

CHILD AND FAMILY OUTCOMES QUESTIONS FOR THE
MOVING TO OPPORTUNITY FOR FAIR HOUSING DEMONSTRATION

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**Child and Family Outcomes Questions for the
Moving to Opportunity for Fair Housing Demonstration**

**Instrument design by the following members of
the National Institute of Child Health and Human Development's
Family and Child Well-being Research Network**

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**Rationales for Child and Family Outcomes Questions
for the Moving to Opportunity for Fair Housing Demonstration
Participant Baseline Survey: Part II**

Introduction

The Moving to Opportunity for Fair Housing Demonstration Project (MTO) is designed to measure the impacts of a change in neighborhood on the employment, income, educational achievement, and social well-being of poor families. Its primary focus is on the poverty rates of "destination" and "sending" neighborhoods. Sending neighborhoods from which participants are selected must have at least 40 percent of the population living in poverty. Destination neighborhoods to which participants are relocated, must have no more than 10 percent of the population living in poverty. Because of the design of the MTO project, it is important to consider the relationship between neighborhood characteristics, poverty, and child and youth outcomes.

Not only families but also children might be affected by the MTO project. An ecological model of human development views the neighborhood as one of a number of contexts that can have important implications for children's development (Bronfenbrenner, 1979). There are several theories that have been developed to explain the association between neighborhood characteristics and child and youth outcomes (Crane, 1991; Mayer & Jencks, 1989; Wilson, 1987). Many of these theories suggest that affluent neighbors will provide benefits for children and their families, particularly low-income ones. Conversely, other theories intimate that neighbors in low-income areas compete for resources, compare their situations to other neighbors, or there will be a contagion of negative behavior patterns (Duncan, Brooks-Gunn, & Klebanov, 1994).

Wilson (1987; 1991) describes an inner-city underclass which is characterized by high rates of poverty, greater concentrations of African American and Hispanic families, and social isolation. The underclass "...are individuals who lack training and skills and either experience long-term unemployment or are not members of the labor force, individuals who are engaged in street crime and other forms of aberrant behavior, and families that experience long-term spells of poverty and/or welfare dependency" (Wilson, 1987, p. 8). Public housing projects in particular intensify problems, such as welfare dependency, single-parent families, teenage childbearing, and school dropout, that are found in inner-city neighborhoods. Children who grow up in these urban ghettos are deprived of basic services such as schools, clubs, and stores, and do not interact with employed or educated people on a regular basis. In addition, neighbors do not engage in what Wilson calls "reciprocal guardian behavior" in which neighbors look out for each other and their children.

Previous research has demonstrated that neighborhood characteristics, such as the absence of affluent neighbors, are associated with risks to healthy development in children and

youth. For example in one study, a high concentration of poverty in a neighborhood was related to a higher risk of low birth weight primarily through its association with crime and births to unmarried mothers. In addition, higher percentages of substandard and public housing were predictors of the risk of infant death. When neighborhood and demographic factors were controlled in one study, the effect of poverty was no longer significant (Coulton & Pandey, 1992). For young children, the presence of more affluent neighbors is associated with higher IQS, whereas the presence of more low-income neighbors is related to more problem behavior (Duncan et al., 1994). Economic differences in neighborhoods, after controlling for family resources and structure, also account for much of the racial differences in teenage childbearing, dropping out of high school, and IQ (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1992).

The quality of neighborhoods also has an impact on adolescent development. Maternal and adolescent reports of the physical and social characteristics of a neighborhood, as well as overall dissatisfaction with the neighborhood are related to greater adolescent drug involvement over time. In particular, adolescents are more likely to be involved in drug use over a two-year period if they and their mothers rate their neighborhoods as a bad place to live and less cohesive socially. Moreover, neighborhoods with good living conditions, that are socially supportive, and are perceived as satisfactory are related to schools with little conflict, good relationships with achieving and non-drug-using friends, and a nonconflictual and affectionate parent-adolescent relationship (Brook, Nomura, & Cohen, 1989). Thus, changing family neighborhoods can reasonably be hypothesized to change children's development and well-being.

