

Research  
Centre



## **Appendix C.**

### **United States case study – Focus on State of Connecticut and New York City**

*Becky Fauth*

National Children's Bureau: working with children, for children

Registered Charity Number 258825.  
8 Wakley Street, London EC1V 7QE. Tel: 020 7843 6000

Connect with us: Facebook: [www.facebook.com/ncbfb](http://www.facebook.com/ncbfb) Twitter: @ncbtweets

© NCB, October 2012

## Contents

Summary .....	3
1. United States.....	4
1.1 US overview .....	4
1.2 Child poverty in the US .....	4
1.3 Child poverty strategy .....	5
2. State of Connecticut .....	9
2.1 State overview.....	9
2.2 Demographics.....	9
2.3 Child poverty in Connecticut .....	10
2.4 Child poverty strategy .....	10
2.5 Overall lessons for NI .....	21
3. New York City .....	22
3.1 City overview.....	22
3.2 Demographics.....	22
3.3 Child poverty in New York City.....	23
3.4 Child poverty strategy .....	23
3.5 Overall lessons for NI .....	33
References.....	34

## Summary

- The child poverty rate in the US is highest among OECD countries.
- There is no overall US child poverty strategy.
- In 2004, Connecticut became the first state in the US to enact a law setting a poverty target. The Child Poverty and Prevention Council was established in 2006 to manage the child poverty strategy in Connecticut.
- Since 2008, the Council's efforts have focused on the income safety net, family income and education. Based on bespoke research, Connecticut has more recently begun to focus on increasing enrolment in subsidised housing, energy assistance and nutrition assistance; increasing attainment of Associates Degrees;<sup>1</sup> and guaranteeing child care subsidies as the key strategies to reduce poverty.
- In 2006, the New York City Mayor's office established the Center for Economic Opportunity (CEO), which designs and tests new anti-poverty initiatives in collaboration with city agencies.
- To date, CEO has funded and tested over 50 programmes. CEO includes a rigorous monitoring and evaluation agenda to enable replication (and expansion) of programmes that demonstrate impact and elimination of programmes that do not. When initiatives show positive results, they move from pilot status to permanent programmes, the latter of which are housed at city agencies, who subsequently hold funding and decision-making authority.

---

<sup>1</sup>In the US, an associate degree is equivalent to the first two years of a four-year college or university degree.

# 1. United States

## 1.1 US overview

Social policy in the US is exemplified by its focus on individual responsibility and employment-based policies. Shying away from universal benefits, most benefits are stringently means-tested (i.e. have very strict eligibility criteria), targeting poor families.

Given strong devolution to individual states, the US does not have a federal child poverty strategy as such. Rather, states – and, in some cases, cities – typically set their own social policy agendas using federal funds where possible, and supplementing them with state funding, to tackle child poverty.

## 1.2 Child poverty in the US

According to many estimates (Hoelscher, 2004; OECD, 2012; UNICEF Innocenti Research Centre, 2012), the child poverty rate in the US is highest among OECD countries, which many see as a reflection of lack of comprehensive federal social and family policy. The most recent UNICEF report, using the percentage of children living in households with equivalent income lower than 50 per cent of the national median to assess poverty, puts the US child poverty rate as 23.1 per cent (UNICEF Innocenti Research Centre, 2012).

While the reports cited above use a *relative* measure (i.e. determining poverty status based on the income of the 'average' family), the official poverty measure in the US is an *absolute* threshold (i.e. based on a set level of income or resources). This threshold, which was originally developed in 1959, is based on expected food expenditures for families of varying sizes and adjusted annually for the Consumer Price Index cost of living. A family's pre-tax cash income is compared against the threshold to determine whether its members are living in poverty. In 2011, the poverty threshold for a single mother raising two children was \$18,123 per annum.<sup>2</sup> The poverty guidelines (often referred to as the federal poverty level, or FPL) are a simplified version of the threshold primarily used to determine financial eligibility for social programmes. The poverty guidelines figure for a family of three in 2011 was \$18,530.<sup>3</sup>

According to the official Census Bureau estimates, 22 per cent of children under 18 years were in poverty in 2010 (DeNavas-Walt, Proctor, & Smith, 2011). The percentage of children in poverty has been on the rise since 2008, and when looking at the percentage living at or below 200 per cent of the FPL, 44 per cent of American children are poor (Addy & Wight, 2012). Black and Hispanic children are considerably more likely than White families to live in poverty, as are children living in single parent families, children whose parents have less than a high school degree and children who reside with parents who do not

---

<sup>2</sup> <http://www.census.gov/hhes/www/poverty/index.html> - 1 USD (\$) is approximately .63 GBP (£).

<sup>3</sup> <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>

work. Child poverty rates are lowest in the Northeast region of the US, the location of our two US case studies.

