



Improving Outcomes for Children Living in Poverty

EHDI Conference

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Headlines from 2009-10

- “Number of Poor, Uninsured Likely Up”
- “Wealthy, Poor Are Even Farther Apart”
- “Income Falls, Poverty Rate Rises”
- “More Kids Need Food Stamps”
- “Outside the City, Poverty is Soaring”
- “Left Behind: Changes in Missouri’s Economy Send More Families into Poverty”





Poverty

■ Definitions

- “the extent to which an individual does without resources...” (Payne, p 7)
- “families and their children experience poverty when they are unable to achieve a minimum, decent standard of living that allows them to participate fully in mainstream society.” (Cauthen & Fass, p 1)





Measuring Poverty in the US

from the National Center for Children in Poverty

- Income standard - \$22,050 per year for a family of four (2009)
- Based on outdated assumptions about family spending
- Does not accurately count family resources
- Does not account for where the family lives





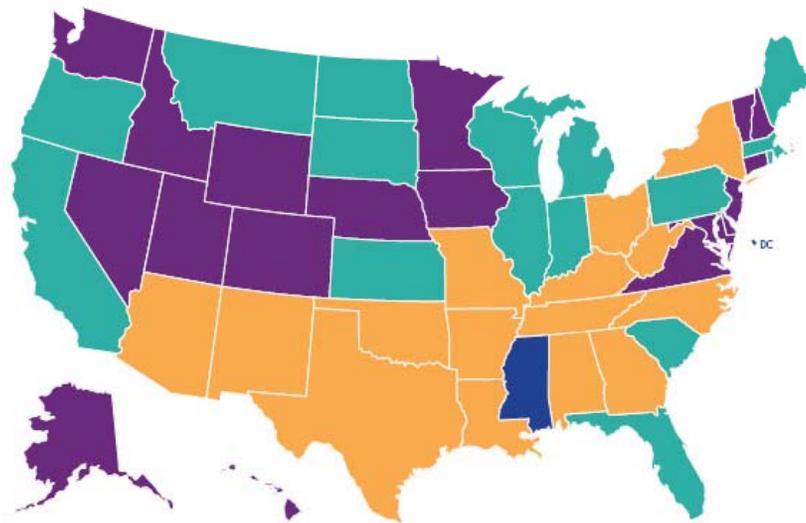
Children Living in Poverty

- Over 14 million American children – 19 percent
- Increased by 21 percent between 2000 and 2008
- 2.5 million more children living in poverty today than in 2000
- Historical context
 - War on Poverty – Poverty rate fell from 23 percent in 1963 to 14 percent in 1969
 - Currently 17.4% (2006-update)
- Gap between rich and poor has widened



Child Poverty Rates across the US

Child poverty rates across the states, 2008



■ 25% or more (2 states): DC, MS
■ 20%–24% (15 states): AL, AZ, AR, GA, KY, LA, MO, NM, NC, NY, OH, OK, TN, TX, WV
■ 15%–19% (16 states): CA, FL, IL, IN, KS, MA, ME, MI, MT, ND, OR, PA, RI, SC, SD, WI
■ Under 15% (18 states): AK, CO, CT, DE, HI, ID, IA, MD, MN, NE, NH, NV, NJ, UT, VA, VT, WA, WY

© National Center for Children in Poverty (www.nccp.org)
Who Are America's Poor Children?: The Official Story





Low Income

- Low-income families – those with incomes of less than \$44,100 (twice the poverty level)
- 41%, more than 29 million children in 2008 live in low-income families

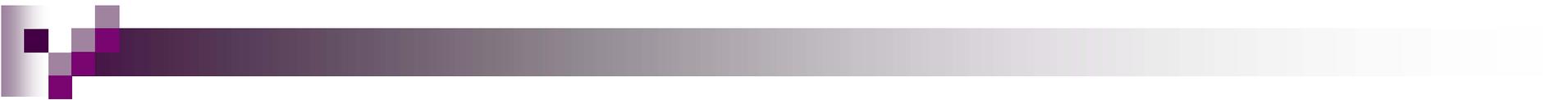




Characteristics of children

- Black and Latino children are disproportionately represented - about 66%.
- Immigrant parents can increase a child's chances of being poor.
- Single parent families
- Parental education levels
- Official poverty rates are highest for young children