A project similar to MTO, the Gautreaux Assisted Housing program in Chicago, provides suggestive evidence that children do benefit from relocation to upper-income neighborhoods through increased satisfaction with schools, increased perceptions of safety, and more employment opportunities for parents. Nevertheless, families did experience some barriers to employment in the suburbs such as lack of transportation, problems with day care, and discrimination (Rosenbaum, 1991). However, in the Gautreaux study, families were not randomly assigned to groups, and there was no control group. At any rate, previous research on neighborhood characteristics suggests that there will be significant changes in the lives of children and their families as a result of relocation.

To support a study of the implications of MTO for children, a short baseline instrument was designed. Obtaining baseline measures for children serves several purposes. First, these measures will enable analysts to create subgroups which vary in parental and child characteristics. In addition, baseline measures will allow researchers to assess changes that families undergo as a result of moving to higher income neighborhoods. Baseline measures can also be used to ensure that random assignment to treatment conditions actually occurred. Also, baseline variables can be included in multivariate models assessing child and family outcomes, to enhance the power and precision of the estimates. Finally, baseline variables can be critical explanatory variables in non-experimental analyses within the treatment group that explain program participation and success.

Below is a summary of items as well as rationales for including these items in the baseline survey, by age group and topic area.

I. Children Age 5 and Younger

A. Child Care

The participant baseline survey includes items encompassing the following child care topics:

- Child's involvement in a pre-school program such as Head Start or nursery school
- Child's involvement in any other kind of child care program, or being cared for by a regular babysitter while parent is working, looking for work, in school, or in job training.
- Types of child care that parent uses (Head Start day care center; day care or group care center other than Head Start; babysitter who is a relative; babysitter who is not a relative; other)
- When parent goes out, who most often takes care of the child.

It is important to consider these aspects of children's lives for several reasons. First, entering elementary school ready to learn is one of the most important predictors of later school success. According to a recent national survey of public school kindergarten teachers, children should be physically healthy, rested, and well-nourished in order to be well prepared for kindergarten (Heaviside, Farris, & Carpenter, 1993). Poor children, who often lack these requirements, are already placed at a disadvantage. Sixty-three percent of teachers in high poverty schools, compared to only 40 percent of teachers in low poverty schools, stated that attending preschool is very important for success in kindergarten (Heaviside et al., 1993). Again, according to national statistics, poor children are behind. Between 1973 and 1991, the percentage of 3- to 4-year-olds enrolled in prekindergarten increased from 17.7 percent to 34.1 percent. However, over the same period of time, the disparity in enrollment rates between low and high income children widened considerably. In 1973, 15 percent of low income and 35 percent of high income 3- to 4-year-olds were enrolled in prekindergarten. By 1991, the gap widened to 22 percent of low-income and 53 percent of high income 3- to 4-year-old children (U.S. Department of Education, 1993).

Early childhood educational experiences and providers may play a significant, positive role in the lives of disadvantaged children, and can promote children's school readiness (Burchinal, Lee, & Ramey, 1989; Caughy, Di Pietro, & Strobino, 1994; Darlington, Royce, Snipper, Murray, & Lazar, 1980; McCartney, 1984; McKey et al., 1985). First, child care experiences have important implications for children's cognitive development. For instance, Caughy et al. (1994) found that day care participation in the first three years of life was positively associated with the later development of math and reading skills for children from impoverished environments. The research literature does suggest the importance for children's well-being of whether or not the child has taken part in some form of Head Start or preschool

program with an educational focus, whether the child experienced frequent changes in care arrangements over time, and the quality of the care in which the child participated (Zaslow, Rabinovich, & Suwalsky, 1991). Day care characteristics are also important to children's socioemotional development (Hayes, Palmer, & Zaslow, 1990; Whitebook, Howes, & Phillips, 1989). Nevertheless, children living in poverty are the most vulnerable to negative child-care effects (Baydar & Brooks-Gunn, 1991). Finally, depending on the type of arrangement, and level of parent participation required, studies of Head Start suggest that the experience may have positive effects on the mother as well as the child (Berruetta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984; Darlington et al., 1980; Lee, Brooks-Gunn, Schnur, & Liaw, 1990; Parker, Piotrkowski & Peay, 1987).

Children with prior preschool experience may be better-equipped to benefit from living in a low-income neighborhood; thus, these measures can be used to create subgroups. Also, they will be important in order to test random assignment, and will enhance the precision of multivariate analyses.

