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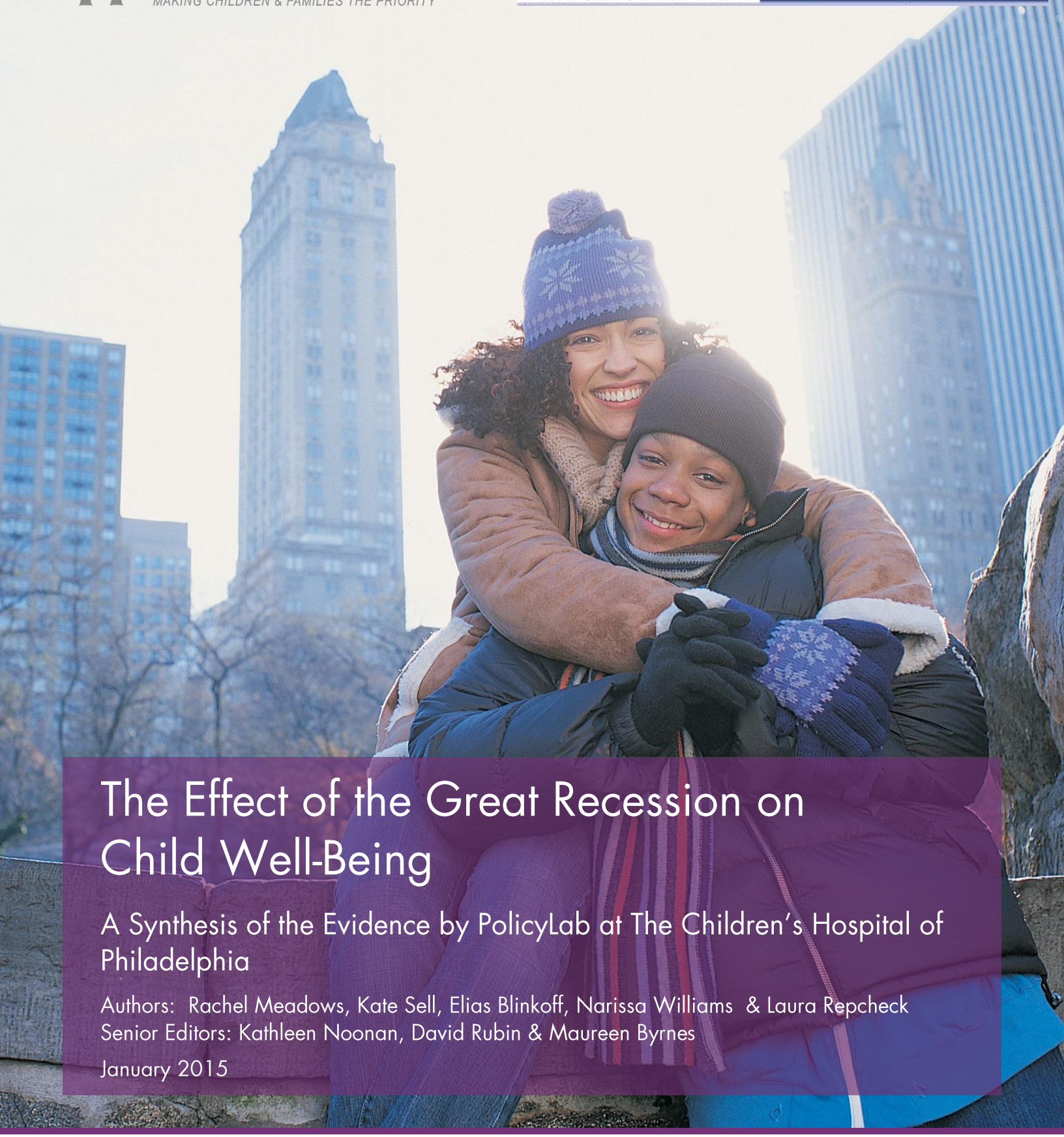

The Effect of the Great Recession on Child Well-Being

A Synthesis of the Evidence by PolicyLab at The Children's Hospital of Philadelphia

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PolicyLab is a Center of Emphasis within the Research Institute at The Children's Hospital of Philadelphia. PolicyLab undertook this synthesis at the request of First Focus, a bipartisan organization dedicated to making children and families a priority in federal policy and budget decisions.

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EXECUTIVE SUMMARY

While the Great Recession technically ended in June 2009, many families, including those with children, continue to feel the effects of the United States' most serious economic contraction since the Great Depression. As of 2013, 14.7 million children were in poverty, a significant increase from the 12.8 million children in poverty before the recession began.[1]

This paper is a follow-up to a paper we published in 2010 entitled *The Effect of Recession on Child Well-Being*. This paper synthesizes evidence of the effects of the Great Recession on child well-being. It examines four domains – health, food security, housing stability, and maltreatment – and reviews the relationship of each to the well-being of children during the Great Recession. This paper analyzes research and data from before, during, and after the Great Recession.

The goal of this paper is to inform policymakers of trends that have emerged during and since the Great Recession so that policymaking related to child well-being can be informed by data. Consistent with findings from our 2010 paper, our review of evidence from the Great Recession identified two primary patterns with respect to its effects on child well-being. First, while there has been some modest recovery in well-being for our nation's families and children, poverty, food insecurity, and housing instability remain higher than pre-recession levels. Second, a range of social safety net programs like the Children's Health Insurance Program (CHIP) and Supplemental Nutrition Assistance Program (SNAP) provided critical support to many vulnerable children and families, and mitigated the effects of the Great Recession.

Our synthesis identified challenges that children have faced during and since the Great Recession, including:

- **Health Status:** the number of children with health insurance coverage increased despite the Great Recession, thanks in large part to pre-recession investments in government programs like CHIP that aimed to achieve universal coverage for children as well as new evidence that many states actually expanded CHIP eligibility during the Great Recession years.[2] The most recent data show that just 7 percent of children are uninsured.[3] However, challenges remain, based on the need for Congress to extend funding for CHIP beyond 2015, and the fact that the Affordable Care Act created some coverage gaps for families with children (referred to by many as the "family glitch" which is described in greater detail in this report). Importantly, the generation of children that emerges from the Great Recession faces an elevated risk of a broad range of health problems associated with poverty, pointing towards a need for continued vigilance with regard to these safety net programs.

- **Food Security:** the number of children now living in food insecure households is dramatically higher than before the recession. Approximately one in three American children—more than 22 million in the nation—receive supplemental nutrition assistance benefits.[4,5] Participation in programs like SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) peaked after the end of the recession, indicating that low-income households may have experienced a slower pace of recovery.[6-8] A

recent decline in participation rates may indicate a recovering economy, but it is still too early to tell.[8-10] New research affirms earlier findings demonstrating the positive impact of these food assistance programs on child health and well-being, further emphasizing the importance of continuing such programs.

- **Housing:** the Great Recession will be remembered for the unprecedented rates of foreclosures and the increasing trend towards housing instability. More than one in three children are living in households that are considered "cost burdened," meaning they spend more than 30 percent of their income on housing.[11] Over 2.3 million children lost their home in the Great Recession's foreclosure crisis, and up to 6 million more children are at risk of losing their homes to foreclosure.[12] Child homelessness may also be on the rise.[13] The federal rental assistance programs that helped many families keep their homes during the Great Recession worked, but their budgets have been reduced in the past few years, raising a cause for concern about children in families still struggling to secure housing, as well as the capacity of the existing housing programs to respond to any new economic downturns.

- **Child maltreatment (i.e., abuse and neglect):** recent national child welfare data suggest that overall maltreatment rates continued to fall despite the recession, though rates of neglect increased and have accounted for a greater share of all maltreatment cases nationwide.[14-19] However, a growing body of research differs from national data sources indicating that the incidence of (or at least the risk of) child maltreatment increased during the Great Recession. These conflicting reports suggest additional analysis may be needed to reconcile these divergent reports. Total child welfare spending increased incrementally during the Great Recession, thanks in large part to federal stimulus funds, but spending has slowed in the years since. There is also considerable variability in child welfare funding from state to state and from year to year.[20]

Overall, our review highlights new data and research findings about the effect of the Great Recession on child well-being since our 2010 report. It identifies key policy successes that happened despite the Great Recession. For example, many states maintained and even expanded their CHIP programs, the hunger safety net "stretched" to help about twice as many individuals, and home foreclosure support programs helped many families keep their homes. It also analyzes shortcomings and gaps in research, the current state of the social safety net programs, and critical policy challenges ahead as our nation continues to recover from the Great Recession. Perhaps the most significant challenge for federal, state, and local government policymakers is that economic recovery from the Great Recession is slow and uneven. Many more individuals and families than before the recession, including millions of children, are struggling. As the economy continues to recover, many safety net programs are facing budget cuts. In a context of limited resources, policymakers and other stakeholders will be challenged to work collaboratively to identify ways to maintain or bolster programs that successfully assisted families during the Great Recession.

PART I
INTRODUCTION

December 2007 through June 2009 will long be remembered in the United States as the Great Recession, notable for the collapse of several high-profile banking institutions, unprecedented rates of housing foreclosures, and high unemployment rates. The years since the Great Recession have been characterized by slow and uneven recovery, and many people, including millions of children, are still struggling. While there have been improvements in the past couple of years, approximately 1.9 million more children live in poverty today compared to the year before the Great Recession.[1,21,22]

In 2010, First Focus commissioned PolicyLab to examine and document evidence of the effects of recession on child well-being. We analyzed the effects of prior recessions in American history as well as the effects of the recent Great Recession by focusing on four domains of child well-being: health, food security, housing stability, and maltreatment.

Our 2010 review found two primary patterns with respect to the effects of recession on child well-being. First, it takes several years post-recession for employment to rebound and families to return to pre-recession income levels,[23-25] and low-income families usually take longer to rebound than those with higher pre-recession incomes.[26] Second, public benefits and government-sponsored programs that support children and families play a pivotal role in blunting the negative impacts of recession.

In 2014 – with four more years of data available – First Focus asked PolicyLab to revisit the effects of the Great Recession on children and to highlight new trends and lessons learned since our first report. This paper examines the effects of the Great Recession on child well-being since our 2010 report. Part II describes our methods for this analysis; Part III describes how children fared across key domains of well-being during the Great Recession, including health, food security, housing stability, and maltreatment; and Part IV discusses themes, trends, and lessons learned. In addition, the paper examines whether our current safety net is strong enough to support children and families during potential future economic downturns.

Evidence from the Great Recession supports what we learned in our first report with respect to the two key patterns of the impact of recessions on child well-being. First, over five years after the end of the Great Recession, recovery is not complete, and it is occurring at a slow and uneven pace. Employment and pre-recession incomes have yet to fully rebound. Since the start of the Great Recession in 2007 through today, the cost of many items including food, clothing, and housing have risen by 15 percent.[27] However, at the same time, real (inflation-adjusted) hourly wages fell for all except the highest-earning workers.[28] In other words, items now cost more than they did before the recession, but most workers earn less money to purchase these items.

Americans are noticing the discrepancy between what they earn and what they can spend, and it is impacting their personal economic confidence. A 2013 Federal Reserve Board consumer survey found that 34 percent of those surveyed identified that they were somewhat or much worse off financially compared to five years prior. Another 34 percent reported doing about the same financially, and 30 percent reported that they were either somewhat or much better off.[29] The trademark of low-income

families taking longer to rebound than families with higher pre-recession incomes is also a key characteristic of the Great Recession. However, the Great Recession had another trademark – more Americans joined the ranks of lower-income families, while the percentage of middle-income Americans shrank and the percentage of higher-income Americans remained flat.[30]

The second key pattern – that public programs play a pivotal role in blunting the negative impacts of a recession – also remained true during the Great Recession. Key "safety net" public programs – unemployment insurance, Medicaid and CHIP, the Supplemental Nutrition Assistance Program (SNAP), etc. – helped mitigate the impact of steep economic decline, particularly for low-income individuals and families.[31] These safety net programs did what they were designed to do and even "stretched" to help an increased number of people in need. Many of these programs are still doing so. For example, there were 21 million more people receiving SNAP benefits in 2013 than there were in 2007,[6,32] and children largely retained health insurance coverage –increasingly through Medicaid and the Children's Health Insurance Program (CHIP) rather than private insurance – due to pre-recession investments in government programs that aimed to achieve universal coverage for children.[3]

A compelling observation from our last report that we analyze further here is that children's vulnerability to fluctuations in economic cycles depends on the strength of social safety net programs and how such programs are supported over time. There is concern now that many safety net programs were "over-stretched" during the Great Recession, and budget cuts at the federal and state levels are further weakening the safety nets when millions still need them.[33,34] While the number of unemployment insurance claims has almost returned to pre-recession levels,[35] the rate of unemployment and underemployment is still higher than before the Great Recession. Other programs, like SNAP, have recently experienced more rigorous eligibility requirements and cuts to benefit amounts, but not necessarily because fewer individuals need less; there are still over 3 million more children who live in food insecure households than at the start of the Great Recession.[36,37]

It is our hope that the research synthesized in this paper can help policymakers – in the wake of the Great Recession – as they make important policy and resource allocation decisions in the days ahead.