Infants and Toddlers

- In 2008, there were more than 12 million infants and toddlers under age 3 in the US
- 44% live in low-income families
- 22% live in poor families
- Upward trend since 2000 after a decade of decline in the 1990s





Primary issues

■ Food insecurity

- 21% of households with children experience food insecurity

■ Housing

- 50% of families who rent homes, spend 30 percent or more of their income on rent

■ Health insurance

- 17% of children lack health insurance
- 31% of poor children lack health insurance in Florida





Recession-Induced Poverty

- Predictions of an additional 2.6-3.3 million children will fall into poverty
- Economic costs of recession-induced poverty
 - Lost earnings
 - Health
 - Crime
- Impact of short-term poverty (less than 4 years) is unknown





Poverty's Effect on Child Development

- “Poverty in early childhood poisons the brain.”
 - From a summary of a report from the American Association for the Advancement of Science
- “Growing up in poverty puts you at a disadvantage at every step.” (Krugman, 2008)





Impact of Poverty on Children with Disabilities

Park, Turnbull & Turnbull (2002)

- 28% of children with disabilities, ages 3-21, are living in poverty
- Dimensions
 - Health
 - Productivity
 - Physical environment
 - Emotional well-being
 - Family interaction





Low-Income Families with Special Needs Children

Parish and Shattuch

- “61% of low-income families reported expenditures of >\$0. Among these families, 30% had expenses between \$250 and \$500 and 34% had expenses of more than \$500.”
- Considerable variability depending on the state’s Medicaid and SCHIP income-eligibility guidelines

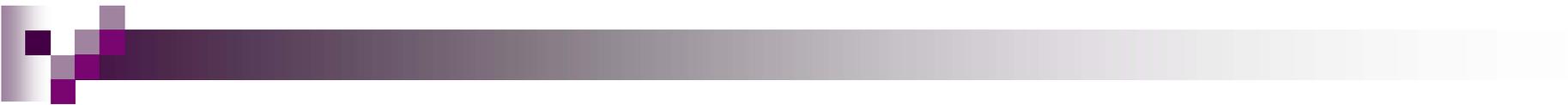




Poverty and Hearing Loss

- 53% of individuals with severe to profound hearing loss made less than \$25,000 compared to 35% of the general US population
- Individuals with hearing loss appear to be more vulnerable, both financially and educationally.
- Access to medical and technological interventions may be limited.
 - Blanchfield, B.B., Feldman, J.J., Dunbar, J.L., Gardner, E.N. (2001).





Health Disparity

- Nearly 11 percent of children under age 3 remain uninsured. (2007)
- 47 million Americans lack health insurance
- The number of uninsured could reach 54 million by 2019





Changing the Odds for Children at Risk

Susan Neuman

- Seven Essential Principles of Educational Programs That Break The Cycle of Poverty
- Schools fail “because there are multitudes of children growing up in circumstances that make them highly vulnerable”.
- “And perhaps, the most tragic element of it all is that this cycle of disadvantage is likely to repeat itself over and over again, until we are determined to do something about it.”





Seven Essential Principles

Programs that work must:

- Actively target the neediest children.
- Begin early in children's lives
- Emphasize coordinated services
- Boost academic achievement through high-quality instruction
- Deliver instruction by trained professionals
- Acknowledge that intensity matters
- Always hold themselves accountable.