B. Parental Cognitive Stimulation

The participant baseline survey includes the following cognitive stimulation questions:

- Does parent...
 - take child on an outing to a park or out shopping
 - take child to church for a service or Sunday school
 - take child to visit with friends and relatives who don't live in the household
 - play cards, do a puzzle, or play a board game with child

- How often does parent or someone in the home...
 - read a book or story to child
 - watch Sesame Street or other educational program with child

The receipt of both stimulation and support from the environment is necessary to children's wellbeing. Parents can contribute to their children's cognitive development both directly through interactions with the child and indirectly through the structuring of experiences (Bradley, 1987). A number of studies have employed the Home Observation for Measurement of the Environment or HOME scale to examine the importance of the quality of the home environment (including both cognitive stimulation and emotional supportiveness) for children's development. In a prospective longitudinal study of 37 primarily low SES, African American families, HOME scores at ages 12 and 24 months predicted reading, language, and mathematics scores in first grade (Bradley & Caldwell, 1984). In a follow-up study with the same sample, the quality of the home environment measured at 24 months still predicted subsequent child achievement at 11 years of age (Bradley, Caldwell, & Rock, 1988). Similarly, Baydar et al. (1993) found that children whose mothers initiated positive interactions with them had higher literacy scores than those children who had lower scores on the HOME scales.

These measures can be used to assess random assignment and participation, to create change scores, to create subgroups, and to include in multivariate analyses of school success.

C. Health and Disability

The following health and disability questions were included in the participant baseline survey:

Children ages 5 and younger:

- Does this child have any physical, emotional, or mental problems that...
 - means the child needs special medicine or equipment
 - makes it hard for this child to go to pre-school or child care
 - makes it hard for this child to play active games or sports

Children ages 6 to 18:

- Does this child have any physical, emotional, or mental problems that...
 - means this child needs special medicine or equipment?
 - makes it hard for this child to get to school?
 - makes it hard for this child to play active games or sports?

It is essential to include health and disability questions in the baseline survey because poverty is associated with socioemotional problems for children of all ages (McLoyd, 1990). Chronic stress, induced by poverty, among other factors, increases the risk of mental health difficulties in children (National Commission on Children, 1991a). Further, poor children with mental health problems often do not receive traditional psychotherapy or other services which can greatly improve the quality of their lives (National Commission on Children, 1991b). In addition, poor children, according to teacher reports, are more likely than higher-income children to engage in problem behaviors such as fighting too much, bullying other children, and breaking things (Child Trends, Inc., 1993). Moreover, more children whose families leave welfare but remain poor, score in the highest quartile on a measure of behavior problems, compared to those children whose families remain on welfare, enter welfare, leave welfare and poverty, and were never on welfare (Zaslow, Moore, Coiro, & Morrison, 1993).

Overall ratings of children's health, as well as access to health care are also strongly related to income. Children in families with more economic resources are more likely to be in excellent health, with no limiting conditions such as developmental delays (Coiro & Zill, in press). In general, poor children are two to three times as likely to have several health problems such as delayed immunization, lead poisoning, and severely impaired vision (Starfield, 1992).

Access to health care is another factor in the quality of poor children's health (Coiro & Zill, in press; National Commission on Children, 1993). Thirty percent of all poor children under six have no health insurance at all (National Center for Children in Poverty, 1990). Frequency of visits to the doctor is related to income, especially for those families who earn too much to qualify for Medicaid, but too little to afford private insurance. Children in families with

incomes between \$10,000 and \$20,000 were least likely to see a physician (National Commission on Children, 1993), and are more frequently taken to emergency rooms, which provide episodic care (National Center for Children in Poverty, 1990). In addition, low-income and minority families living in urban areas face other barriers to health care including lack of transportation and language differences (National Commission on Children, 1993). Furthermore, although children in general are also at risk of accidental injury (National Commission on Children, 1993), children growing up in poverty are at higher risk of accidental injury (Klerman & Parker, 1990).

Child health may predict parental employment and thus should be included in multivariate analyses. Depending on the proportion of children with health problems, health subgroups may also be created.

II. Children Ages 6 to 18

A. School Performance and Related Problems

The following school-related questions are included in the participant baseline survey:

- What grade has child just completed
- Does the child go to a special class for gifted students or do advanced work in any subjects?
- During the past 2 years, has this child gone to a special class or school or gotten special help in school for...
 - learning problems
 - behavioral or emotional problems
- During the past 2 years, has this child ever been suspended or expelled from school?
- During the past 2 years, has anyone from this child's school asked someone to come in and talk about problems this child was having with schoolwork or behavior?