PART II
METHODS

A review and synthesis of existing research serves as the basis of this paper. Replicating the approach of our prior report, we began by dividing our content into four thematic areas: child health, food security, housing stability, and child maltreatment. Although not comprehensive with respect to child well-being, each of these areas represents significant indicators with direct implications related to policy and practice of public systems. Within these thematic areas, we then conducted a thorough search of online databases, including PubMed and Medline, to identify articles pertaining to the effects of economic conditions, particularly the Great Recession, on child health and well-being. We also searched EBSCO Megafile, JSTOR, and Science Direct to uncover relevant material not included in the journals from which discipline-specific databases tend to draw. We kept our search intentionally broad, using key words such as: infant, child, adolescent, economy, recession, socioeconomic, poverty, health, and well-being. Our focus was on research conducted during or after the Great Recession. The majority of the research synthesis was conducted from June through August 2014, though a few additional sources were added during the editing phase of the report from September through November 2014.

In addition to our search of the academic literature, we researched federal government websites to identify relevant publications and program and policy announcements. The federal websites from which we gathered significant information included the United States Department of Health and Human Services, the Department of Agriculture, and the Department of Housing and Urban Development. We also conducted a thorough search for publications from organizations such as the Center on Budget and Policy Priorities and the Urban Institute, and researched the websites of multiple child advocacy groups. Material obtained from these sources was then used to identify additional resources by locating the citations listed in the publications.

Finally, although our purpose was to review and synthesize secondary literature, we also examined multiple primary data sources related to several national indicators of child well-being. Specifically, we extracted data from the USDA's Economic Research Service, the U.S. Census Bureau, National Child Abuse and Neglect Data System (NCANDS), and the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data derived from these sources provided us with an understanding of the magnitude and scope of key child outcomes associated with poverty and socioeconomic inequality in general, and the Great Recession in particular.

PART III
THE GREAT RECESSION AND KEY DOMAINS OF CHILD WELL-BEING

In this section, we discuss our analysis of the effects of prior recessions in American history on child well-being as well as the effects of the recent Great Recession across four domains: health, food security, housing stability, and maltreatment. For each domain, we report findings from our last report about how children were at the time the recession began; how (and if) government programs were in place to support them during the Great Recession; how children are doing now, including any challenges; and finally, what can we expect as we are looking ahead.

THE RECESSION AND CHILD HEALTH

Findings from Our Last Report: How Children Were

While the United States continues to recover from the worst economic crisis since the Great Depression, concerns persist over the health of children who fell into or experienced worsening poverty during the most recent recession. Given what is known about the lifelong implications of childhood poverty on health, these concerns are well warranted. The health implications of poverty have been the subject of extensive research over the past several decades. Consistently, the evidence shows that in addition to direct consequences of material deprivation (e.g., inadequate nutrition, unsafe housing), children who experience poverty are exposed to a multitude of stressors that affect their physiological, intellectual, and emotional development. To the extent that the Great Recession exacerbated poverty among children, it increased their exposure to adversity and put them at greater risk of poor health outcomes over the course of their lives.[38-40] While outcomes tend to be worse for children who deal with persistent poverty, research suggests that even brief periods of impoverishment during childhood can have serious and lasting consequences on health.[40-43]

In our 2010 report, we discussed the known and potential consequences of raising a child in poverty during recession, as well as the government policies and programs designed to mitigate those consequences. We highlighted the successes of long-term programs like Medicaid and CHIP that provided crucial supports for children and families impacted by recession, and stressed the need for continued investment in these programs. We reported three key findings:

- A strong link between poverty and poorer child health status provided a context of urgency as the number of children living in poverty grew dramatically since the start of the Great Recession.
- Pre-recession investments in public health insurance programs appear to have blunted the potential negative impacts of the Great Recession's economic downturn on children's health insurance coverage.
- While the number of children covered by health insurance increased by 800,000 during the first year of the Great Recession and held steady at approximately 90 percent of all children in 2009, it was too soon to determine how this trend would affect children's access to health care services and children's health outcomes.

Government Support for Child Health

In the years leading up to the Great Recession, the federal government and many states made significant strides in increasing children's access to health insurance. Coverage rates for children had been increasing steadily since the late 1990s, with the majority of the gains coming from greater participation in public health insurance programs such as Medicaid and CHIP. When the recession began, many feared an erosion of these gains as declining incomes and the loss of employer-sponsored coverage pushed more people into Medicaid at the same time as state revenues declined.

And indeed, between 2007 and 2010, Medicaid enrollment increased by approximately 8 million individuals at the same time as state revenues took their largest hits on record.[44]

When our first report was published, states were still receiving the enhanced Federal Medical Assistance Percentages (FMAP) – formulas used to determine the amount of federal matching funds for state medical, medical insurance, and certain social services expenditures – provided by funds from the American Recovery and Reinvestment Act of 2009 (ARRA), which had been helping them avoid making major cuts to their Medicaid programs. However, policymakers and others were expressing concern over the impending expiration of those funds.[45] There was a fear that as states still struggled to recover from the recession and assumed a greater share of their Medicaid costs, they would seek to close budget deficits by restricting eligibility and cutting benefits. While children are usually sheltered from such cuts relative to other populations (particularly childless adults), the enormity of the budget crises in many states raised fears that children would feel the impact as well.[46]

Fortunately, these fears have, for the most part, not been realized. While some states, particularly those with persistently high unemployment, have struggled more than others to maintain pre-recession Medicaid eligibility and benefits, the national picture is promising.[47] The enhanced FMAP appears to have functioned as intended. Overall Medicaid spending increased in 2009 and 2010 as enrollment grew, but the cost of the program to states actually declined as a result of the infusion of ARRA funds.[47] States used the stimulus funds to address Medicaid funding shortfalls, mitigate program cuts, and address budget shortfalls across state programs. In doing so, they prevented or at least limited the need for Medicaid cuts.[48] ARRA money got states through the worst part of the economic crisis; as economic conditions improved, resulting in a slowing of the influx of new Medicaid enrollees,[i] and state revenues increased,[49] states were better able to resume funding Medicaid at their pre-ARRA FMAPs. And in states that did implement some cost-cutting measures in Medicaid, the effects were felt almost entirely by adults rather than children.[48]

As the economy has continued to recover, even states that imposed budget-related restrictions on Medicaid have been able to relax them – and in some cases implement program improvements.[48] In addition, between 2008 and 2012, twelve states increased CHIP eligibility thresholds, with many targeting higher-income children (e.g., children in families with incomes above 250 percent of the federal poverty level). A recent study of these expansions found they resulted in a 1.1 percent reduction in uninsurance by these higher-income children.[50]

Although the ACA is focused primarily on expanding coverage for adults, its implementation has raised a number of key issues for children's safety net coverage. The ACA required states to maintain children's Medicaid and CHIP eligibility levels until 2019, but it did not extend federal funding for CHIP beyond 2015. If CHIP funding is not extended beyond September 2015, some children will have access to insurance through Qualified Health Plans (QHPs) available through the Health Insurance Marketplace (i.e. health exchanges). However, some children will not have access to Marketplace plans if their family has access to an employer-sponsored plan. There is a "family glitch."

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[i] States that expanded Medicaid for adults are seeing enrollment increase, but because the federal government is paying the full share of the cost of the newly eligible adults, the cost of Medicaid for those newly insured is not yet reflected in state Medicaid budgets. In fact, states that expanded Medicaid are projected to see a lower growth in state funds spent on Medicaid than states that did not expand.[30]

The family glitch arises from specific wording of the ACA, which allows employees to purchase a Marketplace plan with subsidies if the cost of participating in an employer's plan exceeds 9.5 percent of their income. However, this determination only considers the cost of insuring themselves and not their family and children, which can be thousands of dollars more expensive. The result could be that, if CHIP goes away, many children will not be covered because a parent has employment coverage that is unaffordable to their family.[51,52]

Because CHIP plans focus on children, many states have tried to limit out-of-pocket expenses to near-poor and working families (while a state can choose the level of cost-sharing, states are federally required to limit out-of-pocket expenses to 5 percent of family income), and specifically define pediatric benefits to include important services for children like vision, dental and behavioral health coverage.[52] A 2014 study by the Wakely Group for the Robert Wood Johnson Foundation found that the most significant impact of CHIP enrollees transitioning to the Marketplace was an increase in out-of-pocket costs, which would be "especially pronounced" for children with special health care needs.[53] The question of CHIP's future and the current limitations of coverage for children through the Marketplace has created uncertainty about the future of health coverage for children.

How Children Are Now

In our previous report, we reviewed the implications of recession – including the Great Recession – on children's health, and focused primarily on trends in health insurance coverage. While having insurance neither (1) entirely insulates children from the health consequences associated with poverty, or (2) guarantees access to health care, being covered is strongly correlated with greater access to health care and better health outcomes for children.[54] Children who are uninsured or experience coverage gaps are less likely to receive preventive care or have a usual source of health care services.[55] Parents of children without insurance report a greater difficulty obtaining mental health care for their children than parents of insured children.[56] Disturbingly, when uninsured children are hospitalized, they have a 60 percent higher mortality rate than insured children from similar demographic backgrounds.[57]

This analysis again focuses primarily on trends in health insurance coverage, focusing particularly on any potential negative impacts from the Great Recession as well as positive impacts from the continuation of the availability of Medicaid and CHIP and the concerns about coverage for some families with children under the ACA. This analysis also touches upon other important indicators of child health, including access to health care and overall health outcomes.

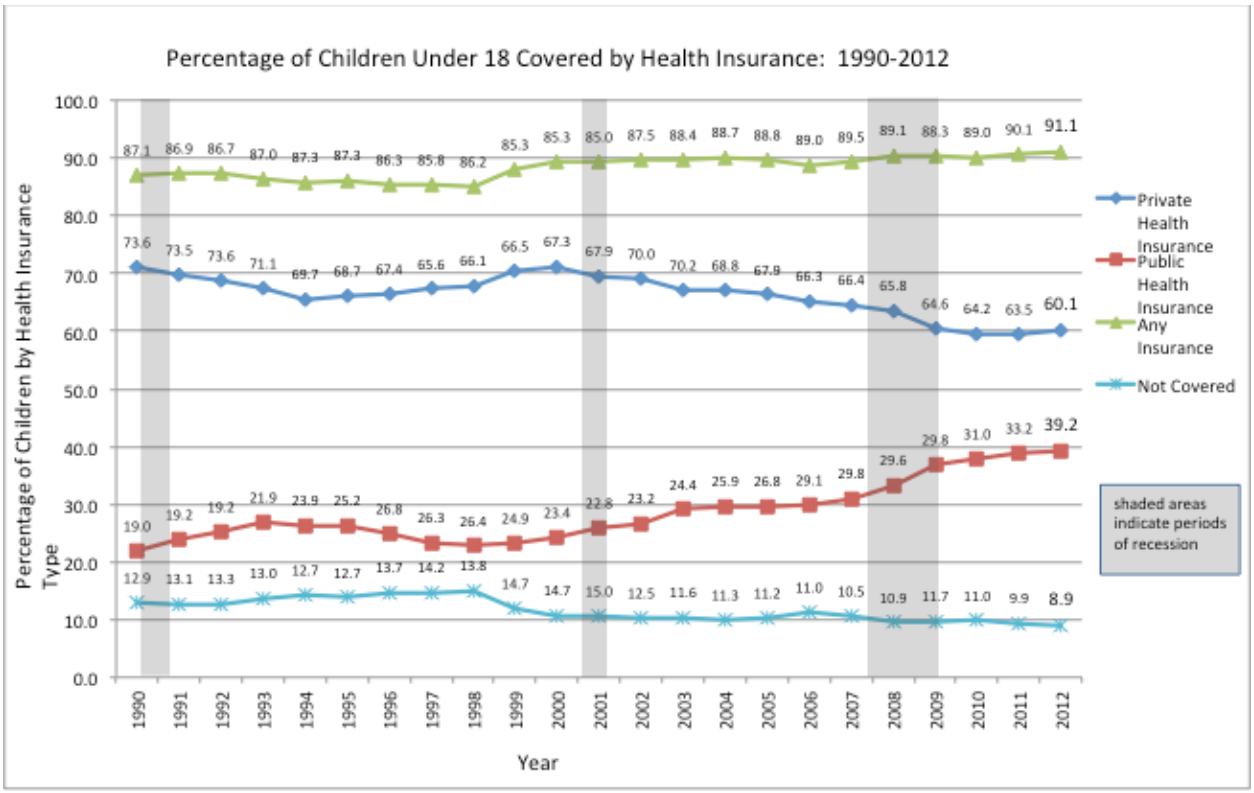
More Children Are Covered

Before and during the Great Recession, the federal government and states invested in health insurance safety nets, notably Medicaid and CHIP, which resulted in higher coverage rates for children even in the midst of the most severe economic downturn in decades. The number of children without health insurance decreased by 600,000[ii] between 2007 and 2009.[58,59] To put this in perspective: during