The Advocacy Role of the Teacher in Health and Education

- Evening the playing field and reducing financial and informational disadvantage
- Parents may lack self-advocacy skills





Arenas of Advocacy

- Medical and hearing technology
- Therapy and educational services





Funding Sources for Medical Services and Hearing Technology

- Commercial insurance
 - Let Them Hear Foundation
- Medicaid
- Part C – First Steps in Missouri
- Bureau of Special Health Care Needs
- Private funding sources
- Loaner program – MSD in Missouri
- State-specific programs for low interest loans





Educational Services and Therapy (Birth-3)

- Part C – First Steps in Missouri
- Private insurance
- Medicaid
- Bureau of Special Health Care Needs
- State school for outreach programs





Educational Services and Therapy (3-21)

- Transition from home-based, family-centered services to center-based services—family support is critical
- Educational diagnosis may not be accurate
 - Services may be more reflective of a special education model vs. a deaf or hard of hearing model
 - Service providers may not have particular expertise in deafness
- Classroom acoustic accommodations





Strategies for professionals and future professionals: Identifying Personal Biases

- We must understand our own “values and attitudes and be prepared to suspend judgment on behaviors, world views, and lifestyles of others that conflict” with our own beliefs.
(Thomas-Presswood & Presswood, pg 154)
- Present, Non-judgmental, Selfless (PNS)
 - David Luterman
- Aim high!

*Think about a time when your personal bias interfered with your ability to serve children and families. How did you overcome such a tendency?