Many experts have criticised the poverty threshold for: (1) underestimating the type and degree of expenditures families must outlay from month-to-month, (2) ignoring regional differences in living costs and (3) excluding alternative sources of income that were specifically designed for low-income families, such as food stamps and housing subsidies (Citro & Michael, 1995). From 2011, a supplemental poverty measure (SPM) aimed at redressing many of these criticisms complements the existing threshold (Short, 2011). Specifically, the SPM calibrates the threshold (to be adjusted geographically) based on the average expenditures of families living below the median income (but who are not poor), including food costs, housing, clothing and utilities 'plus a little more' in its calculations. Federal in-kind benefits (e.g. food stamps, housing subsidies, etc.) are included in families' incomes, with taxes, childcare and out-of-pocket medical expenses deducted from income calculations. In 2010, the child poverty rate using the SPM was 18.2 per cent (Short, 2011). This difference between the poverty threshold percentage and the SPM percentage is likely due to the important influence of tax credits and in-kind benefits aimed at families with children (i.e. for other age groups, the SPM estimate is higher than the poverty threshold estimate).

Prior to the national implementation of the SPM in 2011, both Connecticut and New York City created poverty measures based on a set of 1995 recommendations from the National Academy (Citro & Michael, 1995), which informed the current SPM.

### 1.3 Child poverty strategy

From the beginning of his administration in 2009, President Obama intended to fund only social programmes that had solid evidence of success (Haskins & Baron, 2011). Broadly, the administration selects important social problems, identifies model programmes that have been shown – using randomised controlled trials (RCTs) or other rigorous research – to significantly reduce the problem, and then obtains funds from Congress to scale-up these evidence-based programmes. New projects are evaluated to ensure they are faithfully implemented and produce good results.

The administration is implementing this evidence-based strategy in six areas:

- *Evidence-Based Home Visitation Program* for at-risk families with young children (Department of Health and Human Services – HHS). Key outcomes focus on maternal and child health, early childhood development, and family functioning.
- *Evidence-Based Teen Pregnancy Prevention program* (HHS). Key outcome is reduction in teen pregnancy.
- *Investing in Innovation Fund* to fund development and scale-up of evidence-based educational strategies (Department of Education – DOE). Initiatives must focus on at least one of the following: improve outcomes for pre-school children, help students qualify for or succeed in college, help

students with disabilities or with limited-English proficiency or serve schools in rural areas.

- *Social Innovation Fund* to support public/private investment in evidence-based programmes in low-income communities (Corporation for National and Community Service). The money is to be used to fund evidence-based programmes addressed to at least one of three broad areas of social policy: economic opportunity, youth development and school support, and promoting healthy lifestyles and avoiding risky behaviour.
- *Trade Adjustment Assistance Community College and Career Training Grants Program* to fund development and scale-up of evidence-based education and career training programmes for dislocated workers (Department of Labor – DOL). Education and employment are key outcomes.
- *Workforce Innovation Fund* to fund development and scale-up of evidence-based strategies to improve education and employment outcomes for US workers (DOL). Programmes must impact student learning, employment, and earnings.

The Coalition for Evidence-Based Policy<sup>4</sup> is a non-profit, non-partisan organisation whose mission is to increase government effectiveness through the use of rigorous evidence about 'what works' for social policy. **The Coalition's work with the government has helped inform and shape the policy initiatives summarised above.**

### 1.3.1 Policies, programmes and initiatives

Before describing in detail the child poverty strategies of the State of Connecticut and New York City, it is useful, by way of context, to briefly summarise the key federal anti-poverty strategies in the US. It should be noted that while the programmes summarised are federal in scope, they are often at least partially funded by individual states, and for some, states set the eligibility criteria and benefit levels.

Key policies include are summarised below (for summaries see Ben-Shalom, Moffitt, & Scholz, 2011; Cancian, Meyer, & Reed, 2010; Hoelscher, 2004; Smeeding & Waldfogel, 2010; Williams Shanks & Danziger, 2011).

#### 1.3.1.1 Policies to increase families' financial resources

*Temporary Assistance to Needy Families (TANF)* provides funding to states through a federal block grant for provision of financial support to poor families and initiatives that decrease non-marital births and promote work. The flexibility of funding enables states to match their use of money with local needs. The federal funds cannot be used to pay for more than five years of (lifetime) cash assistance, but states are allowed to shorten or extend the time limits out of their own revenues. Recipients must work as soon as they are job ready, and a set proportion of each state's recipients must work at least 30

---

<sup>4</sup> [www.coalition4evidence.org](http://www.coalition4evidence.org)

hours per week (more hours for two-parent families) or engage in work-related activities.