[ii] While our first report stated accurately that the number of children without health insurance coverage decreased by 800,000 in the first year of the Great Recession (from 2007 to 2008), the net reduction in the number of children without health insurance coverage during the first two years of the Great Recession was 600,000.

that same period, the number of uninsured adults increased by over 6.3 million.[60] As unemployment increased, more and more adults lost access to employer-sponsored insurance (ESI), as did children who were covered as dependents on a parent's plan. However, because children are more likely to be eligible for Medicaid than adults and CHIP is focused on children, these programs mitigated declines in private coverage of children. In fact, the increase in the uninsured population that occurred during the recession is attributable entirely to adults.[61,62] And while low-income adults have been particularly affected by uninsurance, low-income children have benefitted the most from the continued expansion of Medicaid and CHIP.[63]

The percentage of children with no health insurance has continued to fall in the years since the recession. In 2013, the percentage of uninsured children was 7.3 percent (representing approximately 5.4 million children), down from 8.9 percent (or 6.6 million children) in 2012 and 9.4 percent (or 7 million children) in 2011.[2,22] As in previous years, the proportion and number of insured children covered by public insurance increased, but unlike in prior years, rates of private health insurance for both children and adults held relatively stable. Children in poverty were still more likely than children not in poverty to be uninsured.[2,22] The most recent data from the Urban Institute found that the uninsured rate for children – about 7 percent – remained the same between September 2013 and June 2014. During this same time period, the uninsured rate among non-elderly adults declined by 4 percentage points. This is largely because many of the provisions of the ACA were targeted at reducing uninsurance among adults, not children.[3]



Source: DeNavas-Walt C, Proctor B, Smith J. Income, Poverty, and Health Insurance Coverage in the United States: 2012. Washington, DC: U.S. Government Printing Office; 2013.[22]

As Congress considers whether to extend funding for CHIP (program funding expires in 2015), there is much at stake given the number of children covered through this program. A defunded CHIP program, without proper transition time to ensure that plans available through the Marketplace provide commensurate coverage and similar out-of-pocket and co-pay costs, could result in dramatic instability for children, particularly for families who are low-income. A market downturn in the midst of this would mean the child health safety net available through CHIP, which weathered many children through the Great Recession (whose parents could not obtain coverage through employers or were underemployed), could no longer be counted on.

Challenges Remain

While the trajectory in children's health insurance coverage is certainly positive, a number of challenges remain related to mitigating the harm of economic turmoil on children's health. First, the insurance coverage rates published annually by the U.S. Census Bureau consider an individual to be insured if s/he is covered by any type of health insurance for any part of the year.[22] A child who is covered for only a few months out of a year would still be counted as a child with health insurance. Focusing only on overall coverage rates could obscure the risks to child health associated with gaps in insurance coverage. Research on coverage gaps indicates that children without continuous coverage like 12 month continuous eligibility, a state option under CHIP and Medicaid, are at greater risk of having unmet health care needs; they are less likely to get preventive health care than children with

continuous coverage, and more likely to delay care. The longer the period of uninsurance, the greater the potential for adverse health outcomes.[55,64] Although research linking coverage gaps with specific health problems is limited, one recent study found that children who had gaps in coverage during the twelve months prior to the study were significantly more likely than children with continuous coverage to have poorly-controlled asthma.[65]

Second, health insurance status is by no means the only metric that matters when it comes to children's health. Insurance is important because it is a major determinant of who gets care, and what the quality of that care is. However, it is not the only determinant; having coverage does not remove all barriers to health care for children and families. Thus, it is important to look beyond broad coverage trends to determine how children actually fared during the Great Recession.

In our previous report, we noted that research focused on health care utilization and spending, as well as health outcomes, would be essential to understanding the recession-child health dynamic. Because the Great Recession had ended only a year before our 2010 report, that type of research was not available at the time. Four years later, there are still considerable limitations to what we know when it comes to health outcomes. Although children affected by the recession may show some immediate impacts, history tells us many of the consequences take years or even decades to emerge.[38-40] What is available, however, is new information regarding health care spending on children during the recession. While there are some limitations to this research, these new studies allow us to begin analyzing how declining incomes and other consequences of the Great Recession impacted the amount and type of health care that families could afford.
Even when children have health insurance, out-of-pocket costs can put a considerable strain on families, and research has shown that the size of these costs relative to a family's income impacts whether or not a child receives care. The burden of out-of-pocket costs varies depending on factors such as whether a child is privately or publically insured,[56] the nature of his health care needs, and when it comes to Medicaid and CHIP, the eligibility policies of the state in which the child lives.[65] A 2013 study of out-of-pocket spending on children's health care before and after the recession suggests that, at least for some children, the recession reduced the amount of money spent on care in a way that could have negative repercussions for health.[66]

In another study, researchers analyzed Medical Expenditure Panel Survey data from 2001 through 2009, looking specifically at spending on care for children with special health care needs (CSHCN). Prior to the recession, spending on privately-insured children both with and without special health care needs was increasing gradually each year. When the recession hit, this trend continued for children without special health care needs; however, out-of-pocket spending on CSHCN dropped suddenly and significantly. While these numbers could suggest a reduction in the amount of out-of-pocket expenses families paid for health care, the authors instead found that the decline in expenditures was the result of a decrease in use of care.[66] Although it is too soon to know the implications of decreased utilization for CSHCN, there are reasons to be concerned. Decreasing utilization, particularly for ambulatory care, raises the specter of whether preventative services are being utilized appropriately and whether gains in the use of a primary medical home (i.e. one practice acting as a primary care hub for the patient) may erode, returning us toward more costly and inefficient use of emergency departments during crises.

Looking Ahead

In the coming years, there are several uncertainties surrounding the future of health insurance coverage and health care access for children. Since CHIP was signed into law in 1997, it has provided health insurance coverage to millions of children from low- and moderate-income families that do not qualify for Medicaid. While the ACA preserved CHIP for children above 138 percent of the federal poverty level, CHIP funding is due to expire in 2015. CHIP and Medicaid have contributed to one of the country's health insurance coverage successes: over 90 percent of children are covered. It would seem, at minimum, that a policy goal should be to preserve this coverage success and continue CHIP funding.

Finally, uncertainties also remain as to how the increase in childhood poverty during the Great Recession could be reflected in an increase in negative health outcomes for children. Although the Great Recession ended in 2009, recovery has been slow and data on the health and other effects of the economic crisis are just now beginning to emerge.[56,67,68] Childhood poverty has been linked to a wide array of adverse health outcomes, including increased rates of infant mortality, higher rates of low birth weight, and subsequent health and developmental problems such as increased rates of chronic disease, especially asthma.[69] Evidence from prior recessions suggests that the effects of poverty on health will be reflected largely in long-term studies and research focused on specific components associated with poverty (e.g., lack of adequate nutrition) and how they affect health. Yet while it is too soon to arrive at definitive answers to many of the questions we have raised, what we can do now is identify what types of evidence are needed so that researchers and policymakers can target their efforts as new data emerge.

Key Points: The Recession and Child Health

- Although the national child poverty rate has stabilized, it has not returned to pre-recession levels, meaning that the generation that emerges from the Great Recession faces an elevated risk of a broad range of health problems associated with poverty such as increased rates of infant mortality, higher rates of low birth weight, and subsequent health and developmental problems such as increased rates of chronic disease, especially asthma.
- Investments in Medicaid and CHIP, along with CHIP eligibility expansions, resulted in increased rates of health insurance coverage for children, highlighting the importance of these programs in creating stability for children in times of economic crisis.
- The roll-out of the ACA has led to new uncertainties surrounding family coverage (e.g., the family glitch).
- While almost all children now have health insurance coverage, major challenges remain: without continuous eligibility there are gaps in coverage, high out-of-pocket costs of health care for children in private coverage, and isolated studies suggestions connections between recession and particular health concerns which highlight the need for continued vigilance.

THE RECESSION AND FOOD SECURITY

Findings from Our Last Report: How Children Were

Food security is defined by the United States Department of Agriculture as having consistent, dependable access to adequate food for active and healthy living by all household members, at all times.[70] Food insecurity, on the other hand, occurs when a family experiences limited access to adequate food to meet dietary needs due to insufficient money and other resources. The United States Department of Agriculture assesses national food security using the Current Population Survey Food Security Supplement (CPS-FSS), which is administered annually through the U.S. Census Bureau.[37] Low food security (reduced quality, variety, or desirability of diet, little to no indication of reduced food intake) and very low food security (multiple reports of disrupted consumption patterns) are indicators used by the USDA to represent the range in severity of food insecurity among U.S. households.[71]

In the last edition of this report, we explored the influence of recessions, including the Great Recession, on food insecurity for children. We also looked at the response of the federal government in providing nutritious food through the child nutrition safety net, and how programs helped to address child food insecurity, and by extension, child well-being. Acknowledging that the recession impacted states, localities, and individuals in varying ways, the previous report found several important connections:

- In 2008, one year into the Great Recession, 21 percent of all households with children were estimated to be food insecure, the highest percentage since 1995.
- While participation in the Supplemental Nutrition Assistance Program (SNAP) and National School Lunch Program (NSLP) rose since the start of the Great Recession, whether these programs were sufficiently meeting the increased needs of families remained unknown.
- Limited affordability of and access to nutritious foods as a result of food insecurity has important implications with respect to children's health, particularly as it relates to the growing childhood obesity epidemic, and requires additional attention.

Government Support to Address Food Security

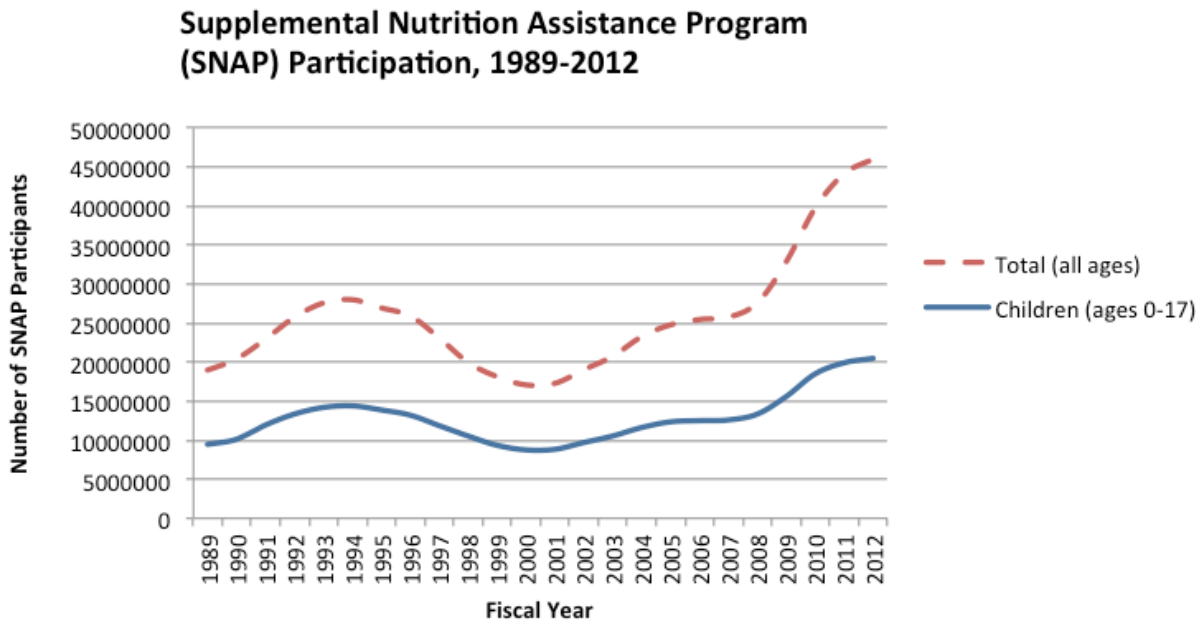
Participation rates in public benefit programs such as SNAP, the National School Breakfast Program, NSLP, and WIC closely mirror economic ebbs and flows, as these and similar programs often serve as a safety net for low-income families. While these programs and others, collectively known as the hunger safety net, vary in terms of size, type of benefit, and eligibility criteria, the main purpose of public food and nutrition assistance programs are to facilitate access to healthy foods and therefore reduce the number of food insecure households.[32]

In the previous edition of this report, it was not yet known how programs such as SNAP would respond to the increased need in the years following the Great Recession, and trends witnessed in previous recessions provided limited insight. Additionally, the impact of such programs on child food security and subsequent health outcomes were also difficult to discern due to both limited data and a dearth of research on the topic.

