual family income of Southeast Asians was close to that of African Americans whereas the median family income of U.S. born Asians and foreign-born Filipinos and Asian Indians was higher than that of non-Hispanic whites (Reyes, 2001).

Combining the dimensions of poverty and space, neighborhood poverty refers to those census tracts where more than 40 percent of the residents are classified as poor using the federal poverty standard (Jargowsky, 2003). Geographically speaking, of the 34.6 million people in poverty in 2002, 27 million lived in metropolitan areas (78%): 13.8 million in inner cities (40%) and 13.3 million in the suburbs (38%). Among those living outside metropolitan areas, 7.5 million (22%) people were in poverty in 2002. A national analysis of high-poverty neighborhoods in 1990 and 2000 indicated that while the share of the poor living in high-poverty neighborhoods declined among all racial and ethnic groups, a number of older, inner-ring suburbs around major metropolitan areas experienced increases in poverty over the decade (Jargowsky, 2003).

Given the heavy reliance on the market to provide essential services such as health care, postsecondary education, and child care, money is a crucial household resource for poor families. However, there are other important neighborhood level factors that can affect well-being by shaping opportunities and capabilities for participation in society. In their review of the literature, Ellen and Turner (1997) identified six distinct mechanisms through which neighborhood conditions may influence individual outcomes at various life stages: 1) quality of local services, 2) socialization by adults, 3) peer influences, 4) social networks, 5) exposure to crime and violence, and 6) physical
distance and isolation. Their review suggests that some types of families or individuals may be more vulnerable to the influences of the neighborhood environment than others. Therefore, it is necessary to have a better understanding of the demographic makeup of those who live in poverty neighborhoods.

**Demographic characteristics of low income neighborhoods**

Low income neighborhoods are typically characterized by high rates of unemployment, crime, adolescent delinquency, social and physical disorder, single parent households, and high levels of mobility (Sampson, 2001; Sampson, Morenoff, and Gannon-Rowley, 2002). Researchers have also documented variations in health based on neighborhood residence for a wide range of outcomes, including: birth outcomes and infant mortality, children’s physical health, child development, adult physical health, overall mortality, health-related behavior, and mental health (PolicyLink, 2002).

Research in numerous cities has shown that social problems such as crime, public disorder, school dropout, high welfare usage, and child maltreatment are significantly clustered and correlated with concentrated poverty, family instability, and residential turnover (Sampson, 2001; Coulton, Korbin, Su, & Chow, 1995; Sampson, 1992). For example, comparing ecological structures for a wide range of social indicators in 1980 and 1989, Chow and Coulton (1998) found that over time negative social conditions became more interrelated with impoverishment emerging as the dominant construct. The social problems that cluster in low-income neighborhoods also tend to be correlated with developmental problems among children, school readiness and achievement, drop out rates, teenage childbearing, and emotional, behavioral, and delinquency problems, even
after controlling for family characteristics such as income, parental education and family structure (Roosa et al., 2003).

While the mechanism by which place affects residents’ well-being still require further study, the research literature suggests that several types of neighborhood mechanisms may play a role, including:

1) the level or density of social ties between neighbors, the frequency of social interaction among neighbors, and patterns of neighboring;
2) the mutual trust and shared willingness to intervene for the public good;
3) the quality, quantity, and diversity of institutions in the community that address the needs of residents; and
4) the land use patterns and the distribution of daily routine activities that affect well-being (Sampson and Morenoff, 2002).

A great deal of research has been dedicated to understanding the factors that have contributed to the development of low income neighborhoods and the concentration of social problems within these neighborhoods. Scholars have described three major transformations that took place in the post-World War II and post-1970s eras that have helped to produce these conditions: 1) economic restructuring and rising inequality; 2) metropolitanization of residential and industrial space; and 3) demographic changes that have followed changes in immigration policy from 1965 onward (O’Connor, 2001). Each of these areas is discussed in the next section.
Spatial concentration of poverty and opportunity

A major force shaping low-income neighborhoods has been the transformation of the urban economy. For the past fifty years, and most rapidly in the past two decades, the U.S. economy has become more decentralized, global, and heavily reliant on finance, services, and technology than on its once larger and more powerful manufacturing base (Abramson, Tobin, and VanderGoot, 1995; Coulton, Chow, Wang, and Su, 1996; Massey and Eggers, 1993). These macroeconomic changes have fueled the concentration of poverty and joblessness in central cities where low-income minorities tend to be disproportionately located. Wilson argued that the social transformation that accompanied economic changes from the 1970s to the 1990s resulted in increased concentration of the most disadvantaged segments of the urban African-American population, especially poor, female-headed families with children (Wilson, 1996). The related out-migration of middle- and upper-income African-American families from the inner city has also, according to Wilson (1987), removed an important social buffer that could deflect prolonged joblessness and industrial transformation. In contrast, Massey (1996) and other authors have noted that the growing geographic concentration of affluence, predominately among Whites, suggests that society is increasingly becoming divided among the rich and the poor with a shrinking middle-class not only by socio-economic status but also by race (Stoll, Holzer, and Ihlanfeldt, 2000).

The spatial isolation of low-income neighborhoods has led to the development of theories about such conditions. First expressed by John Kain (1968), spatial mismatch theory suggests that the suburbanization of jobs and serious limitations on black residential choice have acted together to create a surplus of workers in relationship to the
number of available jobs in inner-city neighborhoods where blacks are concentrated. This situation results in joblessness, lower wages, and longer commutes for residents of low income neighborhoods, where the majority is ethnic minorities.

In their review of the spatial mismatch literature, Ihlanfeldt and Sjoquist (1998) concluded that the majority of the empirical findings support the spatial mismatch hypothesis. They suggest, however, that the importance of spatial mismatch may vary considerably across metropolitan areas. Spatial mismatch theory plays a dominant role in explaining the labor market problems of the inner city poor where high levels of housing segregation and poor transportation exist. Further, the authors suggest that more research is needed to assess whether spatial mismatch applies to smaller metropolitan areas. Their review of the literature suggests that a combination of the following barriers keep blacks from obtaining suburban job opportunities: 1) a reluctance to search in white areas, 2) greater hiring discrimination and 3) the inability to commute by way of public transit.

Another related theory that helps explain joblessness in low income communities is the skills mismatch theory. According to this theory, the macroeconomic transformation that has occurred in many American cities has left poorly educated residents of low income neighborhoods functionally unable to compete for knowledge-intensive, white collar service industries that typically require some education beyond high school (Kasarda and Ting, 1996). Scholars argue that skills mismatch and spatial mismatch create a double barrier to job access for many city residents; the insufficient education to participate in new growth industries and the lack of transportation or financial means either to commute to dispersed suburban jobs or to relocate near them.
leaves an increasing number of disadvantaged residents of low income neighborhoods spatially and functionally disconnected from employment opportunity.

Despite gradually rising rates of nonwhite suburbanization, racial residential segregation remains the norm, laying the basis for racial and class segregation in education, transportation systems, access to public services, and political representation (O’Connor, 2001). The economic outlook in central cities is clouded by slow overall job growth and high unemployment rates, leaving behind the concentration of welfare recipients in central cities with few opportunities to improve their status (Smith and Woodbury, 1999).

**Suburban and rural poverty**

Of the 34.6 million people in poverty in 2002, nearly four out of ten reside in suburban areas (38%) (U.S. Census, 2003). Once remote towns on the outskirts of cities, today suburbs are major sites of growth due to the movement of large manufacturers from cities to suburbs or less developed regions. In recent decades, suburban industrial growth has increased economic inequalities both between central cities and suburbs and among suburban regions. Increasing land use for industrial purposes in these areas reflects the movement of new jobs to the suburbs. As the gap between poor and wealthy suburbs is increasing and suburban regions are becoming more socially stratified, suburban communities are facing new challenges, including fiscal strain, traffic congestion, a lack of affordable housing, inefficient local service delivery, and racial and income segregation in metropolitan areas (Baldassare, 1992).
Nearly a quarter of the individuals in poverty live in rural areas. Traditionally, rural poverty has been viewed as the result of agricultural decline caused by farm failures, diminishing farm income, vanishing jobs, high levels of underemployment, and the absence of nonfarm employment opportunities (Taylor, Martin, and Fix, 1997). Programs to address rural poverty have typically included transitioning people out of agriculture, attracting nonfarm employers into rural environments, and providing subsidies to boost farm income. However, in California, rural poverty occurs in an environment of agricultural prosperity and low farm wages. As a result, California has become home to the fastest-growing concentration of rural poor in the nation, especially in farm worker communities that are growing at a rate that equals or exceeds urban growth (Taylor, Martin, and Fix, 1997).

**Emerging immigrant communities**

There have been several major migration flows to the U.S. in the post-WWII period: 1) legal immigrants, 2) refugees, 3) asylums, 4) unauthorized migrants, and 5) persons admitted for short periods of time on nonimmigrant visas. Immigrant settlement patterns at the local level are best understood in the context of rapidly increasing immigration nationwide. During the 1990s, more than 13 million people moved to the U.S., averaging well over a million immigrants per year. By 2000, the foreign-born population, as measured by the Census, exceeded 31 million, or about 11 percent of the total U.S. population. While lower than the historical high of 15 percent around 1900, the foreign-born share of the population has more than doubled since 1970 and figures from the early 2000s give no indication of a slowdown. According to the U.S. Current
Population Survey (CPS), the foreign-born population had grown to an estimated 32.5 million by March 2002.

The increased volume and share of persons from Hispanic and Asian countries have been important features of this wave of immigration along with the high degree of geographic concentration which is typically a result of social networking (Massey, 1987; Portes and Rumbaut, 1996; Rumbaut, 1999). Of the immigrants who came to the U.S. during the late 1980s, more than 80 percent settled in only six states: California, New York, Florida, Texas, New Jersey, and Illinois. Los Angeles, San Francisco, New York City, Miami, Houston, and Chicago were the places of settlement for more than half of the immigrants of 1985-1990 (Farley, 1996). Although new immigrants continue to settle in the traditional U.S. centers of immigration, new destination states are emerging such as North Carolina, Georgia, Tennessee, and other states in the Southeast, as well as states across the Midwest and into the Pacific Northwest (Capps, Passel, Perez-Lopez, and Fix, 2003). Another feature of the residential patterns of new immigrants is frequent settlement in suburbs immediately upon, or soon after, arrival in the U.S. (Alba and Nee, 1999). However, according to 1990 census data, 43 percent of immigrants who arrived during the 1980s and were living in metropolitan areas already resided outside of central cities in areas considered “suburban” (Rumbaut, 1999).

With the exception of strong economic growth during the latter half of the 1990s, these changes have occurred at the same time that U.S. economic growth has slowed, wages have stagnated, and earnings inequality has increased (Bean and Stevens, 2003). As a result, immigrants, who today make up one in nine U.S. residents and one in seven U.S. workers, are also one of every five low-wage workers. These newcomers also tend
to be overrepresented among the less educated (Capps, Fix, Passel, Ost, Perez-Lopez, 2003) and represent an increasing share of the nation’s low-income population. Children in immigrant families have been found to be generally poorer, in worse health than native-born children, and more likely to experience hardship such as food insecurity and crowded housing conditions. These vulnerabilities could be attributed to the low wages earned by immigrant workers.

The creation of concentrated low-income neighborhoods clearly has social consequences, not only for the immigrants who live in these locales, but for entire minority communities. In urban center cities, African Americans, Mexican Americans, Puerto Rican Americans, and other members of immigrant minority groups are also the poorest of their respective groups who are left behind. Institutional discrimination and segregation have exacerbated the social and economic processes of minority concentration in low-income communities (Massey and Denton, 1993; Wilson, 1987).

NEIGHBORHOOD EFFECTS: THE IMPACT OF THE SOCIAL ENVIRONMENT ON WELL-BEING

Over the past fifty years, a convergence of multiple strands of research related to neighborhood poverty and the social ecology of human behavior have led to a recent expansion of research on neighborhood effects. In the years following William Julius Wilson’s examination of the concentrated poverty and disadvantage experienced among poor, urban African Americans in *The Truly Disadvantaged* (1987), the study of neighborhood effects increased exponentially. By the mid 1990s, psychologists, sociologists, economists and other urban scholars were publishing around 100 studies of
neighborhood effects per year; nearly double that of the 1970s. While all of these studies cannot be summarized here, the evidence on neighborhood effects suggests the following (Sampson, Morenoff, and Gannon-Rowley, 2002):

1) Considerable social inequality exists among U.S. neighborhoods in terms of socioeconomic and racial segregation. Further, there is strong evidence to support a connection between concentrated disadvantage and the geographic isolation of African Americans.

2) Social problems tend to come bundled together at the neighborhood level in geographic “hot spots.” These problems include crime, adolescent delinquency, social and physical disorder, low birth weight, school dropout, and child maltreatment. Geographic “hot spots” tend to be characterized by multiple forms of disadvantage.

3) Neighborhood predictors common to many social problems and child and adolescent outcomes tend to be related and include the concentration of poverty, racial isolation, single-parent families, low rate of home ownership, and short length of tenure of residents.

4) Empirical studies suggest that place matters, regardless of factors such as social class, race, and family status.

5) The concentration of poverty appears to have increased significantly during recent decades in concert with the concentration of affluence at the opposite end of the income scale.

6) Other social-ecological factors besides disadvantage may play a role in well-being, including residential stability, home ownership, density, ethnic heterogeneity, and life-cycle status.

Given the importance of neighborhoods and residential differentiation to a range of outcomes across the lifespan, the purpose of this section is a) to review the known mechanisms by which neighborhoods affect human well-being, and b) to discuss the known neighborhood effects on social outcomes that may be of most interest to social service providers, including 1) economic and employment outcomes; 2) health and mental health outcomes; 3) crime and safety outcomes; and 4) developmental outcomes for children and adolescents.
Explaining neighborhood effects

Several theories have been developed to explain the mechanisms by which neighborhoods affect human behavior and mediate social outcomes. Jencks and Mayer (1990), in their classic review of the neighborhood effects literature, identified the following five theoretical frameworks:

1) Neighborhood institutional resource models may affect children through police presence and access to resources that provide stimulating learning and social environments, such as parks, libraries, and community centers.

2) Collective socialization models propose that neighborhood influences affect children through community social organization, in addition to structure and routines, including the presence of adult role models, supervision, and monitoring.

3) Contagion or epidemic models focus on problem behaviors and are based on the premise that the negative behavior of neighbors and peers strongly influences or spreads to the behavior of others.

4) Models of competition suggest that neighbors compete for scarce community resources.

5) Relative deprivation models posit that neighborhood conditions affect individuals by means of their evaluation of their own situation when compared to other neighbors and peers.

According to the first three models, having neighbors with high socioeconomic (SES) is considered beneficial, whereas the last two models predict that more advantaged neighborhoods may negatively affect well-being. However, these models do not explicitly identify the mechanisms or the process of how neighborhoods affect individual well-being (Levanthal and Brooks-Gunn, 2000). Considerable work has been conducted in order to better understand how neighborhood effects occur.

In their comprehensive review of social processes in the neighborhood effects literature, Sampson, et al. (2002) identified four primary neighborhood mechanisms that appeared to influence well-being:
1) The level or density of *social ties and interactions* between neighbors, including the frequency of social interaction among neighbors, and patterns of neighboring comprise several dimensions of social relations. The concept of social capital is generally conceptualized as a resource that is realized through these dimensions of social relationships (Coleman, 1988; Levanthal and Brooks-Gunn, 2000).

2) The willingness of residents to intervene on behalf of children and for the public good may depend on conditions of mutual trust and shared expectations among residents, termed *collective efficacy* (Sampson et al., 1997).

3) *Institutional resources* refer to the quality, quantity, and diversity of institutions in the community that address the needs of residents, such as libraries, schools, child care facilities, medical facilities, family support centers, public transportation, and employment opportunities.