*Earned Income Tax Credit (EITC)* and *Child Tax Credit (CTC)* are income supplements aimed at low-income families. EITC is refundable so that even workers who don't earn enough to pay income tax or whose entitlement is higher than their tax liability are paid a rebate. Eligibility and benefit levels depend on: (1) whether the taxpayer has children (and how many), (2) the taxpayer's marital status and (3) earnings relative to family size and marital status. State EITC is granted on top of federal tax credits in some states. Alongside SNAP (see below), EITC is the most effective US anti-poverty programme. CTC reduces tax liability for families making less than \$130,000 per year. The per-child amount is currently capped at \$1,000, but will return to \$500 per child in 2013 if the law is not changed.

*Unemployment Insurance (UI)* provides cash payments to the unemployed who have been made involuntarily redundant. UI is a state-level programme, whereby states set eligibility and benefit levels. Benefits are paid for only a fixed amount of time (usually six months), but the federal government subsidises extensions during economic downturns (see ARRA).

The *American Recovery and Reinvestment Act 2009 (ARRA)* was created to bolster the safety net for poor families. Its provisions include increasing the federal EITC, the refundable CTC and SNAP (see below), and extending UI and related benefits.

### **1.3.1.2 Policies to reduce families' expenses**

The *Child Care and Development Fund (CCDF)* provides funding for states to provide child care vouchers, or contracts with providers, to low-income families. States can transfer a portion of TANF funds to CCDF or spend TANF directly for child care. Many states (39 in 2011) provide state-funded pre-K to 4-year-olds (and some 3-year-olds), which may be offered in public schools, as well as community-based settings. In 2011, 32 per cent of 4-year-olds and 8 per cent of 3-year-olds attended state-funded pre-K (National Institute for Early Education Research, 2011). States determine income and work status eligibility for child care funding.

The *Supplemental Nutrition Assistance Program (SNAP, aka 'food stamps')* and the *Women, Infants, and Children (WIC)* programme provide food assistance to poor families. SNAP is a federal programme for families at (or slightly above) the federal poverty level. Alongside EITC, SNAP is the most effective US anti-poverty programme. WIC provides food, health care and nutrition information for low-income pregnant and post-natal women and children under 5 years. WIC eligibility is set by states based on income and nutrition risk.

*Housing benefits* in the US include vouchers for housing in the private market (Section 8) and provision of subsidised housing in publicly managed buildings (or privately owned but managed under government contract). Eligibility is determined in local areas (i.e. housing authorities).

*Medicaid* and the *State Children's Health Insurance Program (SCHIP)* provide health care to low-income families and children. Medicaid is jointly run by the

federal and state governments, whereas under SCHIP, the federal government pays a share of state costs for medical care to low-income children who are not eligible for Medicaid. States set eligibility and service requirements for SCHIP.

### ***1.3.1.3 Policies that promote child well-being and early intervention and prevention***

Head Start (HS) and Early Head Start (EHS) are federally funded community-based programmes that provide comprehensive child development services to low-income children and their families. Comprising individualised education, health and nutrition service, the objective of HS is to prepare children aged 3 to 5 years for success in school. Support and training of parents to enable them to foster the development of their children and to move towards self-sufficiency is also integral to HS. EHS was introduced in 1994 as a complementary programme to HS offering services for pregnant women, infants and toddlers. The main objectives are the promotion of healthy prenatal outcomes for pregnant women, the improvement of early child development and the enhancement of the quality of parent-child relationships. Services take place in home and/or centre-based settings.

## 2. State of Connecticut

### 2.1 State overview

Connecticut was the first state in the US to enact a law setting a poverty target. With relatively low child poverty levels (by US standards), it makes for a useful case study to inform NI.

Connecticut is a state in the New England region of the Northeastern US. Much of southern and western Connecticut (along with the majority of the state's population) is part of the New York metropolitan area, widely referred to as the 'Tri-State' area.

The Connecticut state government has three branches: executive, legislative, and judicial. The head of the executive branch is the governor, who is elected to a four-year term. There executive departments include: Administrative Services, Agriculture, Banking, Children and Families, Consumer Protection, Correction, Economic and Community Development, Developmental Services, Construction Services, Education, Energy and Environmental Protection, Information Technology, Insurance, Labor, Mental Health and Addiction Services, Military, Motor Vehicles, Public Health, Public Safety, Public Utility Regulatory Authority, Public Works, Revenue Services, Social Services, Transportation and Veterans Affairs.

The legislature in Connecticut is called the General Assembly, which has an upper body, the State Senate (36 senators), and a lower body, the House of Representatives (151 representatives). Bills must pass each house in order to become law. The governor can veto the bill, but this veto can be overridden by a two-thirds majority in each house. The Lieutenant Governor presides over the Senate (the President Pro Tempore in his/her absence), and the Speaker of the House presides over the House.

The highest court of Connecticut's judicial branch is the Connecticut Supreme Court, headed by the Chief Justice of Connecticut. The Supreme Court is responsible for deciding on the constitutionality of the law or cases as they relate to the law.