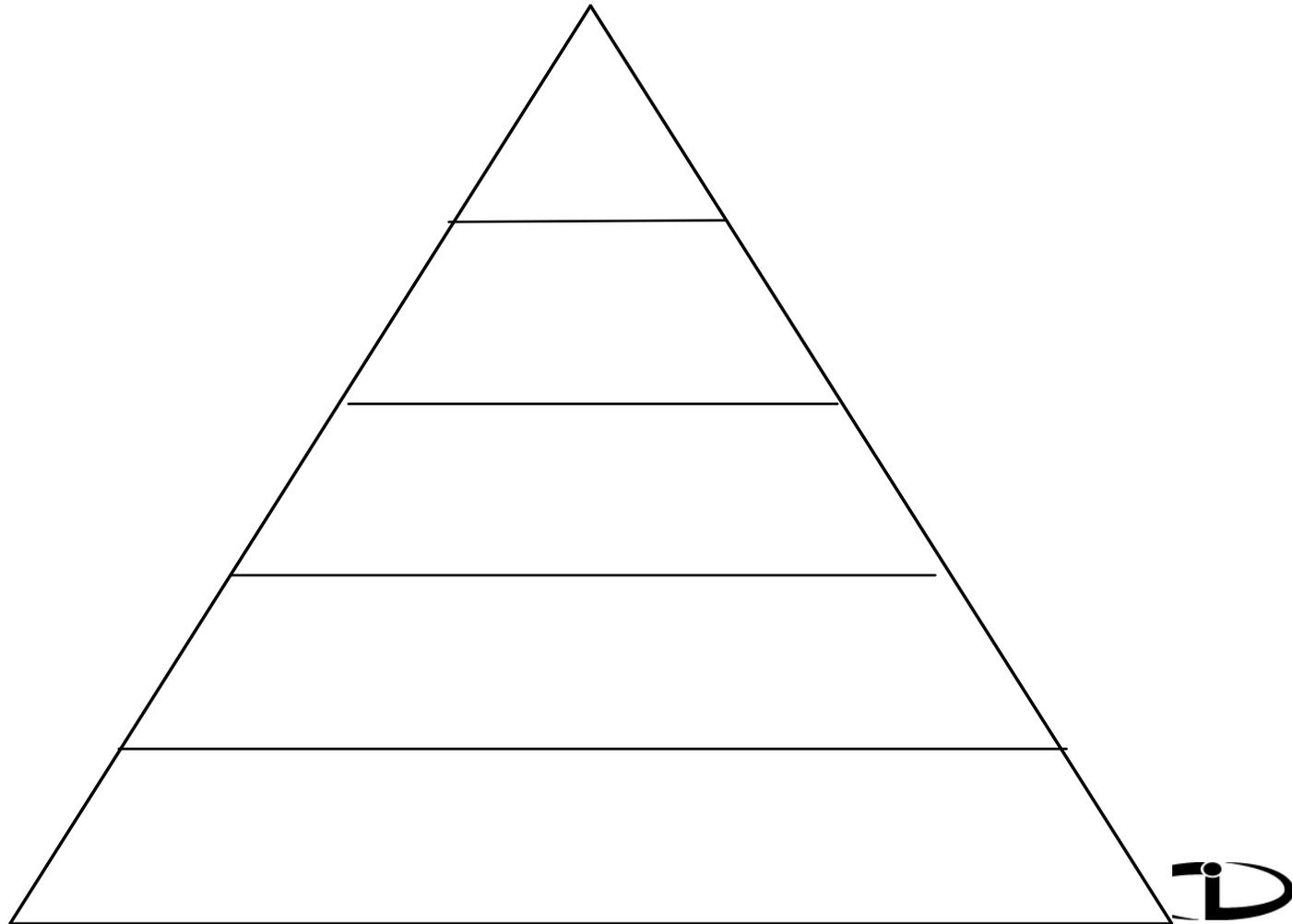
Strategies: Assessing Family Needs

- What kind of “poor”?
 - Resources can include: financial, emotional, mental, spiritual, physical, support systems, knowledge of middle class (hidden) rules, role models
 - Maslow’s Hierarchy of needs
- Allow family to prioritize needs.
 - Our intervention must match need.





Maslow's Hierarchy of Needs





Strategies: Documentation

- Document “the agreement”
 - Use of a contract that highlights the 3-strikes rule
- Observe trends
 - Phone call logs
 - Cumulative rosters/contact information
- Guide families to begin their own “documentation”
 - Use of a calendar
 - Programming reminders in cell phones





Strategies: Keeping Everyone Safe

- Provider safety
 - Morning visits
 - Red, Yellow, Green folder calls
 - Honest talk
- Family safety
 - Be cautious of suggesting too many changes or embellishments to the routine
 - Examples -
 - Is outdoor play appropriate?
 - Is the background noise (dryer, TV, fan) masking something?





Strategies: Providing Resources and Support

- “Get by” - Temporary Resources
 - Bus passes
 - Printed schedule of transportation system
 - Batteries, diapers, clothing, food, etc
 - ** Be aware of the slippery slope headed towards enabling!
- Ongoing Resources
 - Use the IFSP team: social worker
 - Religious community
 - Hospital
 - Medical transportation
 - SSI, Medicaid, DHHS/Regional Center





Strategies: Educate Caregivers on Diverse Instruction

- Help families select quality childcare or early education programs
 - When “families are not able to afford the cost of high-quality preschool programs” they are often “unaware of the characteristics of high-quality preschool programs”
 - (Thomas-Presswood & Presswood, pg 118)
 - <http://www.childcareaware.org/>
- Teach what makes “good instruction”
 - Relevant
 - Multi-cultural
 - Appeals to variety of learning modalities





Strategies: Diverse Instruction (contd)

(Thomas-Presswood & Presswood, pgs 126-127)

1. Provide opportunities for children to work together.
2. Use reality-based learning methods.
3. Encourage interdisciplinary instruction, considering individual learning preferences.
4. Engage students in learning.
5. Involve teacher modeling of learning behaviors.
6. Allow children to explore and apply critical inquiry and reasoning.
7. Encourage home-school collaboration.
8. Employ multicultural teaching approaches.
9. Involve accelerated learning techniques.
10. Emphasize brain-compatible instruction.





Strategies: Build Relationships

- Provide frequent feedback and authentic affirmation.
 - There is hope in words!
- Make families feel comfortable.
 - Consider your own appearance/dress.
 - Avoid bringing in fancy toys/equipment.
 - Instead bring or leave toys when appropriate.
 - Teach families how to use what they have or create homemade items.
 - Allow families to network with others who face similar challenges.
- Talk about “hidden rules” discrepancy (Payne, pg 42-43)
 - School systems function according to middle class rules, so conflict may arise for families from generational poverty.
 - Tardiness for medical/audiological appointments
 - School-friendly behaviors for IEP meetings