4) The location of schools, the mix of residential and commercial land use, public transportation routes and nodes, and other land use patterns affect *daily routine activities* and organize how and when residents come into contact with others.

The social processes of neighborhood effects might also be influenced by and further contributed to the residents’ perception of neighborhood satisfaction. In their review of the neighborhood satisfaction literature, Sirgy and Cornwell (2002) identified three major categories of neighborhood features that have been positively associated with neighborhood satisfaction:

1) *Physical features*, including satisfaction with the upkeep of homes and yards, with landscape in the neighborhood, street lighting, crowding and noise level; satisfaction with the proximity of needed facilities and with the quality of the environment in the neighborhood.

2) *Social features*, including satisfaction with social interactions with neighbors, people living in the neighborhood, race relations, and ties with people in the community; satisfaction with crime levels, outdoor play space, and sense of privacy at home.

3) *Economic features*, including satisfaction with home value, cost of living; socio-economic status of the neighborhood, and neighborhood improvements.

In general, the study of neighborhood effects presents complex methodological challenges, such as defining neighborhoods, deciphering the pathways of neighborhood effects, and controlling for selection bias and other measurement errors. To draw definitive conclusions about how neighborhoods affect social outcomes, many of these
challenges need to be addressed. Nevertheless, a large body of research has emerged to suggest that neighborhood context influences a host of outcomes of interest to social service professionals, including 1) economic and employment outcomes (Figure 1); 2) health and mental health outcomes (Figure 2); 3) crime and safety outcomes (Figure 3); and 4) developmental outcomes for children and adolescents (Figure 4). The highlights of this large body of research are noted in Figures 1-4.
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<th>Major Highlights</th>
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<td>• The number of poor and non-poor persons living in high-poverty neighborhoods grew by 92 percent between 1970 and 1990, with the number of poor people living in these locations increasing by 98 percent (Pastor, et al. 2000).</td>
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<td>• One of the primary determinants of this increasing geographic concentration of the poor has been the changing structure of metropolitan regional economies (Jargowsky, 1997).</td>
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<td>• As older industries have left urban center cities, racial segregation in housing has impeded the ability of minority residents to follow jobs to suburban areas (Pastor, Dreier, Grigsby, and Lopez-Garza, 2000).</td>
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<td>• Since 1973, the real wages of workers have been more or less in steady decline (Pastor et al., 2000).</td>
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<td>• Research suggests that individuals with better social network connections are more likely to be able to secure higher wage jobs even when they have the same low-level skills as those less well-connected job seekers (Pastor et al., 2000; Rosenbaum, 1995).</td>
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<td>• Welfare recipients are disproportionately concentrated in neighborhoods with the worst social conditions (Brock et al., 2002).</td>
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<td>• Welfare recipients living in suburban areas had greater access to jobs than did inner city residents and recipients living in areas with greater access to jobs were more likely to exit welfare (Allard and Danziger, 2001).</td>
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Major Highlights

- There is a clear link between low socioeconomic status (SES) and a range of risk factors for health and mental health (Marmot and Wilkinson, 1999; Pickett and Pearl, 2001, cited in Ross et al., 2004)

- In a comprehensive review of multilevel studies on the effects of neighborhood on health status, Ellen et al. (2001) found the following:

  1) **Birth outcomes.** Two of three studies that have explored the impact of census tract characteristics on birth outcomes found that census tract income level was significantly related to the probability of low birth weight (Collins and David, 1990; O’Campo, Xiaonan, Wang, and Caughy, 1997). A third study found that women living in neighborhoods with a large proportion of residents receiving public assistance were at a higher risk of delivering low birth weight infants (Duncan and Larne, 1990). Ellen (2000) found that African American women living in more highly segregated metropolitan areas to be at greater risk of delivering a low birth weight infant when compared to those living in less segregated areas. Several studies have also suggested a strong relationship between infant mortality and a geographic area’s SES (Ellen et al., 2001).

  2) **Adult physical health.** Several studies have demonstrated a strong association between area deprivation and higher risks of mortality (Ellen et al., 2001), particularly among African American men and women living in high poverty census tracts (Anderson, et al., 1997; LeClere, Rogers, and Peters, 1997; McCord and Freeman, 1990). Robert (1998) found neighborhood unemployment, the percentage of families in the neighborhood earning $30,000 per year or more, and economic disadvantage to be significant predictors of the number of chronic conditions. Researchers have found modest evidence of neighborhood effects on self-rated health (Robert, 1998; Marmot et al., 1998).

  3) **Health related behaviors.** Community SES and levels of violence appear to be related to the likelihood that residents will smoke, consume alcohol, and eat an unhealthy diet (Ellen et al., 2001).

  4) **Mental health.** A number of studies have demonstrated that various non-psychotic disorders across the life cycle are associated with the quality of neighborhood social networks and social cohesion as well as with exposure to violence and other social hazards (Aneshensel and Sucoff,
Further, results from the Moving to Opportunity program in Boston suggest that parents and children who relocated from high-poverty areas to low-poverty areas experienced psychological benefits from the move when compared to a control group given no relocation assistance (Katz, Kling, and Liebman, 2000).

- Other studies have shown significant associations between greater neighborhood income inequality and higher childhood asthma hospitalization (Wright and Fisher, 2003).
- Several decades of research has also documented a link between community characteristics and child maltreatment, especially the amount of parent-to-child physical aggression used by families (Molnar, Buka, Brennan, Holton, and Earls, 2003).
- Noxious environments characterized by noise, litter, vandalism, and crime, which often are the products of social disorganization, stimulate fear and stress while inhibiting health-promoting activities (Caughy et al, 1999; Ross and Mirowsky, 2001; Taylor and Covington, 1993; Wandersman and Nation, 1998).
- Neighborhoods can influence health in two ways: 1) through short-term influences on behaviors, attitudes, and health care utilization that can affect health conditions, and 2) through “weathering” whereby accumulated stress, lower environmental quality, and limited resources of poorer communities, experienced over many years, erodes the health of residents in ways that make them more vulnerable to mortality from any given disease (Ellen et al., 2001; Geronimus, 1992).
### Figure 3: Neighborhood effects on crime and safety

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<td>• Given that most crimes peak during adolescence, much of the literature focuses on the individual correlates of crime (such as race, gender, class, and family background). (Sampson and Laub, 1992).</td>
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<td>• There are marked differences in rates of criminal violence across U.S. neighborhoods (Elliott et al., 1996; Miethe and McDowall, 1993; Rountree et al., 1994; Sampson and Wooldredge, 1987; Smith and Jarjoura, 1988).</td>
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<td>• At the neighborhood level, criminal violence has been associated with low SES, residence in an impoverished area, and residential instability (Peeples and Loeber, 1994).</td>
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<td>• Crime rates are linked to factors such as neighborhood ties and patterns of interaction, institutional resources, and routine activity patterns, especially mixed land use and proximity to schools and malls (Sampson, et al., 2002).</td>
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<td>• Neighborhoods have a differential ability to maintain effective informal social controls (such as the monitoring of children’s play, or the confrontation of persons who are exploiting or disturbing public spaces) which serve as a major source of neighborhood variation in violence (Sampson, Raudenbush, and Earls, 1997).</td>
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<td>• Parents in dangerous neighborhoods restricted their own and their children’s ties with the community, monitored children closely, and sought services and social ties outside the community (Furstenberg, 1993; Caughey et al., 1999).</td>
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• Neighborhood danger also leads to the restriction of positive opportunities such as enrollment in after-school programs that required children to return home after dark (Caughy et al., 1999).

• Individuals who perceived their neighborhoods as high in physical disorder (vandalism and graffiti) and social disorder (crime and drug use) had higher levels of fear and mistrust; individuals who perceived their neighborhood as highly disordered actually had fewer ties with neighbors. (Ross and Jang, 2000).

• Male youth who moved to low-poverty neighborhoods were less likely to be arrested for violent crimes than were their peers who remained in public housing in poor neighborhoods (Ludwig, Hirschfield, and Duncan, 2001).

• Youth who stayed in low-income neighborhoods were more likely to demonstrate symptoms of problem drinking in the previous month and to have used marijuana in the past year than were youth who moved to middle-income neighborhoods (Briggs, 1997).
Figure 4: Neighborhood effects on children and adolescents

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<td>• In the most affluent neighborhood, parents were more likely to move or reduce work hours in an effort to enhance child well-being, while in the least affluent neighborhood, parents were more likely to increase work hours in an effort to enhance child well-being (Pebley and Vaiana, 2002).</td>
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<td>• Parents who perceived their neighborhood as being safe were more likely to report that their child was in good health, suggesting that there may be a correlation between stress and health status (Pebley and Vaiana, 2002).</td>
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<td>• Even when controlling for income, parents of children in the most impoverished neighborhood reported worse behavioral outcomes for their children than parents of children in more affluent neighborhoods. This suggests that income alone does not explain variation in child behavior; neighborhood appears to have an effect (Pebley and Vaiana, 2002).</td>
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<td>• With respect to school readiness and achievement, youth who moved to more affluent suburbs were more likely to stay in school, to be in college preparatory classes, and to go on to college than their peers who remained in public housing (Levanthal and Brooks-Gunn, 2000).</td>
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<td>• Among older adolescents, studies have suggested that neighborhood racial/ethnic diversity may be associated with the school achievement of African American male youths (Levanthal and Brooks-Gunn, 2000).</td>
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• Youth who grew up in high-poverty neighborhoods were more likely to drop out of high school than those who grew up in low-poverty neighborhoods (Harding, 2003).

• With respect to behavioral and emotional problems, among children ages 5 to 6, the presence of low-income neighbors or low-SES neighbors was associated with increased amounts of reported externalizing behavior problems (Brooks-Gunn et al., 1993; Chase-Lansdale et al., 1997; Duncan et al., 1994).

• For 13 and 16 year-old males, residing in low-SES or impoverished neighborhoods was positively associated with delinquent and criminal behavior, an effect that was found to be stronger on the problem behaviors of younger adolescents than that of older adolescents (Loeber and Wikstrom, 1993; Peeples and Loeber, 1994; Sampson and Groves, 1989; Simons, Johnson, Beaman, Conger, and Whitbeck, 1996).

• Residential instability is linked to substance use in older children, as well as adolescent juvenile delinquency and crime (Ennett, Flewelling, Lindrooth, and Norton, 1997; Sampson and Groves, 1989).

• Low levels of SES related to high perceived environmental hazards (crime, violence, drug use, and graffiti) are related to internalizing behaviors (depression and anxiety) as well as externalizing behaviors that include conduct symptoms (found most often in the disadvantaged) and oppositional symptoms (found most often in middle-class and affluent populations (Aneshensel and Sucoff, 1996).

• With respect to sexuality and childbearing, high rates of neighborhood poverty and neighborhood unemployment have been positively associated with the frequency of
adolescent male intercourse, impregnation, and fatherhood (Brooks-Gunn et al., 1993; Crane, 1991).

- High rates of neighborhood poverty and neighborhood unemployment have been negatively associated with contraceptive use (Ku, Sonenstein, and Pleck, 1993).
- Among female adolescents, studies have found a positive association between a high number of unemployed female workers in the neighborhood and increased non-marital childbearing (Billy and Moore, 1992).
- Among both male and female adolescents, a high proportion of foreign-born residents in the neighborhood have been found to be negatively associated with sexual activity (Billy et al., 1994; Ku et al., 1993).
USING NEIGHBORHOOD INDICATORS

It has become clear from the previous review of the literature that where people live plays an important role affecting the quality of life and the overall well-being of the individuals and families reside there. While it is generally true that people who live in low-income neighborhoods experience more adverse social conditions than their counterparts in affluent neighborhoods, not all low-income neighborhoods are alike. In addition, neighborhoods are subjected to changes due to population movement and displacement. In order to adequately capture and monitor the dynamic change of neighborhood conditions, improvements in technology and an increased emphasis on accountability have led many agencies to collect and report on a range of social and economic data. The development of geographic information system (GIS) technology now makes it possible to map many indicators of social and economic well-being at the community and neighborhood level.

There are many sources and types of data that can be used to calculate indicators of well-being; however the local nature of neighborhood level data often requires agencies to pool and maintain this information from various sources. While an abundance of information on social and economic conditions is available at the county level through state, federal, and non-profit databases, neighborhood level data is often elusive given smaller area sizes. While county level data may be useful in providing an overall level picture of conditions, these measures frequently mask important variations in well-being, such as differences in rural areas, suburbs, inner cities, as well as small geographic neighborhoods. Data available for cities are used to demonstrate how even limited data about the conditions in low-income neighborhoods can be useful for describing 1) the
economy and employment; 2) health outcomes; 3) crime and safety; and 4) developmental outcomes for children and adolescents. By developing a set of indicators in the domains of well-being for which significant neighborhood effects have been demonstrated, local institutions may be able to better locate services and target strategies for neighborhood intervention related to community needs. The next section includes a case illustration of how neighborhood indicators can be applied to a region of county social service agencies.

**Identifying low-income neighborhoods in the Bay Area**

The Northern California Council for the Community (NCCC) has reported on neighborhood conditions in the San Francisco Bay Area since 1997. In 2003, they released a report and map of the Bay Area’s most impoverished neighborhoods. Concentrated poverty neighborhoods are defined as those areas where 40 percent of residents live at 185 percent or less of the Federal Poverty Level (FPL). The NCCC uses the measure of 185 percent of the FPL to account for the high cost of living in the San Francisco Bay Area. It is also the income threshold at which children qualify for federally funded lunch programs (NCCC, 2003). Figure 5 shows that in 2003, 72 Bay Area neighborhoods were characterized as concentrated poverty in both urban and rural areas. The majority of these neighborhoods are clustered around the cities of Richmond, San Jose, Oakland, and San Francisco. These cities are located in the counties of Contra Costa (20 neighborhoods), Santa Clara (16 neighborhoods), Alameda (11 neighborhoods), and San Francisco (9 neighborhoods), respectively, and account for 77 percent of the concentrated poverty neighborhoods in the Bay Area.
Using available indicators related to social, health, and economic conditions of the Bay Area, the neighborhoods of concentrated poverty are described along with their implications.
Figure 5: Concentrated Poverty Neighborhoods of the Bay Area
Concentrated Poverty Neighborhoods of the Bay Area

A Concentrated Poverty Neighborhood is an area where 40% of residents live at 185% or less of Federal Poverty Line

ALAMEDA
1. Downtown Oakland/Chinatown
2. East Central Oakland
3. Emeryville
4. Fruitvale
5. Lower Hills District
6. North Oakland
7. Portion of Cherryland
8. Portion of Hayward
9. San Antonio
10. West Berkeley
11. West Oakland

CONTRA COSTA
12. Ashen Village
13. Bay Point
14. Belden Woods
15. City Center
16. Coronado
17. Crockett/Siege
18. Crockett
19. Iron Triangle
20. Metro Richmond Village
21. Monument Corridor
22. North Richmond
23. Pinchot Village
24. Parkview/Parnell Annex
25. Portion of Antioch
26. Portion of Pittsburg
27. Portion of South Richmond Shoreline
28. Pinole
29. San Pablo
30. Santa Fe
31. Southwest Annex

MARIN
32. Canal Area
33. Central San Rafael
34. Woodland

NAPA
35. Portion of the City of Napa

SAN FRANCISCO
36. Bayview/Hunter’s Point
37. Chinatown
38. Excelsior
39. Fillmore/Hayes Valley
40. Mission District
41. North Beach
42. South of Market
43. Tenderloin
44. Visitacion Valley

SAN MATEO
45. East Palo Alto
46. East San Mateo
47. North Fair Oaks
48. Northeastern Redwood City

SANTA CLARA
49. Alum Rock
50. Central San Jose
51. Delmas Park
52. East Valley 680
53. Evergreen
54. Five Wounds/Brookwood Terrace
55. Julian-Stockton
56. Mayfair
57. Portion of Gilroy
58. Portion of Milpitas
59. Southern San Jose
60. Thirteenth Street
61. Washington
62. West Valley
63. Willow Glen

SOLANO
64. Portion of Fairfield
65. Portion of Suisun City
66. Portion of Vacaville
67. Portion of Vallejo
68. South Vallejo

SONOMA
70. Portion of Boyes Hot Springs
71. Portion of Suisun Bay
72. Roseland

Sponsored by
United Way of the Bay Area

Gray inset

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**Economy and Employment**

In the Bay area, 18.9 percent of individuals earned less than 185 percent of the FPL. However, in concentrated poverty neighborhoods, one in every two people earned less than this amount (NCCC, 2003). Whereas 10.5 percent of Bay Area children lived below the FPL, nearly one-third of these children (31.9%) lived below the FPL in concentrated poverty neighborhoods (NCCC, 2003).