There is also local government.

### 2.2 Demographics

More than three-quarters of the state's residents are White (77.6 per cent), with 10.1 per cent Black or African American and 13.4 per cent Hispanic.

Connecticut ranks first in the US for per capita income.<sup>5</sup> There is, however, a great disparity in incomes throughout the state. In particular, Connecticut's larger cities including Hartford, Bridgeport and New Haven have relatively low

---

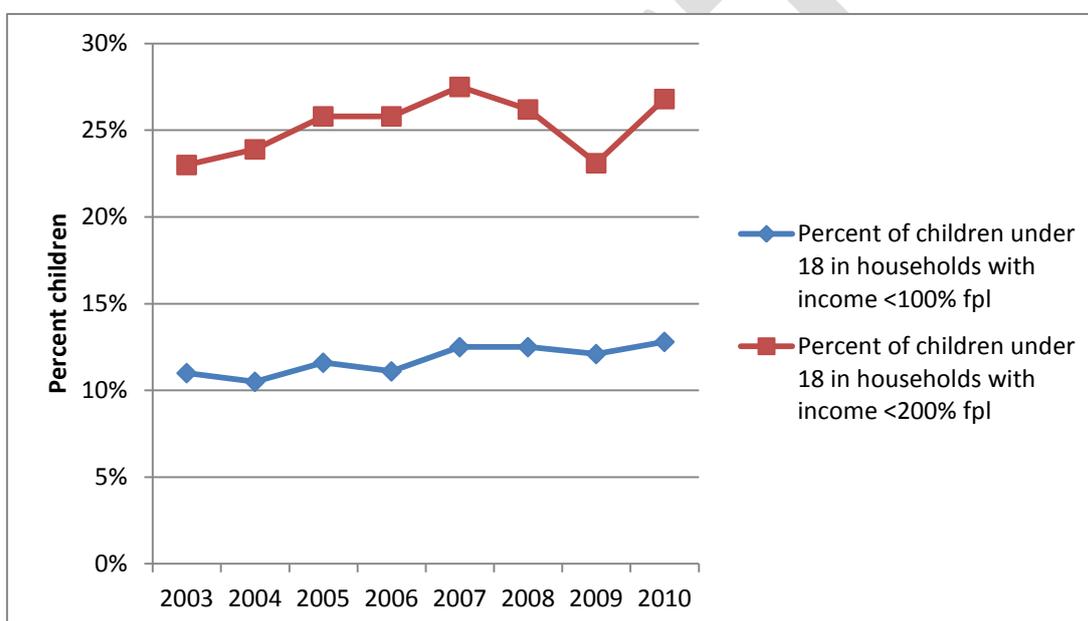
<sup>5</sup> <http://bber.unm.edu/econ/us-pci.htm>

per capita incomes, but are surrounded by wealthy suburbs. The state's unemployment rate in June 2012 was 8.1 per cent.<sup>6</sup> Connecticut ranks second among states in income inequality (Bee, 2012).

## 2.3 Child poverty in Connecticut

Using the official FPL, the child poverty rate in CT in 2010 was 12.8 per cent (relative to 22 per cent across the US). The child poverty rates since 2003 are presented in Figure 1 below. Connecticut has the second lowest child poverty rate in the nation. In 2010, 26.8 per cent of children were living at or below 200 per cent of the FPL; this alternate measure roughly corresponds to Connecticut's Self-Sufficiency Standard, which assesses the income necessary for a family to meet basic needs.

**Figure 1. Child poverty rates in CT 2003-2010**



Source: (Foley, 2012)

Similar to the US, child poverty rates in Connecticut vary substantially based on location, and Black and Hispanic children and children living in single parent families are significantly more likely to live in poverty in Connecticut than their counterparts.

## 2.4 Child poverty strategy

In 2004, Connecticut became the first state in the US to enact a law setting a poverty target, bringing together disparate state agencies together to work toward a common goal. The measure was signed into law in 2004, and in 2006, the Child Poverty Council and the state's Prevention Council merged into the

<sup>6</sup> <http://www.bls.gov/web/laus/laumstrk.htm/>

Child Poverty and Prevention Council.<sup>7</sup> The purpose of the Child Poverty and Prevention Council is to:

- develop and promote the implementation of a 10-year plan to reduce the number of children living in poverty in Connecticut by 50 per cent (by 2014)
- establish prevention goals and recommendations and measure prevention service outcomes to promote the health and well-being of children and families.

The council reports annually on progress toward the goal of cutting child poverty in half, focusing on the governor's budget, as well as on poverty and prevention reports from state agencies with membership on the Council. Each agency's report must include information on:

- long-term agency goals
- strategies
- performance-based standards
- outcomes and performance-based accountability
- a statement on the overall effectiveness of prevention within the agency
- methods used to reduce disparities in child performance and outcomes by race, income level and gender
- a brief description of the purpose of the prevention program
- the number of children and families served
- state and federal funding for the fiscal year.