Attempts to draw conclusions regarding the effectiveness of food and nutrition assistance programs are often complicated by the reality that children receiving nutrition assistance differ from food secure children by many unobservable factors, and selection biases may frustrate attempts at making causal inferences. However, a growing body of research in recent years has attempted to address selection and measurement errors using various statistical models, and have further explored the influence of food and nutrition assistance programs on child health and well-being. Several reports that were published after the Great Recession showed SNAP participation was associated with decreased food insecurity in children, as well as reductions in certain poor health outcomes.[72-75] Studies have also shown that children in families receiving SNAP benefits had a higher likelihood of being classified as "well" than children whose families did not participate in SNAP, despite meeting eligibility criteria.[73] In a 2013 Mathematica Policy Research report, participating in SNAP for approximately six months was associated with a decrease in the percentage of households with children in which the children experienced low and very low food security.[76] Further evidence has demonstrated that SNAP participation has a direct impact on child well-being with respect to normal physical and cognitive development. When compared to children in families with comparable incomes that were not receiving SNAP, children enrolled in the program were less likely to be food insecure and more likely to be in good health.[4,73,77] In another study, participation in the National School Lunch Program was associated with reduced food insecurity in children, as well as reductions in the prevalence of poor health and obesity among participants.[78] These and other studies indicate that children's participation in food and nutrition assistance programs may allay food insecurity among children through various mechanisms, such as reducing the severity of food insecurity or shortening the duration of food insecurity.[79]

Supplemental Nutrition Assistance Program (SNAP)

Between 2007 and 2010, due to the struggling economy and other factors, the number of Americans participating in SNAP increased from 26.3 to 40.3 million, reflecting the largest growth in SNAP enrollment over a three-year period since the program's inception in 1964.[32] In the years after the end of the recession in 2009, these numbers continued to grow, peaking in 2012 and increasing marginally in 2013 before beginning a slow decline. As of July 2014, there were 46.5 million beneficiaries receiving nutrition assistance.[6,7] Of these SNAP participants, nearly half were children.[80] In broader terms, this translates into approximately one in three American children—more than 22 million in the nation—receiving supplemental nutrition assistance benefits.[4,5] With regards to federal spending, because of the increase in eligible participants, the cost of SNAP as of 2013 ($79.9 million) represents more than a two-fold increase of program costs prior to the recession in 2007 ($33.2 million).[6] Many families turned to the SNAP program in the wake of a job loss or reduced hours. While the growth in program costs slowed substantially between 2012 and 2013, the improving economy, as well as changes made to SNAP benefits, has reduced the cost of the program even further.



Source: Based on data from *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2012*. U.S. Department of Agriculture, Food and Nutrition Service, 2014.

Looking at SNAP participation trends in the years since the last recession highlights two key themes: (1) economic recovery has occurred at a slower pace for low-income households; and (2) the hunger safety net is under greater pressure than it was preceding the last recession. While the Great Recession technically ended in 2009 and many states witnessed declines in unemployment rates following the national peak in 2010, SNAP participation trends lagged behind economic recovery by several years, with participation rates peaking in 2012 and increasing marginally in 2013. Additionally, the number of participants in 2013 was almost double (1.8 times) the number of program participants at the onset of the recession in 2007, indicating that there remains a great need for food and nutrition assistance by many low-income children throughout the nation.[6] This being said, SNAP caseloads have fallen by 1.6 million since their peak, and this decline is expected to continue as the economy recovers.[9] As of February 2014, 47 states had witnessed declines in SNAP caseloads compared to 2013 participation rates.[10]

WIC and the National School Lunch Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) also provided nutritional education and support to low-income pregnant and postpartum women and their children during and after the Great Recession. Between 2007 and 2009, program participation increased from 8.2 million to 9.1 million. Enrollment peaked in 2010 at 9.2 million participants, and has since fallen to 8.6 million in 2013.[8] While this is a substantial decrease, there remains a higher need for

assistance in this population than was evident in 2007, following similar recovery trends as in previous recessions. During and after the Great Recession, federal expenditures for this program grew from $5.4 billion (2007) to $7.2 billion (2011). Since peaking in 2011, program costs have continued to fall with 2013 expenditures totaling $6.4 billion. This trend is thought to reflect the overall decrease in births that has occurred in the United States since 2008.[81]

Similarly, the National School Lunch Program (NSLP) served a critical role in addressing child food security during the Great Recession. This school-based entitlement program administered by the USDA's Food and Nutrition Services provides children with a healthy meal at school and income-eligible children can gain access to a free or reduced-price lunch during the academic semester. During the last recession, the percentage of NSLP participants receiving free and reduced price lunches increased from 59 percent in 2007 to 65 percent in 2010.[82] As of 2013, 70 percent of all NSLP participants received free or reduced price lunches. Federal expenditures for NSLP have increased over the years ($8 billion in 2007 to $12 billion in 2013). The increase in expenditures comes mostly from the percentage increase in free meals (which receive higher subsidies), as well as additional reimbursement for schools meeting nutrition requirements as specified in the Healthy Hunger-Free Kids Act of 2010.[81] School Meals now have updated standards so that all children receiving a school meal get access to more whole grains, fruits and vegetables, and less fat and sodium. In return for serving healthier meals, schools receive a high reimbursement rate from the federal government.

American Recovery and Reinvestment Act of 2009 (ARRA)

One of the driving forces behind the decrease in the number of children living in food insecure homes in the period during and immediately following the Great Recession was the American Recovery and Reinvestment Act of 2009 (ARRA), which provided a temporary increase in SNAP benefits for recipients. ARRA enhanced benefits for all households by equal amounts according to household size, increasing maximum monthly benefits by 13.6 percent overall.[83] For a two-person household, the added benefit was $24 per month, for a four-person household the added benefit was $44 per month. This expansion, as well as changes to states' SNAP eligibility rules played a critical role in improving food security for eligible households, specifically by keeping children out of the grasps of poverty, and it's close relative, food insecurity.[4] According to Census data, SNAP lifted 1.67 million children out of poverty in 2012 and 2.1 million children in 2013.[84-86] The enhanced SNAP benefits provided under ARRA expired on October 31, 2013, which resulted in a decrease in the maximum monthly SNAP benefit. The new maximum monthly benefit is $44 for a family of four, which is almost half of what a family this size was receiving under ARRA ($80 per month).[83]

Since early 2014, all but three states had witnessed declines in SNAP caseloads compared to 2013 participation rates.[10] While it is too early to determine the reasons for this downward trend, economic recovery can be posited as a main contributor. Additionally, states have reported administrative inhibitions (such as delays in reviewing SNAP applications and difficulty reaching SNAP staff by telephone/high call center volumes) as a possible barrier to participation.[10,87] ARRA benefit cuts may have also served as a disincentive for otherwise eligible families, who might not consider the small benefits offered by the program worth the effort to apply and maintain eligibility criteria.

Healthy, Hunger-Free Kids Act of 2010

Since the end of the recession, legislation has been implemented to strengthen food assistance programs, particularly those that directly impact child food security. The Healthy Hunger-Free Kids Act of 2010 makes important changes to the National School Lunch Program, simplifying and streamlining the program, and therefore increasing the number of children who qualify for the program. Key provisions include pilots that use Medicaid enrollment data to certify students (providing they meet income criteria), as well as determining school-wide income eligibility for low-income communities using information from the annual census. The Act enables the USDA to provide an increased number of after-school program meals in high-poverty areas. Additionally, the Act emphasizes providing healthier meals to those children who participate in the program.[88] These provisions are intended to improve the child nutrition safety net for low-income children who are presently, or may be, at risk for food insecurity in the future. The provisions set forth in the Act may mitigate the impact of cuts to other food assistance programs in light of terminated ARRA funding and other recent legislation.

Agricultural Act of 2014

Congress authorized the Agricultural Act of 2014, more commonly known as the U.S. Farm Bill, in February 2014. This Act contains important provisions concerning agriculture and nutrition programs in the United States between the years of 2014 and 2018, with some provisions extending beyond this date.[89,90] Specifically, this Act makes changes to certain SNAP provisions that have critical implications for this program's function as a safety net for families in need of assistance. The Act has a specific focus on healthy eating and authorizes funds to be spent on nutrition education in schools and the Fresh Fruit and Vegetable Program, which provides free fruits and vegetables to elementary school students with the goal of improving children's overall diet.[89,91] The Act increases the variety and accessibility of healthy food options available to SNAP recipients at certain food distributors, and also establishes a grant program aimed at creating incentives for increased consumption of healthy foods (i.e. fruits and vegetables) by SNAP participants.[90] While these are critical changes to what is recognized as the nation's largest and most economically responsive food assistance safety net, the Act also reforms policies in several states that coordinate SNAP and Low-Income Energy Assistance Program (LIHEAP) benefits. These "Heat and Eat" policies recognize that low-income families are often faced with the difficult choice of paying for food or paying for energy, and allow states to increase SNAP benefit levels for families receiving LIHEAP assistance. The 2014 Agricultural Act modifies this practice, and is estimated to reduce SNAP benefits by $8.6 billion over the next ten years.[92,93] While we cannot definitively predict the consequences of changing the "Heat of Eat" practice on child food security in coming years, reducing SNAP benefits for households that are in need cannot be expected to produce positive outcomes unless the reduction is mitigated by other boosts to the nation's hunger safety net.

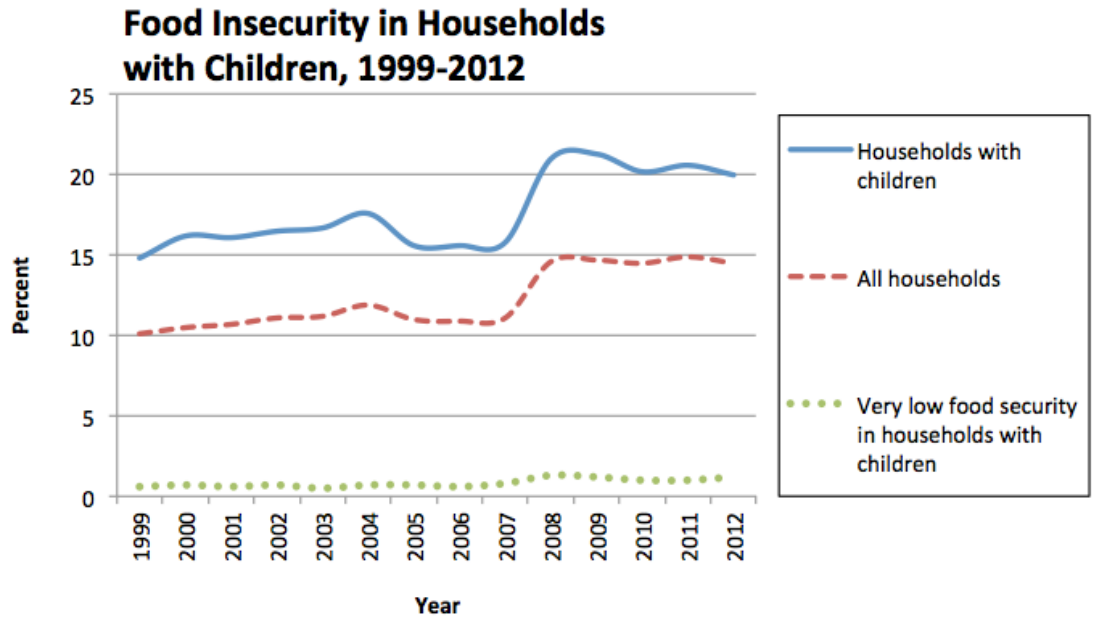
How Children Are Now

An emerging body of research has examined the response of the hunger safety net from the onset of the Great Recession until today. A main challenge in our prior report was the relative newness of available data, as the recession had ended only one year prior to our review. Now, five years post-recession, the available literature is significantly more comprehensive and reveals a complex narrative

regarding the condition of our nation's hunger safety net, as well as highlights considerations for the future.

Between 2007 and 2009 the total number of children living in food insecure households increased from 16.9 percent to 23.2 percent.[94] At the onset of the Great Recession in 2007, 12.4 million children lived in food insecure households, and of these, 691,000 lived in households with very low food security among children.[36] By 2009, as the recession ended, nearly five million more children were living in food insecure households, with nearly 300,000 more living in households with very low food security among children.[95] Despite some economic recovery by 2010, the number of children living in food insecure households did not return to pre-recession levels: 16.2 million children, or 21.6 percent of all children, were food insecure, and the numbers have remained relatively flat ever since.[37] As of 2013, 15.7 million children, or 21.4 percent of all children, were food insecure.[96]

Research surrounding the connection between food insecurity and adverse health outcomes in children continues to highlight both the direct and indirect impact that childhood food insecurity has on subsequent health outcomes. Studies have repeatedly shown that children living in food insecure households exhibit poorer academic performance and lag behind their food secure peers with regards to cognitive and psychosocial development.[97-99] Nutritional deficits resulting from food insecurity have also been linked to childhood anxiety, depression, chronic illness, hyperactivity/inattention, and substance disorders.[100-102] Legislation like the Healthy, Hunger Free Kids Act supports programs that reduce childhood food insecurity and improve childhood nutritional deficits. The influence of food insecurity and poor nutrition during childhood on both immediate and long-term health outcomes requires careful consideration with respect to ensuring the continuation of programs in place to aid children in receiving adequate nutrition, especially during times of economic duress.