In 2002, the Bay Area unemployment rate was 6.1 percent (NCCC, 2003). As of May 2004, the average unemployment rate across the four cities in which the majority of concentrated poverty neighborhoods were located was 7.5 percent, with a low of 5.4 percent in San Francisco and a high of 9.0 percent in Richmond (California Employment Development Department, 2004). The differences in unemployment rates across the concentrated poverty areas is difficult to explain, particularly when data at the neighborhood level are not available.

Neighborhood issues are particularly relevant to the federal Temporary Aid to Needy Families (TANF) programs. In January 2003 less than 3 percent of the Bay Area population was receiving the state’s CalWORKs assistance (California Department of Social Services, 2003). On average, a higher percentage of CalWORKs recipients were identified in the four concentrated poverty areas (5.5%), ranging from 3.7 percent in San Jose to 7.9 percent in Oakland. The percentage of single female householders with children under the age of 18 ranged from a low of 3.4 percent in the city of San Francisco to a high of 10.9 percent in the city of Richmond (U.S. Census, 2000). Taken together, these indicators suggest that a combination of different individual, family, and community level factors may be important in addressing conditions associated with
concentrated neighborhood poverty. Clearly more data is needed to explain the
differences in public assistance usage across neighborhoods of concentrated disadvantage
as well as the relationship between unemployment rates and public assistance usage over
time.

Health

The poor health outcomes that have been observed over time in low-income
neighborhoods have suggested that living in less advantaged communities may be
associated with negative health effects. The available neighborhood level health data for
the Bay Area suggests that low birth weight may be correlated with concentrated poverty
in some areas. Of 5,858 Census tracts, 223 were found to have a significantly high rate of
low birth weight while 301 were found to have a significantly low rate. Within the Bay
Area, Heck, et.al. (2000) found low birth weight rates to be the highest in neighborhoods
in Oakland, Richmond, and eastern San Francisco. Although specific neighborhood level
statistics were not available for this indicator, county level data suggests that Contra
Costa (6.2%) and Santa Clara (6.0%) counties demonstrated low weight birth outcomes
below the Bay Area average of 6.4 percent (Heck et al., 2000). These differential
outcomes for low birth weight suggest that residents may experience other health
outcomes differentially. These findings suggest important areas for future assessment
when designing comprehensive service strategies for different neighborhoods.

Crime and Safety

Data available at the city level suggest that three of the four areas of concentrated
poverty (Richmond, Oakland, and San Francisco) experience considerably higher crime
Developmental outcomes for children and adolescents

The domains of child and adolescent well-being used in examining neighborhood effects on children and youth include school readiness and achievement, behavioral and emotional problems, and sexuality and childbearing. Relatively little data is available at the neighborhood or city level concerning child and adolescent well-being in the Bay Area. However, a school related measure of hardship is the number of children enrolled in the federal discount lunch program. Approximately 28 percent of all children in the Bay Area were enrolled in this program during 2001-2002 (NCCC, 2003). On average, more than half of children in the four concentrated poverty areas were enrolled in this program (California Department of Education, 2004).

Data available for three of the four concentrated poverty areas from the Annie E. Casey Foundation’s City KIDS COUNT (2004) notes that the high school drop out rates for 1994 were higher than the national average of 11 percent for San Jose and Oakland at 14-15 percent but were lower in San Francisco at 9 percent. The data presented here
should be interpreted with caution, particularly those measures are aggregated at the city and county levels.

Clearly much more small area data will be needed to capture the demographic, social, and economic complexity of neighborhoods with concentrated poverty populations. However, comprehensive service strategies that begin with neighborhood specific assessment techniques can assist planners in designing the most appropriate interventions. Updated indicators of well-being that are reported over time can encourage greater public accountability for neighborhood outcomes and enrich local and state discussions about ways of building better futures for children and families at the local level.

Though a number of studies examine the effects of neighborhood on child and family well-being, many questions remain. The following questions need to be explored if local social service agencies are to met the needs of low-income families in high-poverty neighborhoods:

1) What are the interrelationships among neighborhood indicators (such as rates of poverty, crime, employment) and child and family well-being variables?
2) How does neighborhood affect employment outcomes and child and family well-being? Which variables have the greatest impact?
3) How has welfare reform affected local neighborhoods?
4) To what extent are county residents migrating from one county to another, and what effect does this have on neighborhoods, employment outcomes, and child and family well-being?
5) Who uses neighborhood-based, private, voluntary services, and what effect does this have on neighborhoods, employment outcomes, and child and family well-being?
6) What types of model programs have been initiated by public social service agencies in an attempt to resolve neighborhood-level problems affecting the working poor?
Possible methods for answering key questions

To better understand the interrelationships among neighborhood indicators and child and family well-being variables, Chow (1998) and Chow and Coulton (1998) recommend using census and administrative data in a factor analysis that reveals the underlying structure of the relationships. For example, in their study of social conditions in Cleveland between 1980 and 1990, Chow and Coulton (1998) used factor analysis to demonstrate that welfare dependency, teenage problems, weak labor force attachment, and changes in family formation became increasingly interrelated over the decade studied. Combining these variables into one social indicator scale would have obscured this increasing interrelationship. In a similar way, local counties could use census and administrative data from a variety of sources (social services, police records, etc.) to examine interrelationships specific to our region.

An additional advantage of using census and administrative data is that it allows us to examine historical trends. Such historical analysis is critical to increasing our understanding of local migration patterns, the changing concentration of welfare recipients in low-income neighborhoods, and shifting neighborhood dynamics. Combining census, administrative, and ethnographic data, as in the MDRC and Rand neighborhood studies, would allow us to gain a richer understanding of complex neighborhood dynamics.

Implementing neighborhood assessment: A step-by-step process

Neighborhood specific assessment techniques can assist program planners in designing the most appropriate interventions. Local institutions may be able to better
locate services and target strategies for neighborhood intervention by developing a set of indicators in the domains of well-being for which significant neighborhood effects have been demonstrated. The implementation of a neighborhood-based information system involves at least the following four steps:

**Step 1: Identify and disaggregate existing welfare-to-work participant data**

A critical first step to implement a neighborhood assessment is to have a capacity to identify the addresses of current and former welfare-to-work services participants. While many local county social services have already identified the geographic location of these families, the total number of enrollment is typically used as the indicator. Caseload is helpful to provide an overall picture of the location of welfare-to-work users. However, it is important to note that welfare-to-work participants have very different experiences and pathways to becoming self-sufficient. For example, a recent Bay Area study found that there are major differences in the demographic characteristics, education background, and job-related history and skills among the long-term, the transient, and the leavers of welfare-to-work participants (DeMarco, A.; Austin, M.J; & Chow, J., 2004). In addition, their participation in various welfare-to-work programs, activities, as well as support services could be different. The disaggregation of enrollment data by groups can help identify the geographic differences among these groups of welfare-to-work participants across neighborhoods.

**Step 2: Acquire data from multiple sources**

The adverse social conditions in many low-income neighborhoods are often multifaceted
and complex. A neighborhood assessment should be comprehensive in nature which requires data collection from multiple sources. The decennial U.S. census data provide the most detailed information on the demographic, socio-economic, and housing characteristics of the population and household residing in a given area. In addition, the administrative data collected by other public agencies (county health, housing, mental, public health, etc.) can be used to understand the characteristics of the areas. The task is to identify the agencies that have access to neighborhood-level data needed to create the indicators for analysis. For example, in addition to the general descriptor of the population, some of the possible indicators and the data sources are displayed in Figure 6.
Step 3: Compile and standardize data in common geographic unit

The neighborhood-based assessment should contain data at the small-area level so that geographic areas with various levels of needs can be compared and targeted. However, different agencies often have different boundaries or target areas for data collection and reporting. The task is to have a common identifier with fixed geography or uniform boundary for all the data elements. As a general rule, a lower level of geographic aggregation provides greater flexibility for data manipulation. The ideal is to store the original data with actual street addresses. The addresses can then be assigned a census code in reference to its spatial location through geocoding (e.g. an x-y coordinate such as longitude and latitude). Census tracts are the optimal choice as the unit of analysis because they are already defined and widely used by the Bureau of the Census and many agencies. They tend to be stable over time, can be easily aggregated to larger geographic areas, and can be geocoded by existing computer mapping programs (Chow and Coulton, 1996).

Step 4: Analyze data for informed decision

Once the comprehensive neighborhood indicators are in place, the next step is to analyze the data so that informed decisions can be made. The relationships of indicators in various geographic localities can be examined for program planning and development purposes. For example, program strategies at the neighborhood level would be different in areas where a large proportion of long term welfare-to-work participants are concentrated as opposed to those areas where there was a high proportion of former welfare-to-work participants. In addition, weighting the relative importance of different
**Figure 6: Selected examples of indicators and data sources**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Sources</th>
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<tbody>
<tr>
<td><strong>Population</strong></td>
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<tr>
<td>Demographics</td>
<td>U.S. Census of Population and Housing</td>
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<tr>
<td>Total population</td>
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<tr>
<td>Race/ethnicity</td>
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<td>Age</td>
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<td>Sex</td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Households composition</td>
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<tr>
<td>Married couples</td>
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<td>Single parenthood</td>
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<tr>
<td>Non-family</td>
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<tr>
<td>Residential mobility</td>
<td></td>
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<tr>
<td><strong>Economics</strong></td>
<td></td>
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<tr>
<td>Poverty (100%, 150%, 200%)</td>
<td>U.S. Census of Population and Housing</td>
</tr>
<tr>
<td>WtW caseload (adults, children)</td>
<td>County Social Services Agencies</td>
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<tr>
<td>Long term WtW participants</td>
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<td>Time-out WtW participants</td>
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<tr>
<td>Number of food stamps participants</td>
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<td>Number of Medicaid claimers</td>
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<td>Labor force and employment</td>
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<td>Labor force participation</td>
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<td>Employment by industry</td>
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<td>Employment by occupation</td>
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<tr>
<td>WtW participants who found jobs</td>
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<tr>
<td>WtW participants with earning</td>
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<tr>
<td>Average earnings of WtW participants</td>
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<tr>
<td><strong>Crime and safety</strong></td>
<td>City Police Department</td>
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<tr>
<td>Violence crime incidence</td>
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<tr>
<td>(aggravated assault, arson, assault, auto theft, burglary, homicide, larceny, rape, robbery)</td>
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<tr>
<td>Drug violation arrest</td>
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<td>Juvenile delinquent filing</td>
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<tr>
<td><strong>Health</strong></td>
<td>County Department of Health</td>
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<tr>
<td>Birth and death</td>
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<td>Infant death</td>
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<tr>
<td>Low birthweight</td>
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<tr>
<td>Birth to unmarried mothers</td>
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<tr>
<td>Birth to unmarried teenage mothers</td>
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<td>Excess mortality</td>
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<td>Disability</td>
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<td></td>
<td>County Department of Mental Health</td>
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<tr>
<td><strong>Infectious diseases</strong></td>
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<td>(STD, HIV/AIDS)</td>
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<td><strong>Mental health</strong></td>
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<tr>
<td>Number of WtW participants using MH services</td>
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<td>Number of WtW participants using substance abuse services</td>
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<tr>
<td>Number of WtW participants using domestic violence services</td>
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<tr>
<td>Number of MH service users</td>
<td></td>
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<tr>
<td>Number of substance abuse treatment users</td>
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<tr>
<td>Characteristics of users</td>
<td></td>
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<tr>
<td><strong>Child well-being</strong></td>
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<tr>
<td>Number of child maltreatment cases on TANF</td>
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</tr>
<tr>
<td>Number of child maltreatment cases</td>
<td></td>
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<tr>
<td>Number of foster children</td>
<td></td>
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<tr>
<td>Subsidized day care</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>School children absent days</td>
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<tr>
<td>Children passing grade competency exam</td>
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<tr>
<td>High school drop out</td>
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<tr>
<td>Head Start enrollment</td>
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<tr>
<td>Discount lunch program enrollment</td>
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<td>Immunization</td>
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</table>
indicators, a composite index of area needs can be determined and compared across neighborhoods.

In conclusion, this analysis has demonstrated that the social environment in which low-income families live can influence many aspects of their lives. Those who live in low-income areas are more likely to experience health, mental health, or socio-behavioral problems. By analyzing adverse social conditions across neighborhoods, a more comprehensive understanding of the characteristics of the area can be developed in order to identify families who are most in need of services and neighborhood supports.
References


Chapter III

Promising Programs to Serve Low-income Families
in Poverty Neighborhoods

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Promising Programs to Serve Low-income Families in Poverty Neighborhoods

Introduction

Low-income families living in poverty neighborhoods often face numerous challenges. As the previous chapters illustrated, serious hardships, and earnings and government support that do not adequately cover basic needs force many low-income families to choose between necessities such as health care and food (America’s Second Harvest, 2002; Boushey, Brocht, Gundersen, & Bernstein, 2001; Hastings, Taylor, & Austin, 2004). Moreover, the neighborhood environments of low-income families can negatively impact a number of important outcomes including employment, crime, health, and child and adolescent developmental outcomes (Chow, Johnson, & Austin, 2004; Sampson, 2001; Sampson, Morenoff, & Gannon-Rowley, 2002). These challenges have traditionally been addressed through three different types of programs: 1) earnings and asset development to increase financial self-sufficiency, 2) family strengthening to promote health, educational attainment and well-being, and 3) neighborhood strengthening programs to improve the physical environment, increase resources and opportunities, and increase resident participation in neighborhood affairs. This analysis describes the rationale and core elements of promising programs within these three areas.