The council also advises the governor and legislature on ways to realign the state's budget to ensure that it is compatible with reducing child poverty.

### **2.4.1 Government departments**

The following government departments and people are involved in Connecticut's child poverty strategy. Many of the keys policies, programmes and initiatives are run by the following departments.

- Office of Policy and Management
- the President Pro Tempore of the Senate
- the Speaker of the House of Representatives
- Department of Children and Families (DCF)
- Department of Education (DOE)
- Department of Labor (DOL)
- Department of Mental Health and Addiction Services (DMHAS)
- Department of Developmental Services (DDS)
- Department of Public Health (DPH)
- Department of Social Services (DSS)
- Department of Corrections (DOC)
- Department of Transportation (DOT)
- Department of Economic and Community Development (DECD)
- Judicial Branch, Support Court Service Division
- Board of Regents for Higher Education
- Health Care Access

---

<sup>7</sup> <http://www.ct.gov/opm/cwp/view.asp?a=2997&q=383356>

- the Child Advocate
- the chair of the State Prevention Council
- the Executive Director of the Children's Trust Fund
- the Executive Director of the Commission on Children
- the Executive Director of the Commission on Human Rights and Opportunities

## **2.4.2 Policies, programmes and initiatives**

Since 2008, the Council's efforts have focused on the income safety net, family income and education. Below is a brief summary of some of the state's actions in 2011 to address child poverty and promote children's well-being.

### **2.4.2.1 Policies to increase families' financial resources**

*State EITC:* In 2011, Connecticut began offering a state earned income tax credit. This fully refundable credit provides a benefit of up to approximately \$1,700 to approximately 190,000 low-income families.

*Job Creation:* A recent public act promoting economic growth and job creation in the state established new and existing business assistance, economic and workforce development, and job training programmes, and another created the Connecticut Bioscience Collaboration programme to support establishment of a bioscience cluster, which will enable nearly 7,000 permanent jobs.

### **2.4.2.2 Policies to reduce families' expenses**

*TANF Contingency Funding:* Connecticut received \$32.4 million in new federal funds to provide short-term emergency room services to families, subsidised employment opportunities to individuals, baby supplies, school supplies, support services to assist families to remain in their homes and summer camp opportunities for children.

*Supportive Housing:* Across the state, 150 new units of supportive housing were developed, providing permanent, affordable housing matched with support services for families and individuals at risk of homelessness.

*Affordable Housing:* The state budget included \$100 million for housing development and rehabilitation projects to increase the availability of affordable housing options for low-income families.

*Federal Emergency Homeowners Loan Program (FEHLP) and Emergency Mortgage Assistance Program (EMAP):* The Connecticut Housing Finance Authority (CHFA) approved a total of 1,070 assistance loans to homeowners and 280 loans to homeowners facing foreclosure.

### **2.4.2.3 Policies that promote child well-being and early intervention and prevention**

*Early Childhood System:* A coordinated early childhood system in Connecticut was created in 2011.

*Academic Achievement Gap:* The Achievement Gap Task Force was created to consider effective approaches to closing the achievement gaps in elementary, middle and high schools and develop a master plan to eliminate gaps.

*Board of Regents for Higher Education:* This Board was created to improve coordination, expand transparency and streamline administrative structures across the state's HE system.

#### **2.4.2.4 Key prevention programmes and services by department**

Below we summarise some relevant findings from the 2011 agencies report (State of Connecticut, 2011). Prevention programmes and services highlighted in this report serve children from birth to age 18 and their families. Programmes included were designed to prevent or eliminate at-risk behaviour before problems occur and promote the health and well-being of children. Further details of specific programmes and funding can be found in the full report. **Most of these policies and programmes are aimed at promoting child well-being and early intervention and prevention.**

##### **Department of Labor**

*Aim:* enable all families who receive time-limited state cash assistance to become and remain independent of welfare through employment by the end of the 21-month time limit on cash assistance; provide low-income youth aged 14-24 years with meaningful paid work experiences

*Key programmes:* Jobs First Employment Services (JFES), CT Youth Employment Program (CYEP)

*Key outcomes:* employment status, earned wages above TANF or FPL

*Data collected:* JFES issues monthly figures on the number of JFES participants who are employed by vendor and statewide; and the number of participants with earnings higher than the Temporary Family Assistance (TFA) payment standard and the FPL. CYEP collects data on the number of youth to participate in a paid work experience. DOL also collects data on the number of youth to participate in job-readiness training and to receive support services. In 2011, 1,853 young people enrolled in CYEP with 1,661 completing the programme.