Source: Based on data from *Household Food Security in the United States in 2012*. U.S. Department of Agriculture, Economic Research Service, 2013.

Looking Ahead

During the last recession, SNAP, NSLP, WIC, and similar programs acted as a hunger safety net that buffered millions of children from the brutal reality of economic decline. SNAP caseloads increased during and following the recession, as the economy continued to be shaky, and the temporary boost afforded the program by ARRA funds may have mitigated the impact of food insecurity on children across the country. Now that ARRA funds are exhausted and SNAP benefits have been decreased, much work must be done to end child hunger in our country, as well as to prepare for a potential future recession. This might include a decision to enhance public programs that appear to have been a determining factor for whether or not a child will experience food insecurity.

According to data from the Congressional Budget Office, SNAP caseload growth during the 2007-2009 recession was a factor of both increases in the number of eligible persons, as well as increased enrollment by eligible households.[103] However the administrative barriers to SNAP participation witnessed in an increasing number of states since 2012 requires the attention of policymakers at all levels, such that the positive impact of simplifying and streamlining program efforts (like those outlined in the 2014 Agricultural Act) are not rendered futile by administrative barriers to enrollment.

Finally, perhaps the most important challenge the country is facing is the dramatic increase in at-risk families that still exists today, compared to just before the Great Recession. Another recession, should it come too soon after this last one, would put increasing pressure on an already fragile safety net given the sheer volume of need that has developed since 2007. The slow recovery, or even lack of recovery, among many American families has left the country with unprecedented demand for food assistance, raising the potential sustainability of current federal and state programs.

Key Points: The Recession and Food Security

- As of 2013, 15.7 million children were living in food insecure households, which despite showing a slight decrease from the previous year, is still significantly higher than pre-recession numbers.
- As of July 2014, there were 46.5 million beneficiaries receiving nutrition assistance, nearly half of which are children. This translates into approximately one in three American children—more than 22 million in the nation—receiving supplemental nutrition assistance benefits.
- SNAP participation rates climbed after the recession, peaking in 2012 and increasing marginally in 2013, indicating that low-income households may be experiencing a slower pace of recovery. A recent decline in participation rates may indicate a recovering economy.
- Children's participation in food and nutrition assistance programs may allay food insecurity among children through various mechanisms, such as reducing the severity of food insecurity or shortening the duration of food security.
- The termination of ARRA-enhanced SNAP benefit levels may have a negative impact on children, however the impact may be mitigated by boosts to other programs, such as the National School Lunch Program.
- Barriers to enrollment (administrative, eligibility, etc.,) must be recognized and reduced so that the hunger safety net is reaching children who need the most nutritional assistance.

THE RECESSION AND HOUSING STABILITY

Findings from Our Last Report: How Children Were

One of the defining features of the last recession was the erosion of the American housing market. In our first recession report, we discussed the critical connection between safe and stable housing and the healthy growth and development of children. A large body of research revealed a relationship between inadequate or insecure housing and negative outcomes across multiple domains of child well-being. In the first report, we looked at the impact of recessions, and the Great Recession specifically, on three main indicators of housing stability: housing affordability (both for renters and owners), the foreclosure rate, and homelessness. We reported three key findings:

- The dramatic increase in foreclosures in the recent recession left families particularly vulnerable to housing instability in comparison to prior recessions. Approximately 43 percent of families with children reported that they were struggling to afford stable housing.
- The increase in housing instability may have been exacerbated by a decline in housing affordability that predated the recent recession.
- While federal funds were dedicated to emergency housing assistance and programs to help families avoid foreclosure during the recent recession, it was not yet clear whether this would be sufficient to meet the needs of low-income families in particular.

Government Programs to Support Housing Stability

Overall Trends

There are three major federal programs that provide rental assistance to five million low-income households to afford most homes – Housing Choice Vouchers, Section 8 Project-based Rental Assistance, and Public Housing. Ten million people, including four million children, are able to afford housing because of federal rental assistance.[104] Research shows that these rental assistance programs positively impact children. For example, housing vouchers can reduce the number of families in homeless shelters by three-fourths, reduce the number of families without a home of their own by almost 80 percent, reduce the number of households with overcrowding by more than half, and reduce the number of times a family moves over a five-year period.[105] Despite their success, the federal government is spending less money on these programs. First Focus' *Children's Budget 2014* analyzes the amount of spending on housing that impacts children, and found that overall real spending on housing for children has dropped by more than 6 percent between 2010 and 2014.[106]

Because of funding cuts and budget impasses, there are long wait periods for housing assistance in most of the country. In 2011, 19.3 million Americans were eligible for rental assistance (an increase of 21 percent since 2007), but only 4.6 million, or less than a quarter, actually received assistance.[107] The U.S. Department of Housing and Urban Development (HUD) defines unassisted renter households with "worst case" housing needs as those that "do not receive rental assistance and pay more than

half their income on housing, live in severely substandard housing, or both." Households with "worst case" housing needs increased 40 percent between 2007 and 2011.[104]

Federal rental assistance is funded via an annual Congressional appropriations process, and while some programs such as Housing Vouchers and programs that aid elderly renters and people with disabilities saw modest increases in funding, most of these increases in funding did not help families with children. Additionally, any gains in these programs are more or less negated by a loss of housing units in other programs.[104] For example, since the mid-1990s, housing agencies have either demolished or removed from the program more than 260,000 units. New units have been built to replace only about one-sixth of those removed.[108] Harvard University's Joint Center for Housing Studies' *The State of the Nation's Housing 2014* reported the latest data from 2011, which shows that 11.5 million extremely low-income households are now competing for a dwindling stock of just 3.2 million housing units that are considered both affordable and available.[109]

The Federal Government's Response to the Great Recession

Some of the programs enacted in the wake of the Great Recession were successful at helping families keep their homes. The Mortgage Forgiveness Debt Relief Act was passed in 2007 to help households mitigate foreclosure. Under the Act, if a lender forgave all or part of the mortgage, the forgiveness was not considered taxable income, as the federal tax code would usually dictate. Unfortunately, the Act expired on December 31, 2013, and due to Congressional inaction, it has yet to be renewed. Without renewal, the Urban Institute calculates that up to 2 million borrowers who are seriously delinquent or in foreclosure could be negatively impacted; these borrowers will have to choose between paying income tax on any debt forgiveness (likely to be a very large tax bill) or bankruptcy. Up to 1.4 million more borrowers could benefit from loan modifications that include principal reductions.[110]

Other programs that were enacted in the wake of the Great Recession were not as successful. For example, the Emergency Homeowners' Loan Program (EHLP) was signed into law in 2010 as part of the Wall Street Reform and Consumer Protection Act. $1 billion was set aside to help up to 30,000 households in danger of losing their homes to foreclosure. Due to overly complicated and restrictive eligibility criteria and implementation problems, however, the program is now ending having helped fewer than 15,000 households and with perhaps half the money unspent.[111] Another federal program – the Home Affordable Modification Program (HAMP) – helped only 25 percent of the four million homeowners it was supposed to reach.[112] There is also new concern that the roughly $20 billion from The National Mortgage Settlement - a historic joint state-federal settlement with America's five largest mortgage servicers that were found to have committed foreclosure abuses[113] – is not going to those most in need. There is a lack of transparency as to where the banks are sending relief because they were not required to report the cities or postcodes that received relief.[114]

In addition to federal rental assistance, other federal programs not directly related to housing have helped Americans keep their homes. New research found that unemployment insurance expansions during the Great Recession helped prevent 1.4 million foreclosures.[115] The housing market and job market are linked in other ways too. For example, local home prices are now being driven more by local jobs growth than by a bounce back from the price declines associated with the housing bust.[116]

How Children Are Now

Although the Great Recession reportedly ended in 2009, the housing market experienced its worst year in 2010. Since then, housing prices have begun to rebound and the number of foreclosures has begun to slow. However, recovery has not come to all families. What was true in our first report remains true now: low-income families are more likely than families with higher incomes to face housing instability. Across three indicators of housing stability – housing affordability, the foreclosure crisis, and homelessness – not only were low-income families hit the hardest during the Great Recession, but they have also recovered the slowest (or have not recovered at all) and continue to struggle.[109]

Housing Affordability

Housing affordability can impact both owners and renters. One lasting impact of the Great Recession has been an erosion in home ownership. Starting even before the recession, the number of renters has increased as home ownership has declined. By 2012-2013, U.S. homeownership reached a potential nadir of 65.1 percent. This was the seventh year that saw a decline in the number of homeowner households, though the 0.3 percent decline in the last year was the smallest decline since 2008.[117] The Housing Vacancy Survey and the Current Population Survey both report that renter growth in 2013 was notably above the annual average growth of 400,000 of the past few decades.[109]

In 2012, 40.9 million households – more than one-third of U.S. families and households – were considered "cost burdened,"[11] meaning they paid more than 30 percent of their income on housing. While 2012 was a slight improvement from 2011, with 1.7 million less households considered cost-burdened, the number of burdened households is still 9 million more than 2002.[118] For extremely low-income families, the likelihood of being "cost burdened" is much higher than one in three. In 2012, more than 80 percent of households with annual incomes below $15,000 – roughly what one would earn doing full-time work at the federal minimum wage – are considered "cost burdened." Worse still, more than two-thirds of these households are considered "severely cost burdened," meaning they spend over 50 percent of their income on housing.[109] Overall, every one in ten homeowners and every one in four renters are severely cost-burdened.[118] The proportion of households with severe cost burdens tripled from 6 percent in 1978 to 18 percent in 2011.[119] Households with severe cost burdens may have to make difficult choices to spend less money on other necessities like food and health care. In fact, severely cost-burdened households in the bottom expenditure quartile spend 65 percent less each month on health care and 39 percent less on food.[118]

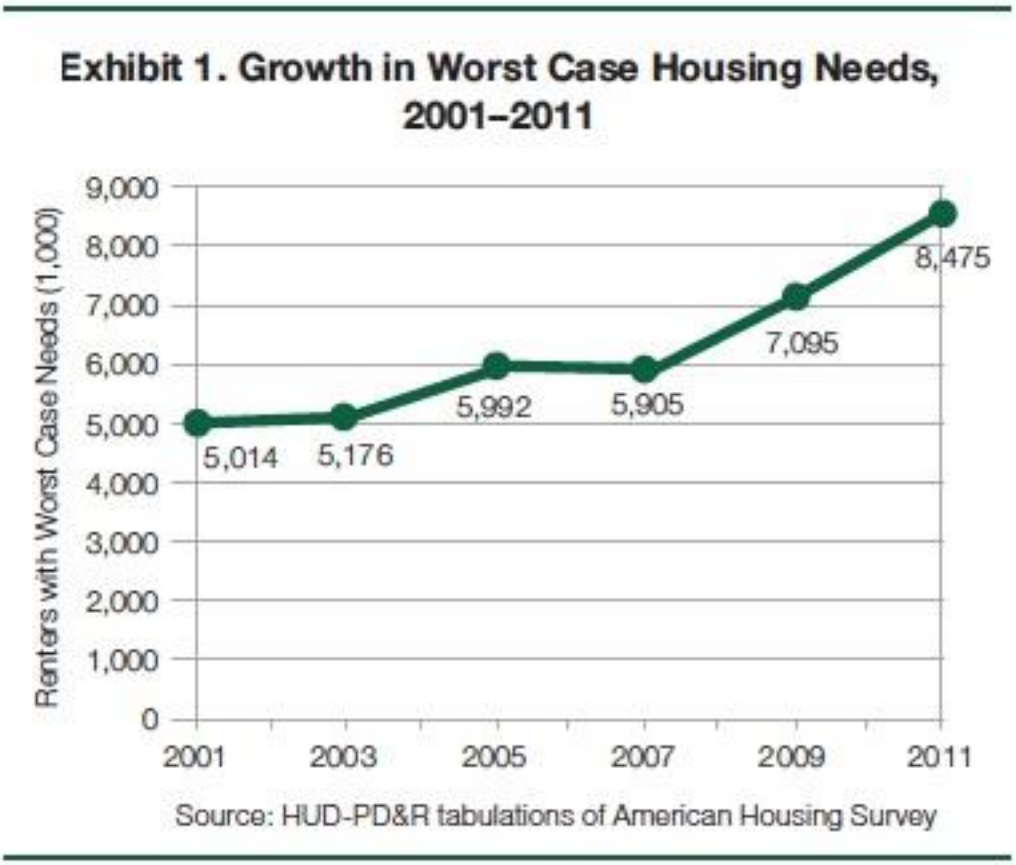
Many of the households that are considered "cost burdened" or "severely cost burdened" include children. The Annie E. Casey Foundation's *Kids COUNT Data Book 2014* revealed that 38 percent of children (27.8 million) lived in households with a high housing cost burden in 2012, compared with 37 percent (27.4 million) in 2005. A peak in 2010 exceeded 41 percent. While there has been a slight improvement since 2010, the percent of children living in households with a high housing cost burden is still dramatically higher than 1990, when 28 percent of children lived in households with a high housing cost burden. There is also a dramatic racial disparity when it comes to the percentage of children facing a high housing cost burden: 51 percent of African American children and 50 percent of Hispanic children face a high housing cost burden, compared to 29 percent of non-Hispanic white children.[120]