Cognitive development, formal schooling and well-developed thinking and problem-solving skills are useful to the individual to enhance job opportunities and income. In fact, education is one of the most central predictors of economic wellbeing (Kuh & Wadsworth, 1991). On a societal level, a more skilled work force is more productive, and pays more taxes. Also, well-educated individuals are less likely to experience spells of unemployment or to be economically dependent. Elementary age measures of education are important, because difficulties during this period can constrain academic and occupational achievement in adolescence and adulthood (Entwisle, 1990).

The high school persistence rate (proportion of students enrolled in school for two consecutive years) for low income students is 10 percent lower than the rate for students from high income families (U.S. Department of Education, 1993). In 1991, 29.7 percent of low income 19 to 20 year-olds were high school dropouts, compared to only 2.5 percent of 19 to 20

year-olds from high-income families. (U.S. Department of Education, 1993). Possessing a combination of risk factors further increases children's likelihood of school failure or dropout (National Commission on Children, 1993).

As mentioned previously, children who grow up in poverty are more likely than higher-income children to engage in problem behaviors such as fighting, bullying other children, and breaking things (Child Trends, Inc., 1993). Similarly, living in neighborhoods with more low-income neighbors increases the incidence of children's externalizing behaviors, such as destroying things and throwing temper tantrums (Duncan et al., 1994). Children who live in poor neighborhoods are also more likely to have higher numbers of peers who display problem behaviors (Crane, 1991). Behavioral or disciplinary problems, in turn, are related to negative outcomes for youth. For example, having been suspended from school is a significant predictor of young adulthood literacy scores (Baydar, Brooks-Gunn, & Furstenberg, 1993).

In addition, positive changes in a family's economic status that could accompany moving into a higher income neighborhood, might not be sufficient to ensure improvements in achievement. For instance, in one study of economic transitions and their effects on children, children's achievement test scores substantially improved only when their families left both welfare and poverty. Children whose families left welfare, but remained poor scored as low or lower on mathematics and reading tests than children whose families remained on welfare (Zaslow, Moore, Coiro, & Morrison, 1993).

Measures of school performance and related problems can be used to create baseline subgroups, to create change scores, and as control variables in multivariate analyses. In non-experimental analyses, such variables may help explain which families are successful in moving to and remaining in a low-poverty neighborhood.

B. Monitoring and Supervision

The following parental monitoring items are included in the participant baseline survey:

- Where does this child usually go after school? (Home, supervised; Home, unsupervised; Somewhere else, unsupervised; Somewhere else, supervised)
- If this child is supervised after school, who supervises this child?
- Where is this child usually in the evenings?
- If this child is supervised in the evenings, who supervises this child?

Depending upon the age of the child, monitoring of a child's behavior and activities can have different outcomes. Monitoring has been demonstrated to be an important and effective family-management skill, especially with antisocial children (Patterson & Fleischman, 1979). If parents are not aware of what is going on in their child's life, this might hinder the use of other family management skills such as discipline and reinforcement (Patterson & Stouthamer-Loeber, 1984). Maccoby and Martin (1983) note that during middle childhood, parents' awareness of the

child's whereabouts, activities and associates when away from home is a contributor to children's social development. Thus, for example, in one recent study, Dishion (1990) found parental monitoring to be positively related to peer acceptance in the early school years.

Inadequate monitoring is also strongly correlated with committing delinquent acts and number of police contacts (McCord, 1979; Patterson & Stouthamer-Loeber, 1984; Sampson & Laub, 1994), and being involved with delinquent peers (Dishion, Patterson, Stoolmiller, & Skinner, 1991). In addition, failure to monitor increases the likelihood that adolescents will progress from a first offense to multiple offenses (Patterson & Stouthamer-Loeber, 1984). Weak parental monitoring is also related to teenage sexual activity (Abrahamse, Morrison, & Waite, 1988; Ensminger, 1990; Hogan & Kitagawa, 1985), and substance use (Barnes & Farrell, 1992; Ensminger, Brown, & Kellam, 1982).

Again, measures of parental monitoring and supervision can be used to form baseline subgroups, to assess the effectiveness of random assignment, and to include in multivariate analyses of behavior problems and school success. In addition, this variable should be included in non-experimental analyses assessing the family's success in moving, parental employment, and child behavior and school success.

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