##### **Department for Children and Families**

*Aim:* prevent maltreatment by promoting nurturing and attachment between family members; knowledge of parenting and child development; parental emotional resilience; social connections for parents; and concrete supports, such as food, clothing, housing, transportation, and services.

*Key programmes:* DCF/Head Start Partnership, Early Childhood Consultation Partnership (ECCP), Early Childhood Services, Positive Youth and Family Strengthening Development Initiative, Youth Suicide Prevention

*Key outcomes:* less need for DCF services; children to remain safely at home; more timely permanency; improved child well-being; better preparation for youth in transition

*Data collected:* enrolment and monitoring information; performance-based outcomes; several programmes have existing or planned evaluations

Researchers at the Yale Child Study Center conducted a RCT of ECCP from 2007 (Gilliam, 2007). ECCP provides consultation and training to staff in early childhood settings to promote children's socio-emotional well-being to prevent problem behaviours. The study compared outcomes for children who were enrolled in classrooms that received ECCP services those that did not. Children in ECCP classrooms demonstrated significantly fewer behaviour problems including hyperactivity and oppositional behaviours, but no significant programme effects were found for observable classroom quality or teacher-child interactions. ECCP is a manualised programme with a detailed implementation strategy. Since 2002, ECCP has operated within 67 per cent of Connecticut's licenced early childhood settings. In 2011, it served 3,035 children and 1,192 teachers.

### **Department of Developmental Services**

*Aim:* provide early intervention to families of very young children with disabilities or delays to ameliorate the delay or to at least prevent secondary disabilities; support families to care for their children in the family home; and prevent out-of-home placement

*Key programmes:* Birth to Three, Family Support Services

*Key outcomes:* early identification of disability; improvement in children's developmental trajectories; parental confidence and competence; decrease in need for special education services; children able to live at home longer with their families; children and families receive appropriate supports

*Data collected:* All Birth to Three contractors are part of a real-time data system that enables the state to view their performance on a daily basis

### **Department of Education**

*Aim:* ensure high-quality preschool education for all; high academic achievement of all students in reading, writing, mathematics and science; all students graduate high school prepared for lifelong learning and careers

*Key programmes:* Even Start Family Literacy Program, Early Childhood Program (school readiness)

*Key outcomes:* high-quality preschool education for all young children; children enter kindergarten fully prepared for further learning in literacy and numeracy; increase in teachers with specific early childhood education qualifications; progress towards quality standards in Early Childhood Education; increased achievement of all students; closing achievement gaps; increased teacher retention rates and ethnic minority teachers in high-need districts; fewer districts and schools identified as needing improvement or corrective action; increased family participation in planning and improvement of school programmes; increased support to families for supporting children's learning at home; increased high school graduation requirements; access to meaningful

out-of-school learning experiences for students; reduce the number of students who are suspended or drop out of high school

*Data collected:* enrolment and monitoring information (including graduation rates); young children's school readiness skills; adult education and parenting skills (for parents participating in Even Start); achievement test scores (by receipt of free/reduced meals)

Even Start is required to contract for local programme evaluations, which require 3-5 visits to individual programmes annually to review early childhood records and lesson plans, observe instruction and conduct focus groups with staff and adults. All programmes must report on quality, attendance and outcomes, as well as meet state standards or performance indicators of success in early childhood, adult education and parenting education. Outcomes, attendance and quality assurance standards are reviewed on a monthly and an annual basis at the local and state level. Programmes must also develop local objectives that are measurable and demonstrate the quality of their programme and outcomes.

### **Department of Mental Health and Addiction Services**

*Aim:* reduce the incidence of problem behaviour, improve health and well-being, and achieve quantifiable decreases in substance abuse rates

*Key programmes:* Partnership for Success, Tobacco Prevention and Enforcement

*Key outcomes:* decrease substance abuse rates, including tobacco use among 12-17 year olds and alcohol use; reduce suicidal behaviour; decrease criminal justice involvement; reduce retailer violations for tobacco sales to minors

*Data collected:* DMHAS assesses its performance against the federal health outcome measures, as assessed in the annual National Survey on Drug Use and Health, which provides state reports (NSDUH<sup>8</sup>). Recent outcomes include: a reduction in cigarette and other tobacco use rates among 12-17-year-olds, as well as recent use of illicit drugs across all ages; a reduction in alcohol use rates over the past year among young people ages 12-20; decreases in the number of tobacco merchants selling tobacco products to minors (to 11 per cent in 2011 from a high of 70 per cent in 1996).