When homeowners struggle to afford housing, they may have no choice but to live in physically inadequate housing or unhealthy housing. The Centers for Disease Control and Prevention (CDC) defines physically inadequate housing as "an occupied housing unit that has moderate or severe physical problems (e.g., deficiencies in plumbing, heating, electricity, hallways, and upkeep)."[121] The Federal Interagency Forum on Child and Family Statistics found that 6 percent of households with children had physically inadequate housing in 2011, compared to a historic low of 5 percent in 2009. By comparison, the rate was 9 percent in 1978.[119] What is true with housing affordability is also true with inadequate housing: low-income households are much more likely to be impacted. Extremely low-income households (earning less than 30 percent of the area median) are three times more likely to live in inadequate housing.[109]

The CDC defines unhealthy housing as "the presence of any additional characteristics that might negatively affect the health of its occupants, including evidence of rodents, water leaks, peeling paint in homes built before 1978, and absence of a working smoke detector." While the percentage of unhealthy housing units remained around 23 percent during the Great Recession, it also remained true that those who were most vulnerable (aka those with the lowest income and limited education) were much more likely to live in unhealthy housing.[121] There is also a potential national problem looming on the horizon. Most of the public housing units available to low-income households via federal rental assistance were built before 1985, and currently 15 percent of public housing units do not meet HUD's standards for decent, safe housing.[108] A 2010 HUD study estimated that the total unmet capital needs in public housing developments is more than $26 billion.[122] The amount of unmet capital needs, as well as the percentage of inadequate and unhealthy housing, will continue to grow each year so long as capital investments are not made and new housing units are not built.

Families that lose their homes or cannot afford their rents may also be forced to "double up" with family and friends, either in temporary, or sometimes long-term, living arrangements. Overcrowded housing can lead to disturbances for children in a wide array of activities including sleeping, eating, playing, and doing homework.[119] More than 14 percent of households with children were considered overcrowded between 2009 and 2011.[123] Families that cannot afford their rents are also more likely to move frequently, and low-income families are particularly susceptible to this. In 2011, 43 percent of extremely low-income families with children had moved in the past 2 years, compared to just 19 percent of families earning more than 80 percent of the area median.[124]

Taken together, the issues of housing affordability, physically inadequate housing, and crowded housing affects almost half of all households with children. The Federal Interagency Forum on Child and Family Statistics' most recent analysis of housing problems found that in 2011, 46 percent of U.S. households (which includes both owners and renters) with children had one or more of these three housing problems. This was a small, but significant increase from the 45 percent of U.S. households that had one housing problem or more in 2009.[119]



Source: U.S. Department of Housing and Urban Development. Worst Case Housing Needs 2011: Report to Congress. Washington, DC: U.S. Government Printing Office; 2013.[107]

The Foreclosure Crisis

As the dust settled on the Great Recession, the impact of the foreclosure crisis became evident. Near the peak of the crisis in 2009, one in every 46 properties went into foreclosure.[125] Over the course of the Great Recession, about 2.3 million children in single-family homes lost their homes to foreclosure. In 2012, First Focus and the Brookings Institution predicted the crisis is not over, reporting that another 6 million more children are at risk of losing their homes.[12]

Foreclosure can negatively impact families and children, in the short- and long-term. A family that loses its home to foreclosure is more likely to move than a family that does not.[12] A child whose family is facing foreclosure, particularly a child from a lower-income family, could face one or several of the following situations: moving to lower quality neighborhoods, temporarily sharing housing with family or friends, living in overcrowded housing, and/or becoming homeless.[123] A foreclosure can also lead to "residential instability," defined as abrupt or frequent moves. An Urban Institute research synthesis found that children experiencing residential instability have worse academic and social outcomes, including weaker vocabulary skills, problem behaviors, grade retention, higher drop-out rates, and lower adult educational attainment than their more stable peers.[123]

The Great Recession's foreclosure crisis has also been explicitly linked to a decline in educational outcomes for students. A recent study by the Stanford Center on Poverty and Inequality found that children living in homes entering foreclosure in New York City were more likely to change schools than their peers and more likely to move to schools with lower test scores. Another study done in San Diego found that school children experiencing mortgage default suffered a decline in educational outcomes.[126] Children and families experiencing foreclosure during this Great Recession also suffered from worse health outcomes. One study found higher rates of non-elective emergency room and hospital visits in ZIP codes with the highest foreclosure rates as well as a strong association between housing instability and postponing necessary health care visits and medications.[12]

Homelessness

According to HUD, the overall number of homeless Americans has been falling steadily since 2007, save for a small increase in 2010. HUD found that the homeless population in the U.S. fell by 2.3 percent from 591,768 in 2013 to 578,424 in 2014.[127] While this is a positive development, more than 1.6 million children, or 1 in 45 children, were homeless during each year of the recession. 40 percent of these children were under the age of six.[123] Additionally, recent data from the Department of Education show a worrying trend in the number of homeless students, increasing from 1,065,794 in the 2010-11 academic school year to 1,168,354 in 2011-12 to 1,258,182 in 2012-13.[13] Other data support this trend in an uptick in the number of homeless children. Between 2007 and 2011, the number of children in homeless shelters increased by 1.9 percent, and the number of families that had to move out of stable housing arrangements into the shelter system increased by 8.5 percent.[128]

Children experiencing homelessness and housing insecurity are 2.5 times more likely to have health problems and 3 times more likely to have severe health problems than children with homes. Homeless children have increased rates of multiple infectious, respiratory, gastrointestinal, and dermatologic diseases. Homeless children also have increased prevalence and severity of asthma and higher rates of accidents and injuries. Homeless children face an increased risk of abuse, exposure to violence, and psychological trauma. Additionally, homeless children face health care access issues and often rely on the emergency department for their primary care.[128]

Homeless children have twice the rate of learning disabilities and three times the rate of emotional or behavioral problems.[129] A recent study looked at a cohort of students from birth to the end of third grade in Philadelphia to examine the unique and combined effects of homelessness and school mobility on educational outcomes. Within this cohort, almost 9 percent experienced homelessness, 41 percent had at least one school move, 12 percent moved two or three times between kindergarten and third grade, and more than 5 percent experienced both homelessness and school mobility. The study found that homelessness had a unique association with problems in classroom engagement, and school mobility was related to both academic achievement and problems in classroom engagement. Further, those students experiencing both homelessness and school mobility had the poorest academic outcomes and classroom engagement.[130]

While it is a positive development that the overall homeless rate continues to decline, this is mostly due to programs aimed specifically at chronically homeless adults and veterans.[109] When one disaggregates the data, however, and looks at sub-populations within the overall homeless population,

several worrisome trends emerge. First, there is great variation among states when it comes to homelessness. In fact, 15 states and the District of Columbia saw their homeless populations increase between 2007 and 2013. Additionally, the number of homeless families has increased considerably in some states during this time. For example, the number of homeless families in New York grew by more than a third, and the number of homeless families in Massachusetts increased by 80 percent. Harvard's Joint Center for Housing Studies links these increasing numbers to cuts in rental housing subsidies due to sequestration in 2013.[109] Finally, according to data from the Department of Education, the number of homeless students increased by 8 percent between the 2011-2012 and 2012-2013 academic school years, with over 1.2 million students experiencing homelessness.[13]

At the local level, municipal governments report they are not fully prepared to handle an increasing population of homeless families. A 2012 U.S. Conference of Mayors survey found that in 64 percent of the surveyed cities, shelters turn away families with children experiencing homelessness due to a lack of available beds.[128] At the federal and state level, a lack of data collection policies could hinder effective solutions. Currently, the federal government does not require states to collect data that could help policymakers understand the rate at which foreclosures lead to homelessness.[125]

Looking Ahead

Even as the housing market begins to improve, there has been a dramatic shift away from home ownership towards renting that has persisted since the Great Recession. However, due to long-term, bi-partisan policy decisions, federal government programs still prioritize homeownership over rental assistance. The federal government spends 2.8 times as much on tax subsidies for homeownership than it does on rental assistance, and more than half of these tax subsidies benefit households with incomes over $100,000.[104] Furthermore, the existing federal rental assistance programs have seen a steady decline in funding even as the waiting list for those who need rental assistance has grown. Since recent data from some states is showing an uptick in homeless families that is potentially linked to cuts in rental housing subsidies, more data collection and research is needed to further explore the negative correlation between the federal rental assistance programs and family homelessness.

The federal government also does not require states to collect data that could help policymakers understand the rate at which foreclosures lead to homelessness. The federal government could require states to collect data through point-in-time counts (pertinent to HUD's performance management system[131]), the Homeless Management Information System, or Homelessness Prevention and Rapid Re-housing client intake forms.[125] Additionally, families that are living in households with others or families that are living in motels because they have nowhere else to go are not captured in HUD's point-in-time counts. The children of these families, however, are counted in the Department of Education's count of homeless students. These different metrics used by two different government departments can lead to a discrepancy in the official number of homeless families and children. Considering that the foreclosure crisis is still ongoing and 6 million more children may be at risk for foreclosure, it is critical for these government entities to agree upon a set of metrics to measure and fully capture child and family homelessness. This data could be helpful to both researchers who are tracking this issue and policymakers who are continuing to look for solutions.

A combination of new research and hindsight has shown that some government housing programs – including housing vouchers and the Mortgage Debt Relief Act (enacted in the wake of the Great

Recession) – worked effectively in helping low-income families secure and keep stable housing, while others – including the Emergency Homeowners' Loan Program and the Home Affordable Modification Program (both implemented in the wake of the Great Recession) – have not worked as well. Moving forward, we need to revisit rental assistance for millions of Americans (many of whom are children and families) that still need it. We also need to shore up other programs to prevent a continued foreclosure crisis and to stem the increasing rates of family homelessness. We should also be aware of other, non-housing government programs, like unemployment insurance, that may have a positive externality on housing stability.

Key Points: The Recession and Housing Stability

- Housing affordability is still a major challenge for families, with more than one in three children living in households that are considered "cost burdened," meaning they spend more than 30 percent of their income on housing. Low-income and minority households are both more likely to be cost burdened and more likely to have higher, or more severe, cost burdens.
- Over 2.3 million children lost their home in the Great Recession's foreclosure crisis. But, the crisis is not over, and up to 6 million more children are at risk of losing their homes to foreclosure. Children who experience foreclosure experience worse educational, social, and health outcomes.
- While HUD reports the overall homeless rate has been decreasing in the past few years, data from the Department of Education show homelessness among students is increasing. Additionally, there is a worrisome increase in the number of homeless families in certain states. Children experiencing homelessness have worse emotional, behavioral, educational, and health outcomes.
- Federal rental assistance programs and unemployment insurance helped many families keep their homes during the Great Recession, but their budgets are now being cut.

THE RECESSION AND CHILD MALTREATMENT

Findings from Our Last Report: How Children Were

In the wake of the Great Recession, important questions have been raised about the potential impact of the economic downturn on child maltreatment. Many suspected that the Great Recession would have resulted in an increased rate of maltreatment, however, the trends are not easy to report, in part because of a variety of reporting policies and procedures across the United States which produce conflicting data. The previous edition of this report presented the following key findings:

- Child neglect rose during prior recessions and remained high in their aftermath, indicating that child neglect tracks closely with economic hardship.
- While child maltreatment rates have decreased over the last decade, this decline may be confounded by several factors, including the downsizing of some child welfare systems due, in part, to a policy shift toward keeping children with their families, when possible, and state fiscal constraints.
- Research related to reports in rising serious physical abuse cases encountered in pediatric hospitals suggests a link between unemployment and maltreatment in the years after the recession but requires further study given contradictions when compared to other nationally observed measures of maltreatment.