The term “promising program” is defined as innovative services or programs that are relatively free standing, self-contained and typically have their own funding streams. These programs are distinguished from “promising practices” which are defined as interpersonal or inter-organizational processes used for the delivery of innovative services or programs. The reason for selecting the term “promising” is that the frequent use of the term “best practices” is misleading since there usually are no metrics or sufficient outcome data to “prove” that a
program or practice is the best. Examples of promising practices are described elsewhere (Austin, Lemon, & Leer, 2004)

Earnings and Asset Development

Increasing the earnings and assets of low-income families has traditionally been a focus of many anti-poverty strategies. Promising programs within earnings and asset development can be divided into two overall categories, as noted in Figure 1:

1) Employment programs
   a) place-based programs that target employment services to an entire neighborhood
   b) linking low-income parents to “good jobs”
   c) the use of work incentives and supports

2) Asset development programs
   a) promoting banking and savings accounts
   b) promoting low-income car and home ownership
   c) linking families to the Earned Income Tax Credit (EITC)
Figure 1. Earnings and Asset Development Promising Programs

<table>
<thead>
<tr>
<th>Employment Programs</th>
<th>Rationale</th>
<th>Core Elements</th>
</tr>
</thead>
</table>
| **Place-based employment programs** | • Regular employment is expected to become the community norm  
• Intended to reach the “working poor”  
• “Spillover effects” are expected to result in which other conditions such as health, education and safety improve | • “Saturation strategy” in which outreach and recruitment efforts are targeted to a large number of working age residents  
• Employment-related services such as job development, training and counseling  
• Financial incentives to work, such as increasing the use of the EITC, earnings disregards for TANF recipients, child care subsidies, Medicaid, food stamps and wage subsidies  
• Community support for work, including increasing the quality and quantity of residents; social networks to facilitate the sharing of information |
| **Linking low-wage workers to “good jobs” with starting wages above the minimum wage, a high potential for job retention and career advancement** | • Certain industries and occupations offer higher wages, and better potential for job retention and career advancement than other industries  
• Helping low-wage workers to obtain “good jobs” will increase their earnings and employment stability | • Job training that is targeted to specific occupations or industries  
• Forming collaborations with the targeted industries  
• Post-employment case management  
• Working with employers to increase employee retention  
• Support services to address barriers to employment  
• Post secondary education  
• Career ladder approaches in which a map or pathway to a good job is established |
| **Work Incentives and Supports** | • Many workers moving off of welfare for work face economic hardships when cash benefits and access to subsidized health care are reduced or eliminated  
• Providing earnings supplements and other supports is expected to increase employment and job retention | • Providing low-wage workers with earnings supplements  
• Subsidized child care  
• Subsidized health insurance |
## Asset Development Programs

<table>
<thead>
<tr>
<th>Promising Program</th>
<th>Rationale</th>
<th>Core Elements</th>
</tr>
</thead>
</table>
| Increasing the use of bank accounts and increasing financial literacy of low-wage workers | • Unbanked families must pay additional fees to use commercial check cashing services and may not have enough financial literacy to develop assets  
• Programs to increase financial literacy that are linked to opportunities to save will allow low-wage workers to build savings and a good credit history. | • Financial education programs use a variety different activities such as creating a family budget; role playing opening a bank account; how to apply for the EITC and other tax credits; how to obtain and read a credit report; deciding which bills to pay first; and discussing how to avoid money traps such as high interest loans; and referrals to free tax preparation services  
• Linking financial education to the use of IDAs |
| Car Ownership Programs | • Assisting low-wage workers to own a car can help address transportation barriers to employment and has been found to increase employment and earnings | • Case management to address challenges to car ownership  
• Training and education for participants who have not owned a car  
• Developing car budgets with clients to that all car ownership costs are included  
• Assisting clients with insurance  
• Partnering with banks and credit unions  
• Recruiting staff with industry-related experience  
• Tracking success |
| Home Ownership Assistance | • Home ownership is associated with a variety of positive outcomes | • Community Development Financial Institutions can provide home ownership financial education, as well as financial services and home loans to low-income families |
| Linking low-income families to the EITC through outreach campaigns and free tax preparation services | • Many eligible working families do not claim the EITC and some have their refunds reduced through high cost tax preparation services and high interest refund loans  
• Outreach campaigns and free tax preparation services can increase the number of families claiming the credit and allow more families to keep their refunds | • Media and outreach efforts to increase awareness of the EITC, including providing print materials and public service announcements in English and other languages, and a 24-hour telephone line to provide information  
• The use of linguistically and culturally appropriate free tax preparation sites to help low-income families file the EITC  
• The use of the free tax preparation sites to also provide low-income families with financial education, consumer credit counseling and linkages to other support programs |
Employment programs

Place-based programs: In conjunction with other promising employment programs, place-based employment programs show considerable promise. For instance, the Neighborhood Jobs Initiative (NJI), developed by Manpower Demonstration Research Corporation, uses a saturation strategy to target employment services to an entire neighborhood. The goal of the NJI was to substantially increase employment and earnings among a large number of residents within the targeted neighborhoods so that regular employment would become a community norm. Implemented from 1998 to 2001 in five high-poverty neighborhoods (Washington DC, Chicago, New York, Hartford and Fort Worth) each site adapted their programs using the following three components: 1) employment-related services and activities, such as job development, training and counseling; 2) financial incentives to work, including increasing participants use of the Earned Income Tax Credit, earnings disregards for TANF recipients, child care subsidies, Medicaid, food stamps and wage subsidies; and 3) community support for work, including increasing the quality and quantity of residents social networks to facilitate the sharing of information (Molina & Howard, 2003).

By using a placed-based program that targeted an entire neighborhood, the NJI was specifically intended to reach the “working poor”—a segment of the workforce that is not generally “captured” by social service systems. Targeting an entire neighborhood was considered helpful in linking low-income workers to a system of supports and services that would raise their income and benefits (Molina & Howard, 2003). Additionally, a second strategy was to see if there was a “ripple effect” if a large enough number of people in the neighborhood obtain and retain good jobs that in turn would create positive changes in the neighborhood. These “spillover
effects” (Molina & Howard, 2003, p. 5) were intended to improve a wide range of neighborhood indicators including health, education and safety.

There is evidence to suggest that program participation and employment outcomes in some NJI sites were promising. For instance, the Chicago site (Project JOBS with 2,772 unduplicated participants) and the Fort Worth site (Near Northside Partners Council with 1,199 unduplicated participants) were successful in achieving a high rate of voluntary program participation. Facilitating good program access to services included the presence of bilingual staff; offering services close to residents home, providing services during non-business hours, and conducting home visits (Molina & Howard, 2003). Additionally, the Hartford site (Hartford Areas Rally Together, HART) focused its employment activities on the construction sectors and was successful in helping participants secure living-wage employment. For instance, Molina and Howard (2003) conducted a random case record review of 100 HART files and found that 59 participants had been placed in construction jobs; those placed in 2000 had an average hourly wage of $19.66 and those placed in 2001 had an average hourly wage of $16.45. These findings suggest that within the NJI, sites that facilitated program access and targeted employment activities toward certain sectors were successful in increasing participation and linking residents to living-wage jobs.

Linking low-income parents to “good jobs”: In addition to the use of place-based programs, employment programs that focus on linking parents to “good jobs” also represent a promising practice. “Good jobs” are typically defined as jobs with starting salaries above the minimum wage, and jobs that have a high potential for job retention and career advancement. Research lends support for the potential effectiveness of employment programs that target particular
industries and occupations. Foster-Bey and Rawlings (2002) found that after controlling for
education, less educated women in manufacturing and health services sectors appear to have
higher earnings—suggesting that it is possible for single mothers with low educational levels to
earn higher wages if they are in the right industry. Foster-Bey and Rawlings (2002) note that
targeting specific industries may be an effective approach to promoting economic self-
sufficiency among single welfare mothers. Andersson, Holzer and Lane (2003) drew similar
conclusions in their study on worker advancement in the low-wage labor market. Findings
revealed that when worker characteristics were held constant, smaller firms and industries related
to retail trade and services paid lower wages than larger firms and those in manufacturing or
construction. They conclude that one of the most promising programs to increase earnings and
advancement of low-wage workers is to facilitate their employment within “good jobs” (e.g.
within firms and industries that pay higher wages).

The Annie E. Casey Foundation’s Jobs Initiative (JI) represents a large-scale employment
program that focuses on linking participants to “good jobs.” The JI was implemented between
1995 and 2003 in six cities: Denver, Milwaukee, New Orleans, Philadelphia, St. Louis and
Seattle. Five core principles guided the Jobs Initiative:

1) Quality of the job is key,
2) Retention is even more important than placement,
3) Employers and disadvantaged job seekers are equal participants,
4) The target population includes all disadvantaged job seekers in the region, and
5) Systemic change is required to accomplish and sustain goals on a broad scale
   (Fleischer, 2001 p. 6).

The successful activities for linking participants to “good jobs” included forming
collaborations with targeted industries or sectors in order to facilitate the placement of
participants in these sectors. The occupations with wages above the minimum wage and those
with opportunities for career advancement were targeted. The key strategies for engaging
employers included framing the collaboration as beneficial to the employers’ bottom line (e.g. saving recruitment and training costs) and using brokers with extensive experience in the industry who had credibility with the employer and were able to facilitate a strong working relationship between the staff at JI and the employer. Engaging employers at all levels and ensuring that employers were involved in the design of job-training programs were also noted as important strategies in working with targeted industries. (Annie E. Casey Foundation, 2000, Fleischer, 2001).

Overall, within all five sites, descriptive information on the status of program participants suggests that the JI may have beneficial effects on employment (54% retention after one year) and earnings ($8.06 per hour to $9.13 per hour after one year) (Fleischer, 2001). In addition, parents who obtained “good jobs” (e.g. jobs with higher wages, health insurance and career advancement potential) reported improvements in the grades and behaviors of the children. These effects appeared to be particularly important for parents with risk factors; for instance, parents who had been incarcerated or whose children had been in foster care reported that a stable income helped them to better address the health and development needs of their children, and parents felt more involved in their children’s lives. Young single parents, as well as immigrant parents reported similar positive parenting and child outcomes. Moreover, qualitative data also suggested that as parents attained and retained “good jobs,” their participation in their communities, neighborhoods and children’s schools increased. For instance, parents reported attending parent-teacher conferences more frequently after becoming employed and forming more formal and informal social networks with neighbors (Iversen, 2002).

Despite these promising results, the qualitative research in the JI suggest that once employed, workers faced challenges in trying to make enough money to support themselves and
their children, trying to stay employed and trying to advance in their new careers (Iversen, 2002).

The challenges in job retention and advancement are common among low-income workers, and Miller, Molina, Grossman, & Golonka, (2004) identified the following four strategies to improve job retention and advancement among low-wage workers:

1) The use of post-employment case management to link participants to needed services and providing support with job or personal problems,
2) Working directly with employers to create job retention programs or Employee Assistance Programs that provide counseling and assistance with personal problems,
3) Addressing common barriers such as child care, transportation problems, and limited assets and financial knowledge by using strategies such as a database of available child care slots; financial education programs to increase knowledge of asset development; and the use of van pools to assist participants in getting to work, and
4) Education and training continue to be critical to career advancement. In particular, the use of a “map” or “pathway” to “good jobs” is needed to provide participants with a clear and individualized plan to reach a particular career goal. A key feature is the emphasis on partnering with employers and industries that have high potential for advancement.

*Use of work incentives and supports:* In addition to place-based and “good job” programs, another promising program involves the use of work incentives to help supplement the low wages of the working poor and support services such as health insurance, transportation assistance or child care to help them maintain their employment. One large demonstration project, launched prior to the implementation of welfare reform, illustrates the promise of work incentives and supports. Implemented in Milwaukee from 1994 to 1998, New Hope Project was a voluntary program with participation that was not conditional on welfare receipt or the presence of children. The program included an earnings supplement that was provided to participants who worked a minimum of 30 hours a week and whose income was still below 200 percent of the poverty line. The participants not covered by employer-provided health insurance were also provided with subsidized health insurance and subsidized child-care was also provided.
Additionally, participants who could not find work after searching for eight weeks were referred to a wage-paying community service job in a nonprofit organization. These benefits were available to New Hope participants for up to three years (Huston, Miller, Richburg-Hayes, Duncan, Eldred, Weisner, et al., 2003).

The research on the impact of New Hope on families and children has been quite promising. Huston et al. (2003) reported that the New Hope participants have higher rates of long-term employment, and higher earnings than a control group. New Hope also appeared to be especially beneficial to participants with moderate levels of work barriers and Hispanic/Latino and African American participants. Moreover, at the five-year follow-up, the New Hope participants had better housing safety, better self-reported physical well-being, greater awareness of community resources and financial incentives such as the Earned Income Tax Credit (EITC), and fewer self-reported depressive symptoms than the control group. The New Hope parents also had fewer parenting problems related to discipline than did the control group, children spent more time in center-based care (as opposed to home-based care) and children spent more time in after-school programs than children from the control group. At Year 5, the New Hope children performed better academically than control group children and New Hope parents reported better child social behavior than the control parents (Huston et al., 2003).

Asset development programs

Promoting banking and savings accounts: The programs to increase the number of low-income families who are linked to banking and financial institutions represent promising asset development programs. The research suggests that approximately 10 million households do not have bank accounts; these “unbanked” households tend to be low-income and headed by African
Americans, Hispanics, young adults and those who rent their homes (Kennickell et al., 2000, as cited in Caskey, 2002). Indeed, 22 percent of low-income families do not have a bank account (Barr, 2003). Many unbanked families must use commercial check cashing services that charge fees to cash paychecks and provide other services such as money orders and facilitating payments to utility vendors. Indeed, most commercial check cashing outlets charge 2 to 3 percent of a check’s value just to cash it. For a family that takes home annual earnings of $18,000, use of commercial check cashing services can cost at least $400 a year (Caskey, 2002).

Not surprisingly, one of the most frequently cited reasons that low-income families do not have bank accounts is that they have no financial savings to keep in the accounts (Caskey, 1997; as cited in Caseky, 2002). In an effort to address these issues, promising programs seek to link low-income families to the banking system, increase financial literacy and provide opportunities for families to save money. For instance, the Illinois Department of Human Services in collaboration with the coalition Financial Links for Low-Income People (FLLIP) implemented a financial education and asset-building program for welfare recipients and low-income workers. The FLLIP program implemented two components: a Financial Education Program (FEP) to increase the financial literacy of low-income families (Rand, 2004) and an Individual Development Account (IDA) program to increase the number of savings accounts with matching funds from public and private sources held by low-income families.

Promoting low-income car and home ownership: As a result of establishing a bank account, low-income families are in a better position to acquire assets, such as cars and homes. Many low-income parents must rely on public transportation to get to their jobs. As more and more employment opportunities move to suburban areas, while low-income workers remain in urban
areas, the use of public transportation becomes more problematic. Low-income parents often face public transportation commutes that can last one or more hours, making the coordination of child care arrangements particularly difficult. Car ownership programs represent a promising practice to address these transportation barriers, while also increasing the assets of low-wage workers. Indeed, research suggests that access to a car can increase employment and earnings and among welfare recipients, car ownership is associated with an increased likelihood of employment (Holzer et al., 1994, as cited in Hayden & Mauldin, 2002; Ong, 1996; as cited in Hayden & Mauldin, 2002)

Hayden and Mauldin (2002) reviewed seven car ownership programs and identified a number of common elements within these programs. They note that the overall strategy of the car ownership programs is to make cars available to low-income workers. Hayden and Mauldin (2002) identified the following most promising practices used by the car ownership programs:

1) **Case management:** Many clients have never owned a car are entering the workforce for the first time, and are typically managing a number of different additional challenges. The expenses and responsibilities associated with car ownership can be an added stressor and case management services may help offset potential problems.
2) **Training and education:** Helping participants understand the responsibilities of car ownership, including providing information on basic car repair and maintenance, safe driving and financial management,
3) **Structuring payments to include all car ownership costs:** In developing car budgets with clients, it is important to include all car ownership costs including the car payment, gas, insurance, maintenance, and repairs,
4) **Assisting clients with insurance:** Because of insurance rate-setting criteria that is based on neighborhood of residence and credit scores, car insurance can be disproportionately high for low-income residents and some may need assistance with these costs in order to own a car,
5) **Partnering with banks and credit unions:** Rather than having loan or lease payments processed within the nonprofit—which often would require an entirely new system, nonprofits can partner with banks and credit unions to provide these services, which also helps to link low-income participants with the banking system,
6) **Recruiting staff with industry-related experience:** A staff person who is knowledgeable about used car sales or basic car mechanics can provide expertise on the wholesale value of cars, estimating repairs, identifying problems, and using connections to auctions, wholesalers and used car dealerships, and
7) **Tracking success:** Programs should not only know the number of cars provides to participants, but also the employment, earnings and asset status of these participants.

In addition to car ownership, promising asset development programs also promote home ownership among low-income families. Indeed, home ownership has been linked to a number of positive outcomes for children and families—as well as for neighborhoods. For instance, homeownership is associated with increased self-esteem on the part of the homeowner, better child and youth academic and cognitive performance, reduced child behavioral problems, a higher-quality home environment, neighborhood stability, and higher rates of participation in formal neighborhood organizations (Rohe, Van Zandt, & McCarthy, 2002; Haurin, Parcel, & Haurin, 2002).