Strategies: Increase Agency-wide awareness

- Poverty simulation: Interfaith Partnership-Faith Beyond Walls
- Book study: A Framework for Understanding Poverty, Ruby Payne
- Anonymous adopt a family
- Resource simulator www.nccp.org





Case 1: Child T - 2 yr, 2 mo

- Background
 - Fit with bilateral hearing aids for a mild to moderate HL
 - Large family - Mom and siblings have HL too
 - EI provider began home visits at age one
 - Reside in government housing without reliable transportation
- Present Levels
 - Slight receptive delay, expressive delay ~9mo
 - Family priorities: “Get Child T caught up with his speech and language so he can talk and hear as good as he can.”
- Unstated challenges
 - Transportation to and from audiology/medical appointments
 - Lack of toys/educational materials in the home
 - Inconsistent HA usage
 - Planning ahead for transition out of EI





Case 2: Child J - 14 mo

■ Background:

- Child J has frequent seizures (without diagnosis) and severe- profound HL in one ear, moderate in other
- oldest of two children (younger sibling 3 mo old) residing with mother, father, paternal grandmother, and two other families (paternal siblings with their own children)
- EI provider suspected that mother suffered emotional abuse

■ Present Levels

- Child delayed in motor skills (receiving PT) as well as communication
- Very social - smiling, giving hugs, enjoyed seeing people who came and went from house
- Family priorities: "Child J will not use high-pitched scream for everything. "

■ Unstated challenges

- Very limited financial resources - neither parent working
- Home was not conducive to having EI visitors
- Domestic abuse to unknown extent





Case 3: Child K - 2 y, 6 mo

■ Background

- Born to a mother who took drugs throughout pregnancy
- Medical complications - tetralogy of fallot, nearsightedness, gross and fine motor delay, bilateral mild HL (wears two Has)
- Child in foster care, placed with a single parent, working full- time, who has intentions to adopt the child

■ Present Levels

- Uses single words with quiet voice
- Family priorities: “Child K will call her family members by name instead of saying Mama for everyone.”

■ Unstated challenges

- Inconsistent HA use, often getting lost or broken
- Full-time in childcare settings, some caregivers are more aware of Child K’s needs than others
- Lack of carry-over of communication enhancing strategies





References:

American Association for the Advancement of Science. (2008). Financial Times.

Cauthen, N. & Fass, S. (2008) Measuring income and poverty in the United States, New York, NY: National Center for Children in Poverty, Columbia University, Mailman School of Public Health.

Cauthen, N. & Fass, S. (2008). Ten important questions about child poverty and family economic hardship. National Center for Children in Poverty, Columbia University, Mailman School of Public Health.

Krugman, P. (2008). Poverty is poison. New York Times, February 18.

Linden, Michael, (2008). The cost of doing nothing: The economic impact of recession-induced child poverty. First Focus.www.firstfocus.net





References:

Luterman, David. (2001). *Counseling persons with communication disorders and their families*. Pro Ed.

National Center for Children in Poverty. (2009). Family resource simulator. Retrieved from <http://www.nccp.org/tools/frs/>

Neuman, S. (2009). *Changing the odds for children at risk: Seven essential principles of educational programs that break the cycle of poverty*. Westport, CT. Praeger Publishers,

Parish, S. Shattuck, P. & Rose, R. (2009). Financial burden of raising CSHCN: Association with state policy choices. *Pediatrics*, 124(4), pS435-S442,





References:

Park, J., Turnbull, A. & Turnbull, H. (2002). Impacts of poverty on quality of life in families of children with disabilities. *Exceptional Children*, 68(2), 151-170.

Payne, R. K. (1996). *A framework for understanding poverty*. USA: aha! Process, Inc.
Thomas-Presswood, T., & Presswood, D. (2008). *Meeting the needs of students and families from poverty: a handbook for school and mental health professionals*. Baltimore, MD: Paul H Brookes Pub Co.

White, V., Chau, M. & Yumiko, A. (2010). Who are America's poor children: The official story. http://www.nccp.org/publications/pdf/text_912.pdf





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