### **Department of Public Health**

*Aim:* protect and improve health and safety by assuring the conditions in which people can be healthy; promoting physical and mental health; and preventing disease, injury and disability

*Key programmes:* Asthma Program: Easy Breathing; Child Day Care Licensing; Community Health Centers (CHC); Emergency Medical Services for Children; Family Planning; Immunization Program; Injury Prevention; Lead Poisoning

---

<sup>8</sup> <https://nsduhweb.rti.org/>

Prevention and Control; Newborn Laboratory Screening and Tracking; Nutrition, Physical Activity and Obesity (NPAO); Oral Health-Home by One; Rape Crisis and Prevention Services; Tobacco Use Prevention and Control; Special Supplemental Nutrition Program for Women, Infant and Children

*Key outcomes:* number of pregnant women receiving prenatal care in first trimester; number of children with appropriate immunisations; number low birthweight; increase in lead screening rates; decrease in prevalence of children with elevated blood lead levels; increase in fruit and vegetable intake and physical activity among preschoolers; appropriate weight gain during pregnancy; low birthweight; breastfeeding initiation and duration; childhood anemia

*Data collected:* enrolment and monitoring information; reviews of medical records and treatment plans; some individual programmes use surveys (e.g. NPAO carries out evaluation including pre- and post-tests)

The Connecticut School Health Survey (CSHS<sup>9</sup>) is a series of school-based biennial surveys comprised of the Youth Tobacco Component (YTC) for students in grades 6-12 and the Youth Behavior Component (YBC) for students in grades 9-12. The surveys provide data on health risk behaviours and links between these behaviours and students' academic achievement.

## Department of Social Services

*Aims:* provide programmes and services that address the root causes of and the concomitants of poverty including increased access to affordable housing; increased awareness and availability and access to food and good nutrition; increased awareness of and access to preventive and curative health; and increasing the number of children who are 'ready to learn' by providing childcare and parenting education focusing on helping infants and toddlers develop appropriate socio-emotional skills.

*Key programmes:* Children's Trust Fund, which includes Healthy Start and Nurturing Families Network (NFN); Fatherhood Initiative; Teenage Pregnancy Prevention

*Key outcomes:* reduced rate and severity of child abuse and neglect; improved parent-child interaction and parenting skills; gains in household stability, education and employment; enhanced family relationships and parent well-being; increased developmental monitoring and access to services; maternal health; infant and child health; child development

*Data collected:* DSS is currently in the process of formalising a longitudinal data collection and analysis strategy to go beyond the process measures they currently collect

---

<sup>9</sup> [http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104&dphNav\\_GID=1832](http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104&dphNav_GID=1832)

Several studies conducted by the University of Hartford Center for Social Research (CSR<sup>10</sup>) show that programmes supported by the Children's Trust Fund reduce the incidence and severity of child abuse and neglect and help parents to take hold of their responsibilities and become better caregivers. For example, highlights of the 2010 report on the NFN, which is intensive home visiting for new parents who are at high risk for child abuse and neglect include:

- Mothers who received 1-2 years of NFN services made significant gains in education, employment and independent living, but they still struggled financially.
- NFN mothers reduced their risk of maltreating their children.
- NFN mothers were better able to access available resources in their communities (Damboise & Hughes, 2010).

In 2011, 1,950 families received intensive home visiting services from NFN.

### **Judicial Branch, Support Court Service Division**

*Aim:* divert children from juvenile court involvement and penetration into criminal justice system

*Key programmes:* Education Support Services; Family Support Centers

*Key outcomes:* reduction in juvenile court intake; increases in juveniles engaged in criminogenic need-based treatment; reduction in 24-month re-arrest rates for juveniles on probation or supervision; fewer delinquency commitments

*Data collected:* intake; treatment enrolment and completion; recidivism rates; commitments to long-term residential placements or for incarceration. Recent data indicates decreases in intakes, increases in treatment and decreases in commitments.

A model intervention that holds great promise in diverting school-based arrests is the School-Based Diversion Initiative (SBDI), which aims to bridge existing behavioural health services and supports to children and youth with mental health needs to prevent juvenile justice involvement. Results of a 2011 evaluation comparing Emergency Mobile Psychiatric Services (EMPS) utilisation rates and arrest data within two communities with SBDI compared to matched communities without SBDI reported:

- Among youth with previous juvenile justice involvement, rates of subsequent referrals were significantly lower in SBDI communities (31 per cent) than non-SBDI communities (43 per cent), even after controlling for race, age, gender and previous delinquency.
- Youth with previous juvenile justice involvement in SBDI communities experienced lower risk and delayed onset of recidivism (398 days to re-

<sup>10</sup> [http://www.centerforsocialresearch.org/?page\\_id=102](http://www.centerforsocialresearch.org/?page_id=102)

arrest) compared to non-SBDI communities (258 days) (O'Connell, 2011).