A promising practice in promoting home ownership for low-income residents is to increase their access and use of financial services that are tailored to meet the needs of residents of low-income neighborhoods. The move toward increasing access to financial services was partially fueled by the Community Reinvestment Act (CRA). The CRA was enacted in 1977 as a way to address the practice of “redlining” (banks refusing to make loans to people from certain poor neighborhoods) and amendments during the 1990s strengthened the legislation. The CRA encourages banks and credit unions to meet the needs of the communities in which they are located, including the credit needs of residents from low-income neighborhoods (Federal Financial Institutions Examination Council, 2004).

Although there is some evidence to suggest that the CRA increases credit for homeownership and other capital in low-income neighborhoods (Litan, 2000, as cited in Barr, 2003), the monitoring of the CRA is often criticized as inadequate in terms of the degree to which financial institutions abide by the legislative regulations (Barr, 2003). In an effort to improve financial services and home loans to low-income families, Community Development
Financial Institutions (CDFI) were created. CDFIs are “private-sector, financial intermediaries with community development as their primary mission” (Community Development Financial Institution [CDFI] Coalition, 2004, pg. 2). CDFIs focus both on economic gains, as well as improvements in the neighborhoods they serve. They focus on activities that serve to revitalize poor neighborhoods, including providing capital to help businesses, organizations and services within low-income neighborhoods, as well as encouraging low-income home ownership. CDFIs provide a variety of services intended to help low-income residents become more self-sufficient. Typically CDFIs provide financial services, loans and investments and training and technical assistance to clients who may have limited or poor credit histories. These efforts are intended to help improve both the economic self-sufficiency of low-income persons and assist them in purchasing a home (CDFI Coalition, 2004).

Linking families to EITC: The federal Earned Income Tax Credit (EITC) is a refundable credit for families who earn less than 200 percent of the federal poverty level. The EITC was enacted in 1975 and expanded in the late 1980’s and early 1990’s to become the single largest aid program for low-wage workers. In a review of the literature, Berube (2003) noted four overall benefits of the EITC:

1) In 1999, 4.7 million people (including 2.5 million children) were lifted out of poverty by the EITC (Center on Budget and Policy priorities, 2001, as cited in Berube, 2003),
2) The EITC may help to promote work; for instance in 1984 before the EITC was expanded, 73 percent of single mothers worked, compared to 81 percent in 1996 (Eissa, & Liebman, 1996, as cited in Berube, 2003),
3) The EITC may help reduce income inequality through its impact on raising the income of working poor families (Liebman, 1998, as cited in Berube, 2003); and
4) The EITC may help low-income workers build assets—research suggests that over half of EITC recipients use tax refunds on things like school tuition, car repairs, moving to a new neighborhood or putting money into a savings account (Smeeding, Phillips, O’Connor, 2000, as cited in Berube, 2003).
Despite the many potentially beneficial impacts of EITC, research suggests that 10 to 15 percent of eligible working poor families do not apply for the credit (Gordon, Mendel, Waldron, & Hunt, 2003). Additionally, there is evidence to suggest that families who use commercial tax preparation services to claim the EITC actually end up spending an average of more than 10 percent of their refund on tax preparation, electronic filing or high-interest refund loans (Berube, Kim, Forman, & Burns, 2002). In fact, the commercial tax preparation services tend to be concentrated in low-income neighborhoods; zip codes with a high rate of EITC filers house up to 50 percent more electronic tax preparation services than zip codes with a low rate of EITC filers. Moreover, in 1999, an estimated $1.75 billion in EITC refunds were used toward paying for commercial tax preparation, electronic filing and high-interest refund loans (Berube et al., 2002).

Outreach campaigns and free tax preparation services represent promising programs to increase the number of families claiming the EITC, as well as to address the problem of low-income families having their EITC refunds diverted to commercial tax preparation and high-interest refund loans. For instance, Philadelphia’s Campaign for Working Families used a variety of strategies to increase the number of families claiming the credit (Houstoun, 2004). The Campaign was implemented by a collaboration of organizations and was guided by an advisory group made up of government representatives, as well as representatives from business, banking, labor, legal services, advocacy groups, consumer credit counseling, faith-based, library and workforce programs. The Campaign conducted a wide-ranging media and outreach effort to increase awareness about the EITC. A range of media outlets was used and information was provided in both Spanish and English. Moreover, in order to assist families in claiming the EITC, the campaign placed volunteers in income tax assistance (VITA) sites throughout Philadelphia with particular attention to underserved areas, especially those comprised of immigrant families.
Through collaboration with existing organizations in immigrant communities, VITA sites were able to provide culturally and linguistically appropriate outreach and tax assistance services to these communities. The staff and volunteers at VITA sites provided free tax preparation services for families wishing to claim the EITC (Houstoun, 2004).

In addition to the goal of increasing the number of families claiming the credit, another goal of Philadelphia’s Campaign for Working Families was to increase the financial self-sufficiency of families. In an effort to expand the EITC campaign to broader self-sufficiency issues, some VITA sites were linked with banks that assisted participants with banking services and credit problems, including offering workshops that addressed such topics as strategies to save money, consumer credit counseling, and a program that allowed participants with poor banking experiences to obtain checking accounts if they participated in and passed four workshop sessions. Another approach to increasing self-sufficiency included the accessing of public benefits for participants. The staff from social service organizations were stationed at the VITA sites to provide benefits counseling and to assist families in applying for benefits for which they were eligible (Houstoun, 2004).

The information on the number of families claiming the EITC in Philadelphia suggests that the Campaign was successful. For instance, between tax year 2001 and 2002 (when the Campaign was implemented) there was a 5.2 percent increase in EITC filers, and a 7.7 percent increase in overall claims. Moreover, the percentage of tax filers who claimed the EITC increased from 24.7 percent to 27.2 percent and EITC, child tax and dependent care returns filed at the VITA sites totaled over $10 million (Houstoun, 2004).

Similar EITC campaigns have been launched in a number of cities across the country (Gordon et al., 2003).
the Annie E. Casey Foundation was launched in 2002 in 27 cities to help low-income families learn about the EITC, connect to free or low-cost tax preparation assistance, and use tax credits to build assets (Gordon et al., 2003).

Family Strengthening

Families living in poverty and families residing in communities with a high concentration of neighborhood poverty are at risk for a number of poor outcomes. Children living in poverty experience an increased risk of mortality, learning disabilities, adolescent pregnancy, delinquency, mental health problems, and educational difficulties (Roosa, Jones, Tein, & Cree, 2003). Research also suggests that children living in neighborhoods with a high concentration of neighborhood poverty (typically defined as 40 percent or more of residents living in poverty) are also at risk for similarly poor outcomes (Averett, Rees, & Argys, 2002; Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Chase-Landsdale, Gordon, Brooks-Gunn, & Klebanov, 1997; Loeber, & Wikstrom, 1993). Some of the most promising programs for strengthening families are highlighted in Figure 2 and include:

1) Promoting healthy child and family development, including nurse home visitation programs, parenting education programs, and programs implemented through California’s First Five;
2) Educational programs to help young children be ready for entrance into school and to succeed academically; and
3) Facilitating receipt of support services, including outreach strategies and strategies to streamline application and eligibility processes.
<table>
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<tr>
<th>Promising Program</th>
<th>Rationale</th>
<th>Core Elements</th>
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| Intensive prevention services to pregnant women and parents of young children   | • Low-income children and families are at an increased risk for a variety of poor health outcomes  
• Intensive to pregnant and parenting mothers and fathers are intended to prevent health problems from developing | • Nurses visit pregnant and parenting women and provide education on health issues for mother and child, child development and also provide emotional support  
• EHS uses either home and center based approaches |
| Parenting education programs                                                    | • Parents who are knowledgeable about child development and effective parenting techniques help to raise children who are healthier | • Workshops for parents and children that focus on improving parenting skills |
| **Educational Programs**                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Early childhood education programs                                              | • Low income children are at risk for low educational attainment  
• Intensive educational programs that target children from the ages of 0 to 5 will help prevent educational problems later in life | • Intensive educational interventions for children 0 to 5 that focus on improving cognitive and language abilities  
• Additional supports include health education, nutritional supplements and other concrete assistance |
| **Facilitating the receipt of support services and benefits**                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Expanding access to supports and benefits and streamlining eligibility and application processes | • Many low-income families who are eligible for benefits and supports do not receive them and application and eligibility processes can be cumbersome and confusing | • Expanding access to supports and benefits through outreach, marketing and educational campaigns  
• Simplifying eligibility and application processes by combining applications, using web-based calculators, or aligning recertification procedures |
Promoting healthy child and family development

Low-income children and families are at an increased risk for a variety of health problems. Intensive prevention services to pregnant women and parents of young children represent a promising program to prevent health problems. For instance, home visitation programs in which a registered nurse makes home visits to low-income pregnant and parenting women represents a program designed to address these increased health risks. In the Nurse Family Partnership program, nurses visit first-time low-income mothers during pregnancy and continuing until the child is two years of age (Promising Practices Network, 2004a). Nurses visit mothers two to four times a month. During pregnancy, home visits are focused on such health issues as diet, reduction in cigarette, alcohol or drug use, and assisting women to identify any pregnancy complications. Once the child is born, nurses provide health education on child illnesses and resources to access if their child becomes ill. The child development education program is aimed at increasing a mother’s understanding of her child’s behavior and facilitating positive child-parent interactions. Nurses also provide emotional support and problem-solving assistance to mothers and try to involve family members and friends as much as possible. Nurses follow a specific protocol and carry no more that 25 cases. A number of studies suggest that the Nurse Family Partnership Program is linked to a variety of positive outcomes for mothers and children (Olds, Eckenrode, Henderson, Kitzman, Power, Cole, et al., 1997).

In addition to nurse home visitation programs, the Early Head Start (EHS) program also represents a promising health promotion program that targets low-income families. The EHS is funded by the U.S. Department of Health and Human Services (U.S. DHHS) and provides a variety of services to low-income pregnant women and families with children up to three years of age. The goal of EHS is to promote healthy prenatal outcomes for pregnant women, enhance
child development for young children, and support healthy family functioning (U.S. DHHS, 2004a). The EHS services are delivered through one or more program structures: 1) center-based, 2) home-based and 3) combination of center- and home-based services. Evaluation studies suggest that participation in EHS is linked to improved cognitive, linguistic, social and emotional development in children, and improved parent-child interactions (Love, Kisker, Ross, Schochet, Brooks-Gunn, Paulsell, et al., 2002).

In addition to home visitation programs and EHS, services specifically aimed at increasing a parent’s knowledge of healthy child development and positive parenting skills represents another promising program for promoting healthy child and family development within low-income families. Parents who are knowledgeable about child development and effective parenting techniques help to raise children who are healthier. For instance, the Dare to Be You (DTBY) program is aimed at increasing the parenting skills of low-income parents of children 2 to 5 years of age. The sessions typically include a joint activity between parent and child, followed by separate age-appropriate activities for parents and children that are focused on improving parenting skills (Promising Practices Network, 2004b, p. 2). The research suggests that DTBY has a number of positive impacts on both parents and children (Miller-Heyl, MacPhee, & Fritz, 1998; as cited in Promising Practices Network, 2004b).

In an effort to promote healthy child and family development, California passed the Children and Families Act of 1998, (i.e. Proposition 10), which brings together several different types of health promotion programs. Proposition 10 established First Five California, a statewide program to provide a comprehensive system of child development services from the prenatal stage to age five. Each California County has established its own First Five Commission that oversees service delivery within particular communities. The First Five California programs span
a variety of different services including programs to improve child care, parenting behaviors, health care access and use, and intervention for high–risk families. The specific programs vary depending on locality. Overall, the long-range goals of these programs are to improve family functioning through integrated, accessible, inclusive and culturally appropriate services, improve child development so that children are ready for school upon entering kindergarten and to improve child health (California Children and Families Commission, 2000).

Educational programs

In addition to promising programs to promote healthy child and family development, efforts to help offset the negative impact of poverty on children’s educational attainment also represent promising family strengthening programs. Among the most effective educational programs for low-income children are early childhood education programs that target children between the ages of zero and five. For instance, the Carolina Abecedarian Project is a well-known early education program that has proven to be effective in increasing academic achievement, as well as cognitive ability. The program operated within one site in North Carolina from 1972 to 1985 and was targeted to “at-risk” low-income families with infants up to six months of age. The program was comprehensive in nature and involved a preschool component and a school-age component. A number of different studies have reported that, when compared to a control group, children who participated in the Abecedarian Project fared better on a variety of cognitive and academic measures. (Martin, Ramey, & Ramey, 1990, as cited in Promising Practices Network, 2004c; Ramey & Campbell, 1984, as cited in Promising Practices Network, 2004c).

The use of intensive educational interventions for young low-income children can have a number of short and long-term positive effects. Another promising educational program targeted
to low-income families that uses a different model is Washington State’s Early Childhood Education and Assistance Program (ECEAP). The ECEAP is targeted to families with children who are at least three years of age, who are not yet enrolled in kindergarten, and whose families are at or below 110 percent of the federal poverty level for the past 12 months. The program is a comprehensive, family-focused, pre-kindergarten program that is intended to help low-income children succeed academically. A second goal of the program is to encourage family self-sufficiency. An eight-year longitudinal study of ECEAP suggests that the program may be effective in improving educational outcomes for low-income children. When ECEAP children were compared to a comparison group, results revealed that they had better school behavior and better academic progress; and ECEAP parents participated more frequently in their children’s activities outside of school than parents in the comparison group. (Northwest Regional Educational Laboratory, 1999, as cited in Promising Practices Network 2004d).

Facilitating receipt of support services and benefits

Many low-income families who are eligible for benefits such as food stamps, health insurance, and child care assistance are not enrolled in these support services. In 1999, only 43 percent of working families who were eligible for food stamps received them (U.S. Department of Agriculture, 2001, as cited in O’Connor, 2002). In addition, only five percent of low-income children without health insurance who were eligible for Medicaid or State Child Health Insurance Programs were enrolled (Broaddus, Blaney, Dude, Guyer, Ku, & Peterson, 2002, as cited in O’Connor, 2002); and only 12 percent of eligible low-income families received child care assistance in 2000 (U.S. DHHS, 2000, as cited in O’Connor, 2002). Moreover, in California, many eligible low-income families may not be taking advantage of California’s Healthy Family’s Health Insurance program. Linking low-income families to available support services...
may help parents to maintain their employment, while also improving family health. Yet, research suggests that determining eligibility and applying for support services and benefits can be time-consuming and confusing. For instance, the U.S. General Accounting Office ([U.S. GAO], 2001) found that a family applying to 11 of the most used support services would need to visit up to six different offices and complete six to eight different applications—a task that could be difficult for a working parent when offices are only open during business hours. The U.S. GAO (2001) also reported that the application and eligibility processes for low-income families were not only cumbersome for families, but also for case workers who had to decipher financial eligibility rules and process applications that are often duplicative.

The promising programs that facilitate the receipt of support services and benefits are focused on expanding access as well as simplifying and streamlining application processes. For instance, Miller et al., (2004) identified five strategies to help link low-income working families to support services:

1) Aligning eligibility policies across programs can make it easier for applicants and case workers to determine eligibility,
2) Simplifying and aligning application and re-certification procedures can reduce the number of forms families need to complete and reduce the number of visits they need to make to government offices,
3) The use of web-based eligibility calculators can help streamline eligibility determination,
4) Expanding access to benefits and support applications by out-stationing eligibility staff at faith and community-based organizations, schools or clinics or co-locating several support programs in one office can increase the number of families enrolled in support services, and
5) Outreach, marketing and educational campaigns can also increase low-income families’ awareness of support programs.