Government Programs to Address Child Maltreatment

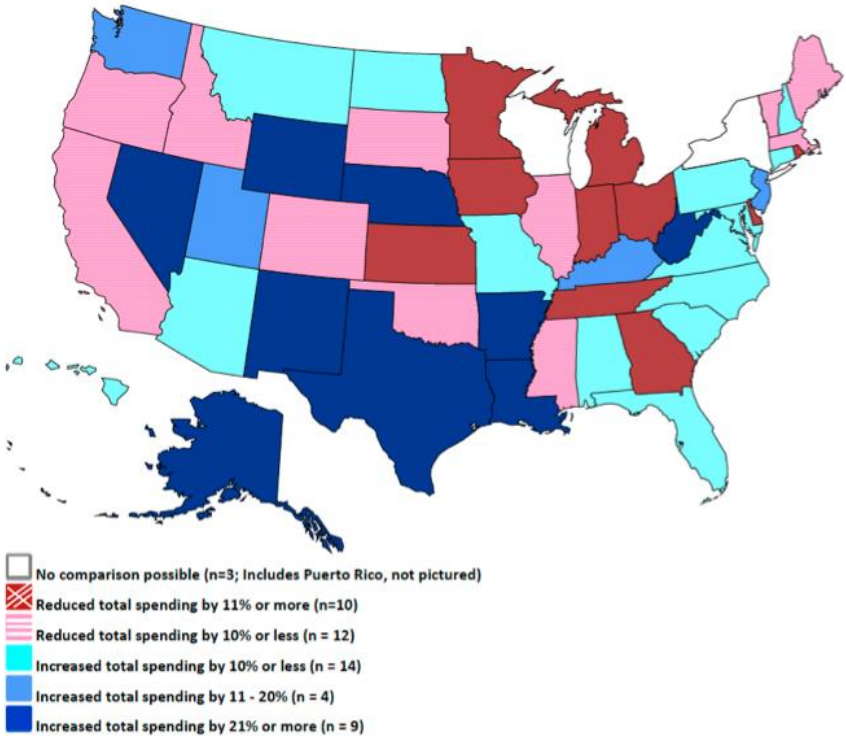
Overall Trends

A recent survey by Child Trends, The Annie E. Casey Foundation, and Casey Family Programs analyzed child welfare spending between 2008 and 2010 (with 2006 data included) and found that the rate of total (federal, state, and local) child welfare spending in the U.S. was relatively flat during the recession.[iii] Total spending increased by 1 percent ($180 million) between 2006 and 2008, followed by a 2 percent increase between 2008 and 2010; however, much of this limited increase was explained by the time-limited ARRA funding during the recession. Although absolute spending was fairly flat, the balance of federal vs. state contributions did shift during the recession. For the first time since 1996, the federal share of total child welfare spending was proportionally less than state spending in 2008, though the balance shifted back towards federal dollars by 2010 due, in part, to ARRA funds.[20]

[iii] Note: This survey reported on child welfare spending as an aggregation of state reports, so year-to-year variation in the number of states reporting was noted. Washington, D.C. and Puerto Rico were included as states in the survey and are referred to as such.

Beyond the national trends, there was evidence of considerable local variation in spending across states. Between 2006 and 2010, 27 states increased their total child welfare spending, and 22 decreased spending. The increases in the states that spent more ranged from 2 percent to 68 percent; spending in the other 22 states decreased by between 1 percent and 38 percent. A similar trend was present when specifically examining state spending of federal child welfare dollars. About half the states increased their federal expenditures between 2006 and 2010, while the other half decreased their spending.[20]

Figure 2. Changes in Total Child Welfare Spending between SFY 2006 and SFY 2010



Sources: 2007 Casey Child Welfare Financing Survey and 2008/2010 Casey Child Welfare Financing Survey
Note: SFY 2006 amounts have been adjusted for inflation to 2010 levels.

Source: DeVooght K, Fletcher M, Vaughn B, Cooper H. *Federal, State, and Local Spending to Address Child Abuse and Neglect in SFYs 2008 and 2010.* Bethesda, MD: Child Trends; 2012.[20]

Specific Federal Programs to Address Child Welfare

Title IV-E is a federal funding source under the Social Security Act (SSA) designated for the maintenance and administration of state foster care services.[132] In 2010, states spent over $7 billion in Title IV-E funds, which was an 8 percent increase over 2006. As with so many of the social safety net programs that helped shield children from the worst of the recession, the majority of the funding increase (6 of the 8 percent) is attributable to ARRA.[20]

Evaluating Title IV-E expenditures since 1996, spending increased consistently until 2002, and held steady at $6.7 billion through 2004. However, between 2006 and 2008, at the height of the recession, total Title IV-E expenditures decreased by 1 percent ($66 million). By 2008-2010, largely due to the increased reimbursements, total expenditures increased by 10 percent ($615 million). Locally, the story was more nuanced: 41 states increased their Title IV-E expenditures, 8 states decreased, and 2 reported no significant change.[20] To some degree, these trends reflected the pressure brought on by the recession on federal and state budgets that might have been alleviated as recovery began. Alternatively, they might also reflect a changing child welfare system that has been shifting away from expensive out-of-home placements in recent years, as child welfare caseloads have declined. That spending began to increase again raises the possibility that post-recession demand for such services may be increasing, reversing a trend of the last decade.

Temporary Assistance for Needy Families (TANF), which funds a range of social services programs through block grants to states, is proportionally the second largest federal provider of child welfare funds to states.[20] TANF was created as a part of the 1996 welfare reform law that replaced the Aid to Families with Dependent Children (AFDC) program.[133] In 2010, it represented 22 percent of federal dollars spent on child welfare, behind only Title IV-E. Between 2006 and 2010, TANF experienced an 18 percent increase in spending overall. However, there was considerable variability at the state level; 21 states saw increases, 21 saw decreases, and 8 opted against spending TANF funds.[20]

Despite the national increases in overall TANF funding through the Great Recession, the program remains a fragile strand of the social safety net. In 1996, TANF could provide assistance to 68 out of every 100 families in poverty. By 2010, the ratio fell to 27 families. The decline in TANF's reach has been particularly hard on children. TANF's predecessor, Aid to Families with Dependent Children, lifted 62 percent of children out of deep poverty, but TANF could only do the same for 21 percent of children.[134]

Like TANF, the Social Services Block Grant program (SSBG) is leveraged by states to support a wide array of social services and aid. SSBG, which is a uniquely flexible federal funding instrument, is a significant source of child welfare funds. Between 2006 and 2010, SSBG spending on child welfare increased by 24 percent; however, 31 percent of the total spending in 2010 was spent exclusively by New York and Louisiana, which suggests that the benefits of the national increase may be concentrated rather than widely dispersed.[20] The increase in total investment may mask weaknesses in SSBG in another way as well. When inflation, funding freezes, and budget cuts are taken into account, the SSBG has actually depreciated by 77 percent since 1981. Looking at the years immediately preceding the Great Recession (2005-2007), the SSBG gained about half a billion dollars in value, but lost it entirely by the start of the Recession in 2007. During the Recession itself (2007-2009), a nearly identical pattern of gain and loss occurred. Since 2009, the SSBG has continued its gradual decline.[135]

How Children Are Now

Looking at the National Data Sources: Then Versus Now

The difficulty in studying child maltreatment rates persists four years after our first report. While the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care

Analysis and Reporting System (AFCARS), among others, reported decreases in child maltreatment rates in the years before, during, and following the Great Recession,[14-19,136-140] a growing body of research suggests that the incidence of child maltreatment might have actually increased during that time, based on studies that evaluated child maltreatment data in conjunction with key economic indicators. We find continued variability in findings relative to child maltreatment through the lens of the Great Recession, both in terms of data tracking and the effectiveness of the social safety net to support children and families in a financial crisis.

Entering the Great Recession, NCANDS was already reporting a decline in maltreatment rates in this country. Analysis of NCANDS data from 2012 suggests that the decline continued through the end of the Great Recession and beyond. Between 2008 and 2012, the overall maltreatment rate fell 3.3 percent from 9.5 to 9.2 per 1000 children—a difference of approximately 30,000 fewer victims.[19] However, the most recent NCANDS data from 2011-2012 reports that sexual abuse (2 percent) and physical abuse (5 percent) increased from the previous year; although the rate of neglect declined (3 percent) and the overall year-to-year rate of child maltreatment remained stable between 2011 and 2012 at 9.2 per 1000 children.[141]

Similar to NCANDS data, AFCARS data, which reports on children in foster care, revealed that the number of children in care continuously declined between 2002 and 2012.[142] The recession did not alter this trend; between 2005 and 2009, the number of children in out-of-home placements fell from 511,000 to 423,993.[31] Since 2009, the number of children in foster care and the number of children entering the foster care system has declined steadily, as has the number of children exiting care and the number of children waiting to be adopted.[140]

The only exception to these trends in national statistics has been emerging evidence that child neglect has not experienced a decline and has accounted for a greater share of all maltreatment cases nationwide. NCANDS data revealed that the incidence of substantiated neglect increased during the recession. Between 2007 and 2009, the incidence of neglect reported in NCANDS increased from 59 percent of child maltreatment cases (436,944 individual incidents) to 78.3 percent of cases (543,035 individual incidents) after a decrease from 64.1 percent of cases (567,787 individual incidents) in 2006.[14,16,136] Since the end of the Great Recession in 2009, neglect has remained between 78.3 percent and 78.5 percent of child maltreatment cases. However, the number of incidents decreased from 543,035 in 2009 to 531,241 in 2012.[16-19]

New Research May Tell a Different Story

More recently, a growing, multidisciplinary body of literature has begun to challenge the validity of reported national trends. One of the earliest sources to suggest a possible link between the Great Recession and increased maltreatment was a 2010 study comparing state-level unemployment data with NCANDS child maltreatment data between 1990 and 2008. Analysis indicated that each 1 percent increase in unemployment corresponded to at least a .50 per 1000 increase in confirmed child maltreatment reports the following year.[143]

The relationship between the Great Recession and child maltreatment has been further explored in studies analyzing hospital admissions data alongside economic indicators. These studies complicate the picture painted by the national data, and suggest possible increases in admissions for abuse-

related injuries associated with the financial crisis. One 2012 study evaluated monthly admission rates for physical abuse and high-risk traumatic brain injury (TBI) for 38 children's hospitals between 2000 and 2009 in conjunction with local unemployment rates and mortgage foreclosure and 90-day delinquency data. The study reported an increase in admissions for serious child abuse during the study period; physical abuse and more serious traumatic brain injury admissions increased by 0.79 percent per year and 3.1 percent per year, respectively, even as other more routine non-abuse admissions decreased by 0.80 percent annually. Within geographic areas, the most salient association of these trends was with local foreclosure rates, even more so than unemployment.[144] Another study from the same year analyzed abuse-related hospital admissions data from thousands of hospitals alongside NCANDS and NIS-4[iv] data between 1997 and 2009, similarly finding a small increase in admissions for serious abuse-related injuries during the study period even as national overall maltreatment reports declined.[145]

In other studies, the unemployment rate has been found to align with increased incidence of abuse-related injuries, and, in turn, child maltreatment during the Great Recession. A 2011 study analyzed abusive head trauma (AHT) hospital admissions data for children under 5 from 74 counties across the United States between 2004 and 2009. A significant correlation with quarterly unemployment rates within study counties was detected during a period that included the Great Recession.[146]

Another study likewise suggested a Great Recession-related increase in child maltreatment. The study, conducted between August 2007 and February 2010, evaluated the relationship between the frequency of maternal spanking (as a behavior that is often associated with greater Child Protective Services involvement and increased risk of maltreatment), the consumer sentiment index (CSI), the local unemployment rate, the local foreclosure rate, and other socio-demographic variables. When data on maternal spanking were collected from the Fragile Families and Child Well-Being Study, a strong relationship between high-frequency spanking and a low CSI was identified, suggesting a greater risk of child maltreatment during the Great Recession. Interestingly, the association seemed to be greater for higher-SES families; researchers reasoned that higher-SES families might have faced disproportionate stress from their declining property values, which then secondarily might have led to more maltreatment.[147]

National Data Sources Versus Independent Research – Agreement on Variability

For several decades, the issues of counting and causation have been at the forefront of an ongoing debate among policymakers, child welfare officials, physicians, researchers, and other stakeholders about how best to develop an accurate system for reporting child maltreatment – an issue this report suggests the Great Recession only made more urgent. In this context, the question of counting asks what the true estimate of child maltreatment is (operating under the assumption that it is underreported), and how much does it have to be to gain the attention of policymakers. The question of causation focuses on whether child maltreatment is a socioeconomic issue, a psychological issue, or a combination of both. The discussion around both of these questions remains extremely active.[148]

[iv] The National Incidence Study (NIS) is a congressionally mandated, periodic research effort to assess the incidence of child abuse and neglect in the United States. NIS-4 is the Fourth National Incidence Study.