Neighborhood Strengthening

Studies consistently find an empirical association between neighborhood-level socioeconomic disadvantage and many other neighborhood-level indicators of social distress
including unemployment, crime, health problems, child maltreatment, low educational achievement and mental, physical, behavioral and educational problems—especially among children and youth (Aneshensel & Sucoff, 1996; Brooks-Gunn et al., 1993; Jargowsky, 1997; Pettit, Kingsley, Coulton & Cigna, 2003). Neighborhood improvements are thought to help influence a variety of outcomes for low-income families. As highlighted in Figure 3, promising programs to strengthen neighborhoods include:

1) The use of community development corporations, which are defined as neighborhood-based nonprofit business ventures, most often focused on improving housing options in low-income neighborhoods (Blanc, Goldwasser & Brown, 2003),

2) Comprehensive community initiatives, which are long-term strategies to increase collaboration, planning and coordination of funding among community based organizations in low-income communities (Blanc et al., 2003), and

3) Community organizing to increase resident involvement in community planning, decision-making, and advocacy in order to bring resources into a neighborhood.
### Community Development Corporations

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<th>Promising Program</th>
<th>Rationale</th>
<th>Core Elements</th>
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<tr>
<td>The use of Community Development Corporations (CDCs) to encourage housing and business development in low-income neighborhoods</td>
<td>• CDCs were created to address the lack of affordable housing, home ownership and economic development within low-income communities</td>
<td>• Nonprofit organizations governed by community boards that often include representatives from financial institutions, government or foundations&lt;br&gt;• CDCs most often are involved in housing development, homeownership assistance, encouraging resident involvement in neighborhood affairs and economic, commercial and business development</td>
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### Comprehensive Community Initiatives

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<th>Promising Program</th>
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<th>Core Elements</th>
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<td>Large scale approaches to improving conditions in poor neighborhoods</td>
<td>• Comprehensive Community Initiatives (CCIs) were created to address the fragmented service delivery system within many poor neighborhoods</td>
<td>• Coordinate existing institutions serving the community&lt;br&gt;• Increase the capacity of community institutions through collaboration and bringing in external resources&lt;br&gt;• Work to increase social capital and participation of residents in the planning and management of the CCI.&lt;br&gt;• Differ from other community practices in their formation and governance—CCIs bring together a variety of nonresident organizations in an effort to expand the notion of who community stakeholders are</td>
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### Community Organizing

<table>
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<tr>
<th>Promising Program</th>
<th>Rationale</th>
<th>Core Elements</th>
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<tbody>
<tr>
<td>Mobilizing residents of poor neighborhoods to address their own concerns about their community</td>
<td>• Residents of poor communities are in the best position to facilitate change because they are the experts the needs of their own neighborhood&lt;br&gt;• Developing leadership and a strong constituency among residents will empower the community and give them more control over decisions affecting their neighborhood</td>
<td>• Local, democratic control—direct constituency involvement is a key feature of community organizing—Power is based on participation of mass-based constituency&lt;br&gt;• Leadership development is central&lt;br&gt;• Permanence and growth of the organization is paramount&lt;br&gt;• Contestation at the institutional level—community organizing is intended to be part of a larger process that seeks to changes institutions and the larger process of how decisions about the community are made</td>
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Community development corporations

Community Development Corporations (CDCs) are nonprofit organizations governed by community boards that often include representatives from financial institutions, government or foundations. CDCs address the problems associated with neighborhood poverty through revitalization efforts, physical improvements, economic development, social services and advocacy (Hess, 1999; Walker, 2002). Most CDCs are assisted by organizations that provide technical assistance and support, as well as financial assistance (Walker, 2002).

In a survey of CDCs in 23 cities, Walker and Weinheimer (1999) documented the types of activities and strategies being used. These included rental and homeowner housing development (94%); planning and community organizing activities that involved active engagement of residents (80%); homeownership programs including financial counseling, assistance with down payments, and assistance with housing repair or rehabilitation (69%); commercial and business development, including improvement and promotion of commercial districts, commercial building renovation, and technical assistance and financing (60%); workforce and youth programs, including job training and skills development for both adults and youth (55%); building community facilities such as schools, community centers, health clinics, and homeless shelters (45%); and developing open space programs such as park improvements, and community gardens (29%).

CDCs benefit the community in the following ways:

1) Improve physical aspects of the neighborhood (e.g. affordable housing units, improved commercial sites and community facilities,
2) Increase the number of homes and businesses that are owned by residents of the neighborhood,
3) Work with community residents and organizations to help bring in external resources and assets to improve neighborhood conditions (e.g. private sector developers, financial institutions and corporations), and
4) Improve resident participation in community planning and organizing efforts (Stoecker, 1996; Walker, 2002).

During the 1990s, there was a considerable increase in the capacity and activities of CDCs. In an exploratory study conducted by The Urban Institute on the impact of CDCs within five urban neighborhoods, residents reported that neighborhood quality had improved and that these improvements were partly the result of CDCs. Econometric research suggested that in two of the five sites, CDCs were linked with higher property values and all five of the CDCs engaged in activities to involve residents in community planning (Temkin et al., forthcoming, as cited in Walker, 2002).

**Comprehensive Community Initiatives**

Comprehensive Community Initiatives (CCIs), represent a second potentially promising neighborhood strengthening program. CCIs are large-scale approaches to improving conditions in poor neighborhoods through increased collaboration and coordination among various organizations within the neighborhood to address neighborhood poverty and fragmented service delivery (Hess, 1999). One prominent example of CCIs is the Empowerment Zone/Enterprise Community Initiative (EZ/EC Initiative), a federal initiative that awards large grants to urban and rural communities to engage in collaborative activities. Local governments, community-based organizations, and residents are typically involved in planning and implementing services that meet the needs of the neighborhoods, including workforce development, housing, public safety, infrastructure, environment, health, education, and other human services (U.S. Department of Health and Human Services; 2004b; U.S. Department of Housing and Urban Development, 1997). The EZ/EC Initiative also includes tax incentives for businesses that invest in the targeted communities.
Many different activities and projects fall under the rubric of CCIs, however Hess (1999) identifies four major approaches used by CCIs:

1) **CCIs coordinate existing institutions serving the community.** Coordination efforts are generally focused on bringing together the work of CDCs, community-based organizations, as well as government agencies in an effort to improve service delivery and address pressing problems in the community,

2) **CCIs increase the capacity of community institutions.** Strategies to improve organizational capacity often involve increasing effective connections between community organizations and resources and actors outside of the community,

3) **CCIs attempt to increase both the social capital in a community and participation of residents in the planning and management of the CCI.** Most CCIs use community planning or community building strategies to gain resident input and foster resident leadership, and

4) **CCIs differ from other community practices in their formation and governance.** CCIs bring together a variety of nonresident organizations in an effort to expand the definition of community stakeholders based on the notion that poor neighborhoods do not have sufficient power to effect neighborhood change themselves and that the neighborhood needs to be viewed differently by external power brokers (Hess, 1999).

CCIs differ in their target locations and populations; some focus on entire cities, some on particular communities, and some on particular populations within a community (Fishman & Phillips, 1993). Compared to city-wide efforts, Fishman and Phillips (1993) suggest that CCIs focused on particular neighborhoods are more manageable, allow for greater resident participation in planning activities, and are better able to understand the particular local context in which they operate.

In their review of CCIs, Fishman and Phillips (1993) identified six overall approaches used within CCIs:

1) **Research and data** were used to clearly define problems within neighborhoods,

2) **Planning and start-up phases** took considerably longer to build trusting relationships than many staff had expected. Although the CCIs often moved slowly, staff also reported that a slow progression was necessary in order to build trusting relationships,

3) **Timely allocation of funding** where large amounts of funding available at the outset often created pressure to spend the money too quickly,
4) *Determining type of governance* was critical (e.g. a task force elected by neighborhood residents, an advisory group of funders and experts, or a combination of these groups to help govern the initiatives),

5) *Collaboration* was perceived as a critical strategy where inclusivity and egalitarian processes were viewed as particularly important, and

6) *Evaluation* issues affected many CCIS (e.g. vague goals that were difficult to measure, difficulty in measuring the impact of long-term strategies and assessing complicated relationships between funders and grantees).

**Community organizing**

Both CDCs and CCIs include community organizing as one of their strategies, yet some have argued that community organizing efforts that are focused exclusively on mobilizing residents of poor neighborhoods to address their own concerns are qualitatively different than CDCs and CCIs. Indeed, Blanc et al. (2003) note “…CDCs and CCIs tend to prioritize the development of technical expertise and the formal involvement of institutional leaders, rather than mobilizing low-income community residents to identify and address their own needs” (p. 7). Civic participation, which refers to the participation of community members in decision-making about services, policies and matters affecting their community represents an outcome of effective community organizing.

Some have noted that community organizing is a poorly understood practice approach. For instance, O’Donnel and Schumer (1996, as cited in Hess, 1999) note that “few funders understand organizing: few even know it exists as a field of philanthropic endeavor, and those who do tend to view it as insurrectionist”. In an effort to clarify the core elements of community organizing, Hess (1999) has identified the following characteristics:

1) *Local, democratic control*: direct constituency involvement seeks the ideas and concerns of community members in order to meet community needs and increase community participation,

2) *Power of a mass-based constituency*: the power of community organizing stems from the direct involvement of a large constituency of residents in multiple issues,
3) *Leadership development:* community leaders are viewed as essential for constituency control over the organization, as well as the capacity to mobilize a large number of people to participate and take action,

4) *Organizational permanence and growth:* focus is on cultivating a capacity to address neighborhood issues over time, and

5) *Promising change:* focus is on changing institutions and norms within society at-large, especially on how decisions about the community are made.

Blanc et al. (2003) provide one example of community organizing in their study of the Logan Square Neighborhood Association (LSNA), a mixed-income community with a large low-income Latino population in Chicago. The issue of school overcrowding served as mechanism through which LSNA was able to form a close school/community partnership. Once strong ties with schools were formed, LSNA launched school-based programs that brought parents into the classroom to work alongside teachers. The students in neighborhood elementary schools increased their educational achievements, even while the demographics remained unchanged. In addition to work in the schools, the LSNA also developed an organizing campaign for affordable housing (e.g. required all developers to set aside 30 percent of new housing units as affordable housing, focused on the needs of renters and homeowners, successfully lobbied the state legislature to make the existing affordable homeownership program accessible to residents who could not buy an entire building, and provided homeownership counseling to residents). Based on the successes of the LSNA, Blanc et al. (2003) identified the following four strategies for effective community organizing:

1) Foster strong interpersonal relationships and trust among individuals,
2) Develop grassroots leadership,
3) Integrate long-term strategies to build power and change policy with short-term strategies that provide skills and resources to community members, and
4) Maintain a vision based on the needs and dreams of community members.
Conclusion

Low-income families living in poverty neighborhoods often face difficult circumstances and daily hardships. This analysis has identified a variety of promising programs to address these challenges: 1) earnings and asset development, 2) family strengthening, and 3) neighborhood strengthening have traditionally been the focus of many anti-poverty approaches. The promising employment programs include place-based programs that target employment services to an entire neighborhood, linking low-income parents to “good jobs,” and the use of work incentives and supports. The promising asset development programs focus on promoting banking and savings accounts, promoting low-income car and home ownership and linking families to the EITC. Family strengthening programs that focus on intensive prevention services to pregnant and parenting women, parent education, early childhood education, and expanding access to supports and benefits represent promising programs. Finally, promising neighborhood strengthening programs include community development corporations, comprehensive community initiatives, and community organizing. Taken together, these programs represent the most well-established approaches to increasing economic self-sufficiency, promoting child and family well-being and improving the conditions of poverty neighborhoods.
References


Chapter IV

Promising Practices for Meeting the Multiple Needs of Low-income Families in Poverty Neighborhoods

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Introduction

The unique challenges facing low-income families living in distressed neighborhoods require practitioners, policy-makers, and researchers to develop innovative strategies and practice approaches. There are a number of promising programs to address family and neighborhood socioeconomic disadvantage. They focus on increasing the earnings and assets of low-income parents; strengthening families by promoting healthy child development, educational attainment and the receipt of support services; and strengthening neighborhoods through the use of community development corporations, comprehensive community initiatives and community organizing (Austin & Lemon, 2004). These programs are related to our increasing understanding of the important relationship between poverty, place and family. The challenges facing poor families and neighborhoods are not discrete—they are multidimensional; the parent who needs living wage work is often the same parent who needs services to promote healthy child development, and resides in a neighborhood that needs more resident involvement, community collaboration and economic development (Chow et al., 2004; Hastings et al., 2004). These needs are often interdependent and in recognition of this fact, some practices are moving toward an integrated practice approach that targets both the family and the neighborhood simultaneously.

The term “promising practice” is defined as interpersonal or inter-organizational processes used for the delivery of innovative services or programs. The focus is on relationship building and maintenance between and among staff members and neighborhood residents as well as memoranda of agreement between organizations. In contrast, the term “promising program” is defined as innovative services or programs that are relatively free standing, self-contained and typically have their own funding streams. The reason for selecting the term “promising” is that
the frequent use of the term “best practices” is misleading since there usually are no metrics or sufficient outcome data to “prove” that a program or practice is the best. Examples of promising programs related to family services and neighborhood development are described elsewhere (Austin & Lemon, 2004).

Promising practices to address the multiple and complex challenges facing poor families and poor neighborhoods reflect an increasingly holistic approach that brings together various levels of intervention. This analysis features the promising practices found in the activities of the Making Connections (MC) Initiative (funded by the Anne E Casey Foundation) and the Harlem Children’s Zone (HCZ). Given that there is relatively little written information about these “works in progress”, several questions guided this analysis:

1) What do staff members identify as promising practices?

2) What organizational structures and strategies were necessary to launch family and neighborhood services?

3) What have been the challenges or barriers to implementation?

4) What are the major successes to date?

Methods

In an effort to gather detailed information about promising practices within these integrated approaches to service delivery, interviews were conducted with staff members at ten MC sites and the HCZ. The main themes to emerge from these interviews focused on four overall areas: 1) promising practices, 2) organizational structure and capacity, 3) challenges, and 4) successes. In order to highlight the core elements of a multidimensional approach to family and neighborhood poverty, the goal of this analysis was to identify a framework for the design of an integrated family and neighborhood program based on the most recent and comprehensive
practices.

The goal of the 10-year Making Connections (MC) Initiative is to improve outcomes for families and children living in distressed or isolated neighborhoods. The MC Initiative is based on the premise that children will succeed when their families are strong and that families will succeed when they live in supportive neighborhoods (Annie E. Casey Foundation, 2004). MC activities are based on three core elements that are considered essential for successful family outcomes:

1) Creating the opportunity to earn a decent living and build assets
2) Building close ties with family, neighbors, kin, faith communities and civic groups
3) Providing/accessing reliable services close to home.

These core elements have been translated into six core outcomes that guide the work within each MC site:

1) Increased family earnings and income,
2) Increased family assets,
3) Increased family and youth civic participation,
4) Strengthened family supports and networks,
5) Increased access to family services, and
6) Increased child health and readiness to succeed in school.