At the most fundamental level, the research indicates variations in the incidence of child maltreatment before, during, and after the Great Recession based on several factors, including the reporting agency, the method of reporting, and the type of maltreatment reported. Looking at sexual abuse data, multiple independent sources present declines in the incidence of sexual assault during the Great Recession. However, the extent of the reported declines varies depending on the source of the data. Data on physical abuse rates varies even more across source than sexual abuse rates. Both NCANDS and NIS[v] show declines in the rate of physical abuse by caregivers.[149] However, the results of the self-reported surveys on child maltreatment are mixed. The NatSCEV,[vi] conducted between 2003 and 2008, reported a slight increase in children's exposure to maltreatment. By contrast, the Minnesota Student Survey,[vii] conducted between 1992 and 2010, found a 20 percent decline in the number of children who reported being abused by family members.[150]

Returning to the most recent NCANDS data from 2011-2012, the variability seems to continue several years following the Great Recession. Reversing trends in the past decade, these data actually suggest slight increases in child sexual and physical abuse. However, the overall rate of child maltreatment remained stable from the previous year, and neglect decreased.[141] Although these newer data may simply represent year-to-year variation, they could also suggest that rates are on the rise again as a potential long-term consequence of difficult economic recovery.

Unlike national statistics, hospital-sourced data were fairly consistent in revealing an increased incidence of the most serious types of child maltreatment even as these studies vary in methodology and results. Still though, the correlation of such an increase to the Great Recession must be interpreted cautiously. For example, Wood, et al; 2012 did not find a strong relationship between the unemployment rate and abuse/TBI admissions rates (even though they did find an association with foreclosure).[144] Berger, et al; 2011 also did not find a significant relationship between the unemployment rate and abuse-related injuries (though they did show an increase in AHT during the recession).[151] But, such a relationship was a primary result in a study by Huang, et al; 2011.[146] Other researchers have also emphasized that the effects of unemployment may not be uniform across all families. One study suggested that focusing on overall economic conditions could potentially mask "strong opposing effects of economic conditions facing males and females"; namely, that male layoffs increase the likelihood of child maltreatment, while female layoffs decrease that risk.[152] These often significant differences in methodologies, data sources, and results highlight the need for particular caution when evaluating research that attempts to connect child maltreatment rates with macroeconomic trends.

Looking Ahead

As the country gradually recovers from the Great Recession, many questions pertaining to child maltreatment remain. First, will the national data sources show reduced rates of child maltreatment as the economy continues to improve? On this, the early indications are perhaps not, as NCANDS data

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[v] Note: *NIS-4* is not addressed in detail in this report, as it does not provide annual data, and the most recent data are from 2005-2006, one year prior to the Great Recession

[vi] National Survey of Children's Exposure to Violence

[vii] The Minnesota Student Survey asks questions about activities, experiences, and behaviors. Topics covered include tobacco, alcohol and drug use, school climate, physical activity, violence and safety, connections with school and family, health, and other topics.

in recent years revealed an uptick in certain types of child abuse after a decade of decline. Second, will independent research continue to uncover conflicting findings as compared to the national data sources? Until policymakers, child welfare officials, physicians, researchers, and other stakeholders agree on how best to develop an accurate system for reporting and measuring child maltreatment, discrepancies will remain. The need for reliable and valid data in order to create and refine effective policies cannot be overstated.

While absolute funding of child welfare programs has remained flat, there is cause for concern as to the great variability of funding at the state level, particularly as many data sources are now revealing an upward trend in reports and incident maltreatment cases. Additionally, continuing federal cuts to TANF and SSBG could lead to further variation of child welfare spending at the state level. The risk of poor assessment of underlying need, alongside a delayed response from federal and some state programs, is that the foreseeable future may stratify the states among those with nimble, effective, well-funded child welfare systems that are prepared to meet these challenges versus those with under-funded systems, in which the risk to children will become more elevated.

Key Points: The Recession and Child Maltreatment

- The consequences of child maltreatment have been extensively documented, and recent research in the field of neuroscience provides further evidence that these harms are deep and persistent.
- While national data sources show an overall decline in child maltreatment rates, neglect is an exception, as its incidence increased through the Great Recession, and has remained relatively high, with small year-to-year variability, since then. However, a growing body of work indicates that the incidence of (or at least the risk of) child maltreatment increased during the Great Recession on the basis of several economic indicators (e.g., Consumer Sentiment Index, unemployment rates), which contrasts with national data sources.
- The theme of uncertainty persists with considerable variation in the child maltreatment data, depending on its source, method, and type of maltreatment reported. The questions of counting and causation remain critical.
- While total child welfare spending continued to increase incrementally during the Great Recession and years following, its rate of increase is slowing. Increases in expenditures are generally reduced when ARRA supports are removed, reflecting the importance of the funds and the slow pace of recovery.
- There is considerable variability in funding from program to program, state to state, and year to year. However, it is clear that major programs, most notably the Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF),

PART IV
CONCLUSION

RECURRING THEMES

A review of the impact of the Great Recession on child well-being across four key domains of health, food security, housing stability, and maltreatment reveals several recurring themes. Principally, while there has been some modest recovery in well-being for our nation's families and children, poverty, food insecurity, and housing instability remain higher than pre-recession levels. The numbers are striking: since the start of the Great Recession, 1.9 million more children are in poverty,[1,21,22] the number of Americans receiving SNAP benefits has increased from 26.3 million[32] to 46.5 million[6,7] with nearly half the beneficiaries being children,[80] and almost half of U.S. households with children face challenges of housing affordability, physically inadequate housing, and/or crowded housing.[119]

A second recurring theme is that a range of social safety net programs provided critical support to many vulnerable children and families, and mitigated the effects of the Great Recession. The Center on Budget and Policy Priorities reports that if the safety net programs had not existed in 2010, nearly 29 percent of Americans would have fallen into poverty, almost twice the actual figure of about 15 percent.[153] Additional research from the Center for Social Policy at the University of Massachusetts-Boston examined specific safety net programs – unemployment insurance, TANF, and temporary federal tax credits – and found that all, separately and in combination, helped to reduce the overall poverty rate.[33] In the years after the Great Recession, anti-poverty programs continue to lift millions of people, including children, out of poverty. Analysis of the U.S. Census Bureau's 2013 Supplemental Poverty Measure shows that when refundable tax credits, SNAP, housing subsidies, school lunch, TANF, and WIC are taken into account, these anti-poverty programs lifted 8 million children out of poverty in 2013.[154]

NEW CHALLENGES

Critical to the success of many of the social safety net programs was the emergency infusion of stimulus dollars through the American Reinvestment and Recovery Act (ARRA). Of the $831 billion of ARRA funds that will be spent over ten years, more than $116 billion, or about 15 percent, is intended for children: $64 billion, or 55 percent of this $116 billion, was spent on education, primarily to address steep cuts from state budgets; $25 billion was allotted for children's health, with the majority of that money going to federal support to states for Medicaid; $20 billion went toward child nutrition funding, almost all of it to support families receiving SNAP benefits. The remainder of the ARRA spending on children has gone to income support, early childhood, training, housing, and child welfare.[106]

According to the Urban Institute's *Kids' Share 2013* report, between 2011 and 2012, federal spending on programs that impact children fell by 7 percent, the largest reduction in funding for programs affecting children since the early 1980s. The areas that were hit hardest include education (a decline of 27 percent), early education and child care (12 percent), health (6 percent), and housing (6 percent).[155] The Urban Institute's *Kids' Share 2014* report shows a slight increase in federal

expenditures on children between 2012 and 2013, but spending is still well below its peak in 2010.[156] First Focus' *Children's Budget 2014* reiterates the Urban Institute's findings, stating that between 2010 and 2014, total federal investment in children decreased by 13.6 percent, but overall government spending during this same time frame fell by only 8.4 percent.[106] Much of this decline in spending came from the depletion of ARRA funds. ARRA spending on children peaked in 2010, and has declined every year since then.[155] The total ARRA spending on children in 2014 is expected to be half of 2013 spending, and just $1.3 million of stimulus funds will be spent on children in 2015. This steep decline in stimulus spending is described by some as an "ARRA cliff."[106]

It was always understood that the ARRA funds were temporary and were meant to bolster federal and state funding during the worst years of the Great Recession. Many assumed that once the funds were exhausted, the economy would have rebounded and federal, state, and local spending would replace the lost stimulus funds. However, as funds started to decline in 2011 and dipped precipitously in 2012, a sequester was imposed on federal spending, and state and local governments were confronted with significant budgetary pressures due to decreased revenue collections. In many cases, the lost stimulus funds were not replaced, and in fact, further cuts accompanied these lost funds.

Since 2010, the federal government and some state governments have made significant reductions to safety net programs. For example, the maximum monthly SNAP benefit for a family of four has been cut to almost half, due in large part to the end of ARRA funds.[83] In addition, at the end of 2013, Congress did not authorize the extension of emergency unemployment insurance, which resulted in coverage ending for 1.3 million long-term unemployed people. Today, just one in four unemployed Americans receives unemployment benefits, the lowest rate in 50 years.[157] Finally, related to health care, the Children's Health Insurance Program (CHIP) has been highly effective in providing health insurance coverage for millions of children, but funding is uncertain beyond 2015. Although there is some discussion that many of these children could move to Marketplace plans if CHIP were to be unfunded, many could be affected by the "family glitch" described earlier, and recently published studies that compared CHIP benefits and cost-sharing requirements to Marketplace plans have found that children fare better under CHIP.[53,158]

The Great Recession continues to negatively impact state and local government revenues. This is due to a "perfect storm" of three primary reasons: first, state and local revenues remain depressed; second, costs are rising, in part because more individuals need assistance now then before the Great Recession; and third, ARRA funds are almost all used up.[159] State and local spending per child has declined by $349 per child between 2008 and 2011, and the share of state and local spending as a total source of spending on children has decreased from 70-72 percent in 1998-2001 to 61-62 percent in 2010-2011.[156] Between 2009 to 2012, states faced more than $500 billion in cumulative budget shortfalls; 34 states reduced expenditures on K-12 expenditures, 43 cut college and university expenditures, and 31 lowered health care expenditures.[160] The cuts did not stop in 2012 either. For the 2012 fiscal year, of 47 states that passed budgets, 38 or more made deep, identifiable cuts to K-12 education, higher education, health care, or other key areas of their budget affecting children and families.[159] For the 2013 fiscal year, thirty-one states projected and had to close budget gaps totaling $55 billion.[45] Frequently, state governments closed these budget gaps by making cuts to areas such as education and health care.

Though many states have had to make cuts to social services and spending on programs that support children, not all states were impacted equally by the Great Recession, and not all states have recovered at the same pace. Going into the Great Recession, some social safety net programs were designed to effectively ensure equal access for individuals and families across the country. Other safety net programs – like unemployment insurance and TANF – had significant variation. For example, between 2007 and 2009, TANF coverage ranged from under 5 percent in some states to 60 percent in others, and unemployment insurance coverage ranged from around 30 percent in some states to close to 100 percent in others.[33] During the course of the Great Recession, states that were hit the hardest by the housing bust tended to fare the worst. For example, Florida, Nevada, and Arizona, saw large increases in their poverty rate, whereas others like New York and Texas did not.[34] And after the Great Recession, states that were not hit as hard as well as richer states recovered more quickly than others. Unfortunately, poorer states have a greater need for social safety net programs, but they also face the greatest struggle in financing them adequately.[161]

This patchy recovery is even more apparent at the county level. The National Association of Counties found that of 3,069 counties in the U.S., about half have yet to recover from the recession. Large counties were hit the hardest, but they have also recovered the quickest in terms of economic output (GDP) and jobs. However, only 54 county economies, mostly in the Midwest, have reached their pre-recession unemployment levels.[162] Child poverty rates also vary from county to county. Between 2007 and 2012, poverty among school-aged children (ages 5 to 17) increased in 964 counties and decreased in just 17. Additionally, a third of U.S. counties have childhood poverty rates that are over 25 percent.[163]

FRAGILE FUTURE FOR CHILDREN AND FAMILIES

Looking ahead, America faces a looming challenge, given continuing fiscal pressure and millions more Americans facing poverty, food insecurity, and housing insecurity than before the Great Recession. If the United States were to enter another economic downturn, it is not at all clear that the safety net programs, if suddenly needed again, would as effectively shield vulnerable children and families as they did during the Great Recession. In fact, it is possible that recovery for our poorest Americans could stall or, perhaps, even shift into reverse as a result of reduced investments in certain safety net programs and the decline in government spending on children.

We are in a period of great uncertainty when it comes to the well-being of our children and their families. Although there has been a modest recovery from the Great Recession, it is a fragile one; rates of housing and food insecurity greatly exceed the rates that existed in 2007, before the recession. If we are to be prepared in the event of another economic downturn, we need to ensure the viability and strength of key safety net programs. Simultaneously, we should continue with efforts like education, vocational training, and apprenticeships, which seek to reduce poverty long-term by improving opportunities for children and young people.

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