MC is currently being implemented in twenty-two sites, ten of these sites are working on all six of the core outcomes, nine sites are only involved in family strengthening (including increasing family economic success and having children ready for school) and three sites are only involved in increasing civic participation. The ten MC sites that are working on all six of the core outcomes that reflect integrated family and neighborhood practices were selected for interviews. These sites draw on practices related to earnings and asset development, family strengthening and neighborhood strengthening to offer a wide range of services within economically distressed neighborhoods. The ten sites include: Denver, CO; Des Moines, IA; Hartford, CN; Indianapolis, IN; Louisville, KY; Milwaukee, WI; Oakland, CA; Providence, RI; San Antonio, TX; and
Seattle, WA. Although each site offers a variety of services, the overall approaches taken by each city are highlighted in Figure 1.
<table>
<thead>
<tr>
<th>City</th>
<th>Focus Areas</th>
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<tbody>
<tr>
<td>MC Denver</td>
<td>Focuses on increasing social networks in the neighborhood and civic participation through community organizing, including supporting neighborhood and youth summits and facilitating shared neighborhood agendas.</td>
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<tr>
<td>MC Des Moines</td>
<td>Focuses on increasing family assets by involving residents and government officials to address predatory lending practices, also implements workforce strategies to link residents to “good jobs,” and promotion of the EITC.</td>
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<tr>
<td>MC Hartford</td>
<td>Implementing programs to increase residents’ long-term attachment to “good jobs,” and increasing informal social networks through a barter system in which residents trade services and goods.</td>
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<tr>
<td>MC Indianapolis</td>
<td>Increasing family access to needed services by working with city officials in developing charter schools, promoting a community-school model, and forming a Family Strengthening Coalition.</td>
</tr>
<tr>
<td>MC Louisville</td>
<td>Formed the Louisville Asset Building Coalition and launched a campaign to increase assets for working families by promoting the EITC, and increasing banking and saving among low-income families.</td>
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<tr>
<td>MC Milwaukee</td>
<td>Focuses on workforce development strategies that link families to “good jobs,” and coordinating existing workforce systems to better serve residents, also provides residents with grants to implement neighborhood projects.</td>
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<tr>
<td>MC Oakland</td>
<td>Implementing a multilingual homeownership program which offers financial education, consumer counseling and home loan application assistance, also runs a countywide EITC campaign, and workforce development for youth.</td>
</tr>
<tr>
<td>MC Providence</td>
<td>Implementing a Leadership Institute that trains residents in skills such as organizing, fundraising, data gathering, communication and other strategies, also implemented a Community Grants Initiative and an EITC campaign.</td>
</tr>
<tr>
<td>MC San Antonio</td>
<td>Implements a Community Leadership Institute in which residents participate in leadership development courses, also implemented a neighborhood barter system, and campaigns to increase the use of the EITC, and IDAs.</td>
</tr>
<tr>
<td>MC Seattle</td>
<td>Focuses on increasing family income through workforce development strategies largely targeted toward immigrant and refugee families, also developed a consortium to the quality and quantity of ESL programs.</td>
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Another integrated approach that is not connected to the MC Initiative is the Harlem Children’s Zone (HCZ). The HCZ operates a variety of different programs related to child developmental. The programs and services are offered to parents and children of any age, including parent training, early childhood education, the use of computer centers and literacy programs for both children and parents, family support centers, youth employment programs and after school programs. Community organizing practices are also included within HCZ in the form of increased resident involvement in neighborhood revitalization.

**Preliminary Findings related to Promising Practices**

The promising practices most frequently noted by staff within MC and HCZ fell within the following four practice categories:

1) Promoting earnings and asset development,
2) Family strengthening,
3) Community organizing and strengthening, and
4) Developing service delivery approaches.

With respect to earnings and asset development, several MC sites reported workforce development strategies as promising practices. For instance, MC Indianapolis is partnering with the local hospital system to create a “pipeline” for jobs between the residents and the hospital. As staff reported:

“We first scanned the neighborhoods to see who was currently working in the hospital and then we developed a buddy-mentor system at the hospital. A new employee is mentored for nine months; the buddy gets recognition and extra money from the employer. This program builds networks and strengthens the chance of someone staying in the position.”

In a similar way, MC Denver implemented a Family Economic Success guidance group through a partnership with the local community college to increase the number of residents earning AA degrees. MC Seattle links residents to better jobs and wage progression through public works
opportunities and apprenticeship as well as pre-apprenticeship opportunities in the construction industry.

Most MC sites include EITC campaigns as one of their most promising practices. For instance, MC Oakland operates a countywide EITC campaign. Their efforts were part of a nation-wide EITC campaign in 2003 that resulted in 7 million tax returns with approximately 4 million EITC claims. In MC San Antonio, the EITC Coalition created tax centers in each of their four target neighborhoods and worked to provide bilingual and neighborhood-based tax assistance and financial literacy education. The staff reported that these efforts resulted in San Antonio increasing the filing rate of participation in the EITC to second in the nation. Similarly, MC Louisville formed an Asset Building Coalition of 85 organizations and volunteers of the Coalition are trained by the IRS to assist in tax preparation. The participants also receive financial literacy education and can participate in an IDA program (Individual Development Accounts for personal savings).

In addition to earnings and asset development, family strengthening approaches were also identified as promising practices. For instance, HCZ staff reported that their family and child services represent some of their most promising practices. These programs included: Baby College (a parent training program for parents of children 0-3), the Gems Program (a universal pre-kindergarten program for 3-4 year olds that provides basic skills as well as language training in Spanish and French which are two of the most common languages spoken in the neighborhood), the Shaping Minds Around Reading and Technology (SMART) program that includes a computer center and a literacy component (children and parents who participate in the program receive incentives), and the TRUCE program which provides arts activities for adolescents.
Similarly, MC San Antonio collaborated with a family center in their target neighborhood to provide after school programs. In MC Hartford, one program component focuses on intensive case management that helps neighborhood youth complete high school and go on to college or into the workforce. MC Des Moines implemented a “Circle of Support” program in which a family is assigned three allies (usually neighbors of the family). One ally focuses on self-sufficiency of the family (income and employment), another focuses on educational outcomes (for both parent and child) and the third ally focuses on community resources (e.g. free swim lessons, classes at the library or low-cost transportation). The Circle of Support builds neighborhood networks, increases the financial literacy of the family and teaches advocacy skills to the family allies.

In addition to family strengthening practices, perhaps the most consistently reported promising practices noted by MC and HCZ staff were related to community organizing strategies to increase resident involvement in neighborhood revitalization. All sites reported community organizing as a central aspect of their programs. Within the HCZ, the community organizing program entitled “Community Pride” was described by a HCZ staff as follows:

“We are focused on the concept of the neighborhood as ‘the village’ in order to stabilize communities by training leaders and offering services to help people. The general philosophy of the community organizing is person-to-person, door-to-door contact. It is a hands-on grass roots approach of talking to the community directly—not dealing with groups or structures—although we do that too—but the idea is to talk to individuals and address each individual’s needs and wants.”

A common theme among these integrated approaches is the notion that community organizing needs to result in a resident-driven process in which residents take the leadership role in governing their own community. To that end, MC programs typically include a leadership development component for neighborhood residents. The emphasis on leadership development is to ensure that when MC staff leave, the programs will be self sufficient and sustainable. In
Indianapolis’ Center for Working Families, the residents are transforming a local school into a meeting and learning center for the entire community that include financial literacy programs operated by parents and residents.

MC Providence has a leadership development project that lasts 12 weeks and provides workshops on such topics as grant writing, public speaking and immigration issues. The importance of a resident-driven process was described by MC Providence staff as follows: “….the governing body needs to be majority residents and we need to make sure that leadership roles are being developed on an ongoing basis.” Community organizing and leadership development strategies differ somewhat between sites depending on the composition of the target neighborhoods and the issues facing these communities. For instance, MC Seattle implemented a community organizing component, entitled “Trusted Advocates”, that is designed to effectively organize members of various ethnic communities:

“Trusted Advocates is a cadre of existing credible community leaders from each ethnic community who work together to serve in several functions: organizing their community by taking what they hear from the families and then working in a multicultural way in large community forums. They also help influence the design of program services and policies.”

MC Milwaukee implemented a Family Leadership Academy in which parents are encouraged to take a proactive role in their children’s schools. The parents participating in the Family Leadership Academy complete specific projects designed to improve educational experiences and increase parental involvement.

In addition to community organizing and the development of resident leadership, many staff at MC sites noted that community-strengthening practices also need to increase positive interactions between residents in order to improve the overall community. In MC Des Moines, a Service Exchange Program (e.g. a barter system) was implemented so that instead of receiving
money for services, residents trade services with one another (e.g. shoveling snow or mentoring a child). The staff at MC Des Moines note: “This program builds leadership in residents—they encourage others to use it, increase communication between residents, and uncover hidden skills and talents in neighbors.” MC Oakland increased neighbor-to-neighbor contact with a health education and outreach program in which residents of the community are hired to encourage neighbors to enroll in public health insurance programs and other health-related resources, thereby increasing contact between community members.

In addition to specific promising practices, certain service delivery approaches were also noted as important elements of integrated family and neighborhood services. Collaboration with existing services and partners in the community was frequently noted as a promising practice. For example, the staff at MC Louisville noted:

“MC does not provide direct services. It creates a new way of doing business. Specifically, for us, the most promising practice is collaboration. We have a strategy advisory process in which three teams (jobs and assets, neighborhood, and family services and education) meet once a week to discuss strategy, set a vision and develop strong indicators in every level of collaboration.”

Virtually all sites collaborate with city or county governments as well as nonprofit organizations in the neighborhood. For instance, MC Indianapolis collaborated with community-based organizations to provide lead poisoning assistance to residents of target neighborhoods. Many CBOs in the target neighborhoods provided testing services, but none provided follow-up care for poisoned children or assistance removing lead-based paint from homes. Through collaboration, residents and community-based organizations were able to work toward filling this service gap.

Capacity building was also noted as a prominent service delivery approach within the MC sites. Many MC sites provide mini-grants to residents who complete leadership development
programs so that they can carry out neighborhood projects themselves. Moreover, every MC site has a local learning partnership that is comprised of organizations whose role it is to ensure that service providers and residents have access to data on neighborhood needs in order to guide decision-making and planning. MC Oakland staff noted: “The local learning partnership collects and analyzes census data, data from county and city agencies, resident surveys. As a result, we have unparalleled access to data to make sound decisions.”

In addition to capacity building, MC sites also place a heavy emphasis on technical assistance as a promising practice. The MC Initiative has a centralized technical assistance center at the Annie E. Casey Foundation site in Baltimore and a liaison to that center who assists in meeting technical assistance needs. MC Oakland uses peer-to-peer learning to address technical assistance needs. In an effort to learn more about promising practices, staff members at MC Oakland actually go and visit sites around the country to learn about how these practices can be implemented in their program.

Another promising practice related to integrated service delivery is the focus on ensuring that residents see tangible results from their efforts in a reasonable amount of time. MC Oakland staff reported: “We need to be concrete about success, we need short-term tangible physical things we can accomplish.” Staff at the HCZ noted a similar theme:

“A key thing is that when residents say this is what we want, we have to deliver. For instance, in the case of empty lots, we would have a group of people going to elected officials and asking for something to be done about it…but at the same time, we would work to clean up the lots so there is an immediate result.”

Organizational structure and capacity

The organizational structure and capacity of MC and HCZ varies somewhat depending on local circumstances. Within the MC Initiative, each MC site has a site team made up of staff and
consultants funded by the Casey Foundation related to communications, technical assistance, process documentation, Local Learning Partnership facilitation, project assistance and site coordination. Overall, staff member interviewed at each site identified the following organizational factors needed for the implementation of integrated family and neighborhood approaches:

1) Begin with a loose and flexible organizational structure,
2) Find a local organization to host the project
3) Establish collaborative committees with strong resident participation.

Many staff reported that when implementation of the MC Initiative first began, a loose and flexible organizational structure was the norm. The lack of a clear organizational structure had both positive and negative elements. For instance, a loose organizational structure allowed for creativity and flexibility in implementation, but eventually more organizational structure was needed to address ambiguities in the programs. The staff at MC Hartford noted that there is no need to create a brand new infrastructure: “Co-investing with partners to work on a tight budget does not need a brand new infrastructure but rather it is important to make use MOUs with CBOs.” The staff at MC Hartford also noted that they had avoided a permanent structure in order to facilitate a more resident-driven process: “We have tried not to create a permanent structure. We wanted the responsibility to be located with the residents/neighbors.” Each MC site created its own structure utilizing the strengths of the community. MC Louisville was able to instantly gain support from their city government, while MC Milwaukee depended on the strong neighborhood associations to help them build support.

A second factor involved in the implementation of the MC Initiative was finding a local organization to host the program. Many MC sites do not have formal offices; instead they choose to be hosted by a local organization. For instance, the organizational structure of MC Oakland

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includes coordination through the Urban Strategies Council that supports a variety of community groups through the Lower San Antonio Collaborative. Grants are provided to members of the Collaborative who are responsible for implementing programs.

A third implementation factor is the establishment of collaborative committees with strong resident participation. For instance, MC Hartford formed a steering committee that directs the following activities:

“1) Family Economic Success, 2) Civic Participation, 3) School Readiness and 4) Neighborhood Services and Support. The four work groups relate to different projects and include CBOs and resident representatives.”

MC Oakland uses the Lower San Antonio Collaborative to oversee programs and outcomes. The staff at MC San Antonio noted that: “The use of community partners allowed for significantly fewer paid staff and people are involved because they want to be, not because they are paid.”

Staff at MC Milwaukee reported that they use a loose organizational structure that: “forced us to do team building and helped participants buy into the different structure. Using multiple partnerships, we’ve been able to integrate large organizations into the process.”

In contrast to the MC Initiative, the HCZ operates all programs and services out of one CBO, employing approximately 400 full-time and part-time staff members who deliver all services.

**Challenges**

The interview responses suggested that these integrated approaches face four major challenges:

1) Complications resulting from the involvement of the funding source
2) Keeping residents engaged in the process
3) Forming and maintaining collaborations with partners
4) Dealing with the unique characteristics of the community.

Some staff members noted that the involvement of a multi-million dollar foundation creates
questions about the viability of the collaborative relationships (i.e. how will they survive when the funding disappears?). Others noted that there can be tensions around who is really in charge, the funding source or the neighborhood residents? It was also noted that the presence of outside funding can create suspicion among residents about the value of their input (i.e. is it just another program coming into our neighborhood to tell us what to do?).

A second challenge facing these integrated programs is the continuous effort needed to keep residents involved in the process. The MC Oakland staff reported:

“Getting and keeping residents engaged is very difficult. They are struggling to make ends meet and asking them to think about strategies to improve their neighborhoods is a lot to ask. We try to address some of this by providing child care and feeding people during meetings.”

The staff at MC San Antonio shared similar observations: “On average, our residents in San Antonio are $400 short each month. It is very difficult to save money and to stay motivated to be involved in community organizing projects.” The staff at MC Denver site agreed: “Our residents are choosing between heating and eating. It takes a lot for them to attend a community meeting, we have to sustain resident involvement with a structure that supports their involvement.”

The challenges related to maintaining collaborative relationships were also frequently mentioned. The staff at MC San Antonio noted that an integrated approach is very difficult to implement in a neighborhood that has few CBOs. Indeed, staff at MC Seattle reported that one of their challenges in implementing an integrated approach was that “there were no existing community vehicles to tap into.” Yet staff at MC Indianapolis reported that even when existing community resources are present, “working in collaboration is difficult when people have not worked that way before.” The staff at MC Oakland noted that they had a difficult time, early in their implementation process, in establishing partnerships with the City of Oakland and needed to change strategies: “We initially were trying to work with the Mayor and that did not work, and
so we have a strategy now of working with the Council members and department heads and that is working better.”

The fourth and final challenge in implementing integrated programs relates to the unique characteristics of the community and neighborhood. For instance, staff at MC Seattle reported that a large portion of their target communities do not speak English. Likewise staff at MC Hartford reported that the large influx of immigrants as well as racial issues have made work more difficult at the neighborhood level. High resident turnover was noted as a barrier within MC Des Moines. The MC Seattle staff noted: “This community has historically been transitional, a portal for immigrants who then move on because of the high cost of housing.” A lack of work and economic development in target neighborhoods was also noted as a challenge in MC San Antonio: “Sixty percent of people own their home in the target neighborhoods, but the homes are devalued in this low-wage town. There are not a lot of employers in the target neighborhoods”

Successes

The major successes noted by staff across the sites and the HCZ were the community organizing efforts and the development of resident leaders to facilitate the service integration process. The staff at MC Indianapolis reported: “Our major success is developing leadership where neighborhood residents now recognize their own power.” The staff at MC Providence noted that one of their major successes has been the fact that their program was “developed by neighborhood families with organizational input, rather than the other way around.”

In addition to the frequently noted success of creating a resident-driven process, individual sites also reported other successes. For instance, staff at MC Oakland identified other major successes related to their EITC Campaign, their work on housing issues, the UPS
employment partnership and the fact that their work has been able to attract other funders. The staff at MC San Antonio noted the sense of ownership that residents now possess regarding their improved neighborhoods. The staff at MC Louisville noted that the EITC program and their ability to quickly acquire many partners were major successes. The staff at MC Milwaukee and MC Hartford both stated that their high level of resident participation and their comprehensive resident leadership development activities made other aspects of their efforts successful. In MC Indianapolis their leadership program started with one individual and now it has 35 identified community leaders in one of their target neighborhoods. In essence, good leadership development can provide a foundation for future success.

The MC Des Moines initiative operates in a community with a limited number of philanthropies and funders and therefore viewed the sustained 10-year funding period as a success for their community. They also noted that their re-entry program to integrate ex-offenders back into their community has been a success because they feel it is changing the generational cycle and culture of poverty. The staff at MC Providence cited their major success as providing the residents (with staff input) the time to fully develop a comprehensive community plan and strategy for change. This process ensured that there were concrete and workable goals and has elevated the community visibility of the target neighborhoods.

The HCZ staff reported that their successes included the development of a new charter school and Head Start program. The other successes included the 20-30 young adults who have gone through their programs who are now college graduates, the children in the TRUCE program who perform better on standardized tests than their peers, the many graduates of Baby College who go on to kindergarten and the involvement of the AmeriCorps program.

The promising practices from all of the sites are highlighted in Figure 2.
**Figure 2. Summary of Integrated Family and Neighborhood Strengthening Approaches**

<table>
<thead>
<tr>
<th>Promising Practices</th>
<th>Earnings and asset development practices: Workforce development strategies that link residents to “good jobs,” and EITC and asset development campaigns</th>
<th>Family strengthening practices: Promotion of child health through parenting classes, early childhood education, and after school programs</th>
<th>Community strengthening practices: Increasing resident involvement in neighborhood revitalization, including leadership development training for residents, and increasing positive interactions between neighbors</th>
<th>Service delivery approaches: Strong emphasis on collaboration with existing partners in the community; capacity building through mini-grants to residents; technical assistance; and ensuring residents see tangible results from their efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Structure and Capacity</td>
<td>Beginning with a loose and flexible organizational structure: Allows for creativity and flexibility and encouraging resident ownership of the process</td>
<td>Being hosted by a local organization: Many sites do not have formal offices, but instead are hosted by local organizations in the neighborhood</td>
<td>Establishment of collaborative committees with strong resident participation: Committees of partners and residents oversee the implementation of programs and results</td>
<td></td>
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<tr>
<td>Challenges</td>
<td>Complications resulting from the presence of a multi-million dollar foundation: Creates questions over whether relationships are all about money, and confusion over who is really directing the course of programs</td>
<td>Keeping residents engaged in the process: Residents are struggling to make ends meet and often do not have time or energy to become involved in neighborhood revitalization</td>
<td>Forming and maintaining collaborations with partners: Need to have existing programs to partner with, but collaborating can be difficult if people are not accustomed to it</td>
<td>Characteristics of the community: Factors such as low English language proficiency, high resident turnover, and a lack of economic development and job opportunities</td>
</tr>
<tr>
<td>Successes</td>
<td>The development of resident leaders to direct the course of programs: Development of leadership within residents so that they have ownership over the programs and revitalization efforts</td>
<td>Other successes varied by site and included: Increasing the use of the EITC, housing advocacy, employment partnerships, attracting other funders, a re-entry program for ex-offenders, the development of a comprehensive community plan for neighborhood development, a new charter school, a Head Start program, and evaluation results indicating improved test scores for program participations</td>
<td></td>
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</tbody>
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A Framework for the Design of an Integrated Family and Neighborhood Program

All these approaches to integrating earnings and asset development, family strengthening and neighborhood strengthening represent promising practices designed to address the complex challenges facing low-income families and neighborhoods. One approach to interpreting these findings is to develop a framework for the design of an integrated approach to service delivery. A total of nine core features have emerged from an analysis of the findings. They build upon one another as highlighted in Figure 3 so that those interested in promoting an integrated family and neighborhood program can choose to concentrate their initial efforts on the first few core features as they gradually move toward more multidimensional practice approaches.
Figure 3. Framework for the design of an integrated family and neighborhood program

**Internal Processes:**
- Reformulating service models
- Organizational strategies
- Responsive organizational structure

**External Processes**
- Structured and strategic partnerships
- Community buy-in
- Community leadership development
- Tracking outputs and outcomes

**Neighborhood Processes:**
- Targeting neighborhood and service scope
- Assessing neighborhood characteristics
1) **Models of family and neighborhood strengthening need to be reformulated**

The first step in this framework is to reassess the principles underlying one’s current approach to strengthening low-income families and neighborhoods. As Delpeche et al. (2003) found, family strengthening models traditionally focus on problem-oriented approaches that tend to separate clients from the neighborhood context of their lives. They noted that comprehensive and long-term strategies are needed to strengthen families and communities. Moreover, traditional neighborhood strengthening practices tend to obscure the needs of families by focusing on large-scale interventions such as housing or business development. Yet, stable families are necessary in order to achieve many large-scale neighborhood changes. Therefore, in order to implement an integrated family and neighborhood program, the traditional models of family and neighborhood intervention need to be reformulated. Direct service practitioners seeking to strengthen families need to recognize that families are nested within larger communities and that the neighborhood context affects family functioning. Similarly, community practitioners need to recognize that a community is comprised of families and that the strength of the families in a neighborhood affects neighborhood level interventions. The MC Initiative capitalizes on this reformulation by involving families as change agents in target neighborhoods. The result is an organic, grassroots movement for community improvement. Since family and neighborhood are interdependent, new programs and services are needed in order to incorporate this interdependence.

2) **A clear mission, vision and organizational strategy are necessary**

A clear statement of the mission of current operations and a vision statement for the future are needed to support organizational strategies related to integrating family and neighborhood approaches. Delpeche et al. (2003) noted that the development of a clear vision, and strong
adherence to an accepted set of principles and strategies were the key to success among many programs, especially the use of strategic plans to develop and refine services. For example, the MC Initiative includes a vision composed of the three major goals and a mission comprised of six core outcomes to guide the activities within each site. Every MC site started with a site coordinator who identified key community partners, neighborhood leaders and potential funders in each target neighborhood. Each partner was asked to participate in a lengthy and thorough strategy development process. The clear mission and strategy development helped to build trust among residents and organizations alike. In addition, the specification of a clear mission, vision and supporting strategies provides a foundation for assessing outcomes.

3) An organizational structure that is responsive to community needs

The organizational structure for integrating family and neighborhood programs needs to reflect the unique features of local circumstances and contexts. While the HCZ incorporates its multiple activities in one large CBO because of limited community alternatives as well as the strong reputation of the agency, the MC sites use a variety of organizational structures (e.g. MC Oakland funds a variety of different agencies to implement their programs). As noted earlier, most MC sites began their programs by using a loose and flexible organizational structure that allowed for maximum creativity and encouragement of resident ownership. Although the initial lack of organizational structure created difficulties in some locales, beginning with a loose organizational structure allowed each site to create the infrastructure that best-suited the needs and strengths of the neighborhoods and families they serve.

4) Defining the target neighborhood(s) and scope of the programs

Fleischer and Dressner (2002) noted that it is important to account for both resident and stakeholder perceptions of neighborhood boundaries when defining a target neighborhood. They
also note that defining a target neighborhood may also require drawing “dotted lines, rather than firm lines around its borders” (Fleischer & Dressner, 2002, p. 27) because it will need to be determined if the integrated programs will serve clients outside of the target neighborhoods (e.g., friends and family members of the target residents). It is also important to set a clear goal for reaching a percentage of clients who will live in the targeted neighborhood and to track program participation to ensure that the program is maintaining its focus (Fleischer & Dressner, 2002).

5) Neighborhood characteristics and the needs and strengths of residents need to be assessed

Assessing the neighborhood characteristics and resident needs is critical to define the target neighborhood(s). Two key sources can be used to gather neighborhood and resident information: 1) databases such as the Census and web-based Geographic Information Systems (GIS), and 2) information solicited from residents themselves. Fleischer and Dressner (2002) recommend using public databases to collect demographic information on residents and to learn about existing community resources. Information such as race/ethnicity, percentage of children, single parent homes, educational levels, number of people in the labor force, poverty levels, income levels and other demographic information can provide program planners with important information about neighborhood characteristics. For instance, each Making Connections site has a Learning Network that collects and analyzes data from a variety of sources including the Census, and City and County agencies. These data help guide decisions about programming and information is shared among residents and community partners.

MC sites chose target neighborhoods based on socioeconomic status, racial and other demographic characteristics and the prevalence of resources. Most MC sites selected neighborhoods that had some existing community resources in order to get a good foothold in the community, but with enough resources lacking so that their efforts would not be redundant. The
use of geographic information systems (GIS) software to help map neighborhood conditions and resources can assist in assessing these neighborhood characteristics. For instance, MC Oakland collaborated with U.C. Berkeley’s Institute of Urban and Regional Development to create the Oakland Datahouse—a website that provides interactive maps of Oakland in which users can click on census tracks to gather a wide range of information about that neighborhood (website: http://oakland.gisc.berkeley.edu). Another example of relevant data can be seen at First Five California which recently implemented a GIS website that provides interactive maps for every county in California (website: http://63.192.169.198/CCFCGIS3/index.asp). A wide range of information is available including community risk factors (e.g. high rates of inadequate prenatal care or teenage births); community characteristics (e.g. number of children aged 0 to 5, nature of low-income population and racial/ethnic diversity); community resources (e.g. hospitals, elementary schools, offices of doctors providing prenatal, obstetrical or pediatric care); as well as information on government boundaries and sites and transportation information.

HUD also has an interactive GIS website that allows users to choose any location in the U.S. to gather information on community resources such as entitlement communities, anti-crime projects, economic development projects, housing, homeless and HIV/AIDS projects, infrastructure projects, planning and administration projects, public facilities projects, and senior and youth programs (website: http://hud.esri.com/egis/). Such information can be extremely valuable not only for program planning but also for identifying community partners with whom to collaborate.

In addition to collecting quantitative data through databases and GIS websites, it is also crucial to assess the needs and strengths of residents by talking directly with neighborhood residents. For instance, when first implementing the Harlem Children’s Zone, the staff spoke
directly with residents to determine what types of programs and services were needed and wanted by the community. The following is an example of their efforts:

“Well we had to do a lot of investigation of the neighborhood. We went in and did an assessment of the community and a visioning process. We needed to talk about the issues and bring in residents…we did a lot of legwork—going out and asking questions in the community. We then took our findings back to the community and got feedback from them and their feedback helped to shape the programs.”

In MC Oakland, the following is an example of the emphasis placed on meeting with residents, as well as key stakeholders, to determine how programs could strengthen families and neighborhoods:

“Phase one focused on building relationships and figuring out if the MC point of view and principles resonated with people in the neighborhood. This phase lasted three years and we held meetings in the neighborhoods and made connections with County elected officials.”

Gaining the perceptions of residents about community needs is both an important information collection strategy and a mechanism for building relationships with the community.

6) Collaborations and partnerships are key

Delpech et al. (2003) noted that integrated services require partnerships that are clearly structured and strategic in nature. Collaborations with other agencies or key stakeholders create a more stable and comprehensive service delivery system based on identifying and addressing gaps in services. Additionally, strong collaborations can also be effective in wielding political power to effect change in the targeted neighborhoods.

Collaborations are a key component within the MC and HCZ programs. HCZ also works with the public school system and county social service agencies. MC Oakland operates programs through a collaborative of agencies and also actively seeks partnerships with city and county agencies. MC sites emphasize collaboration among existing community agencies in order
to create sustainable change. The goal of the 10-year Casey Foundation commitment is to build sufficient local capacity to be able to operate without MC staff or money by maintaining the responsibility for programs in the hands of the community agencies and the residents.

7) **Buy-in from the community is crucial**

Without the support and involvement of residents, integrated approaches are unlikely to succeed. Fleischer and Dressner (2002) note that respected and well-known community-based organizations help to establish trust and credibility and need to be involved in planning and implementing integrated approaches. Indeed, staff from the HCZ reported that their success in implementing an integrated approach was related to the fact that they had been working in the Harlem community since 1970 and had considerable credibility among community members. Similarly, MC Oakland staff commented: “It’s very important to have buy-in from the neighborhoods.” In addition, each MC site needed to tailor their effort to the unique attributes of the city and neighborhood culture. MC Hartford noted, “MC requires input from residents. Existing organizations need to shift their traditional way of thinking by developing partnerships with residents to find out what that particular neighborhoods needs. We need to be co-creators with residents.”

8) **Outreach, recruitment and leadership development of community members**

A key feature of MC and HCZ is their strong emphasis on outreach and recruitment of community members into programs and program planning. The staff at the HCZ noted that a core feature of their program is a “hands-on, grassroots approach” of going door-to-door in order to inform residents of the programs and promote participation in community affairs as well as the services offered. The staff at MC Oakland also noted that they have invested heavily in community organizing to encourage resident participation. The staff at MC Des Moines noted
the following:

“We looked for guidance from the ground up as opposed to top-down leadership laying out a structure. This process led to some confusion and fuzziness of program implementation. These conversations helped us gain the trust of residents and increased their involvement. It was an effort to change the way people fight poverty.”

A common theme among MC sites was a focus on fostering resident-driven neighborhood change efforts through leadership training and community organizing skill development. Several MC sites implemented community leadership programs in which residents receive training on a wide variety of leadership issues (e.g. grant writing, working with city and county officials, public speaking etc.). Indeed, Delpech et al. (2003) report, “A powerful strategy for strengthening families and building communities is the development of indigenous leadership” (p. 18). They found that community leadership “creates hope and adds credibility to organizations” (p. 18). Each MC site created their own variation of resident leadership development.

9) Implement a tracking system to measure outputs and outcomes

In addition to organizational and programmatic issues, it is also crucial that a tracking system is developed to measure outputs and outcomes of the integrated neighborhood and family approaches. Fleischer and Dressner (2002) noted that effective tracking systems can: “facilitate quality service provision, inform program management and account for program progress with reports on program outcomes.” Not only is data useful to gauge the success of MC programs, it is also utilized ‘on the ground’ in the target neighborhoods. The staff at MC Hartford noted: “We partner with agencies that provide our residents with participatory action research skills. We use the data to inform policy makers.”
Conclusion

Rather than focusing services solely at the micro-level of the family or solely at the macro-level of the neighborhood, promising practices are increasingly reflecting a more holistic approach that brings together these two levels of intervention. Services that address micro issues, such as unemployment, lack of assets, health problems, parenting difficulties and educational challenges can also address macro issues such as neighborhood crime, public disorder, lack of affordable housing, and lack of neighborhood resources and opportunities. To truly address the multiple and complex challenges facing low-income families living in troubled neighborhoods, practitioners and policy-makers need to address a wide range of factors simultaneously.

This description and analysis of the structure and process of promising practices of integrated approaches can serve as a foundation for the redesign of public and nonprofit social service agencies that seek to improve services for low-income families living in poverty neighborhoods. A long-term strategy is needed to address the complicated relationship between poverty, place and family. The proposed framework for the design of an integrated family and neighborhood program can serve as a starting point for organizations seeking more comprehensive approaches to the problems facing low-income families and poverty neighborhoods. This multidimensional approach of sustained commitments to neighborhoods and families can lead to greater family self-sufficiency, healthier children and parents, and more vibrant neighborhoods.
References