#### **2.4.2.5 New programmes and initiatives**

In 2009, the Office of Policy and Management contracted the Urban Institute to provide an economic analysis of which recommended strategies would reduce child poverty in Connecticut most significantly using various measures of poverty (i.e. FPL, 200 per cent of FPL and an alternate measure similar to the SPM) (Giannarelli & Zedlewski, 2009). The analysis used the TRIM3 model,<sup>11</sup> a micro-simulation model of the key tax and benefit programmes affecting low-income families. TRIM3 simulates the effects of different programme rules on families' incomes and poverty by first calculating the direct effect of the alternatives on families' programme benefits and taxes, and second estimating any potential labour supply response to the alternative policies. The analysis identified three recommendations:

- increase enrolment in subsidised housing, energy assistance and nutrition assistance
- increase attainment of Associates Degrees<sup>12</sup>
- guarantee child care subsidies.

The analysis estimated that if these recommendations were instated, reductions in poverty would range from 10 per cent to 29 per cent using the various poverty measures. Based on this quantitative analysis and further discussion, the Council's recommendations for action in 2012 are:

##### 1. Reduce homelessness:

- increase Rental Assistance Program certificates (RAPs) available to families with children, prioritising services to populations, such as families involved in the child welfare system who are separated or at risk of permanent separation, young adults ages 18-24 who have aged out of the child welfare system and are homeless or at risk of being homeless, and families with children with physical and mental health needs
- re-open the Security Deposit Guarantee Program
- continue to implement supportive housing for families with children
- align investments of state agencies in family housing.

##### 2. Enhance Early Childhood Education

- allow low-income parents up to 75 per cent of the state median income (instead of the current 50 per cent) to enroll in Care4Kids, the programme that provides childcare assistance to low- to moderate-income families
- create a 'bridge' programme to cover Care4Kids costs for providers between the time an application is submitted and approved (usually 60 days), to ensure that parents do not lose a job during the wait period

---

<sup>11</sup> <http://trim.urban.org>

<sup>12</sup>In the US, an associate degree is equivalent to the first two years of a four-year college or university degree.

### 3. Post-secondary education

- expand Western Connecticut State University's Bridges programme to all community colleges, in which professors work with middle- and high-school students, administrators and teachers in priority school districts to reduce the need for remedial education
- collect and distribute data to inform all public school districts of remedial education needs and six-year college graduation rates on a biennial basis<sup>13</sup>
- expand financial aid strategies to cover cost of living expenses

### 4. Enhance access to supplemental nutrition program

- increase enrolment for federal energy and nutrition assistance programmes including streamlining applications, improving access to offices, increasing efficiency of application processing, enhancing outreach and creating 'one-stop shopping'

Other key recommendations include:

- continue to promote use of federal and state EITC
- enforce existing truancy laws and support efforts to address truancy to help lessen youth dropout rates
- enhance General Educational Development (GED)<sup>14</sup> and literacy programmes for TANF participants including piloting ways of expediting attainment of high school diplomas or GEDs or supplementing income for parents who move from welfare to work
- provide support for young mothers on TANF including developing programmes of support for pregnant and parenting teens.

The Council also wishes to promote collaboration across agencies including publicising to enrollees of one programme their eligibility for another, integrating existing screening tools and creating a coordinated leadership team across agencies. The following are examples of successful interagency collaborations:

- *DCF Head Start Partnership:* The focus of this partnership is to develop strategies to promote young children's healthy development and the stability of the child within the family. All 14 DCF Area Offices have formed partnerships with the Head Start programmes in their area, providing more young children with DCF involvement or in DCF placements high-quality preschool placements, as well as support and resources for their parents.
- *State Healthy Start Program:* DPH provides funding to DSS to administer the State Healthy Start Program, an insurance programme for low-income pregnant women. The agencies collaborated on the drafting of the new contract language to implement changes to Healthy Start that promote

---

<sup>13</sup> For more details, see

<http://www.ctregents.org/files/pdfs/p20/Supplemental%20Data%20Review%20for%20Superintendents%20-%20web.pdf>

<sup>14</sup>GED tests are a group of tests assessing high school-level academic skills. They are often taken by people who no longer attend high school, but wish to receive a high school equivalency diploma.

screening of women for risk of abuse and neglect, and a system to refer women for services and enrollment into a comprehensive home visiting programme.

### 2.4.3 Measurement

As summarised above, each state agency included in the prevention strategy also measures outcomes related to their service.

Table 1 below summarises some of the key outcomes for Connecticut.

**Table 1. Key outcomes aligned with child poverty strategy**

Poverty	FPL
	200 per cent FPL
	Alternative poverty measure (similar to SPM)
Welfare and employment status	Reduction in welfare dependence and increase in employment
	Reduction in in-work poverty
	Increased take-up of state and federal EITC
	Increased job-readiness
In-kind benefits	Increased enrolment in subsidised and supportive housing
	Increased enrolment in nutrition assistance
	Increased eligibility for child care subsidies
Family relationships	Reduction in child abuse and neglect
	Reduction in placements away from home
	Improved parent-child interactions and parenting skills
Child development and achievement	Improved developmental trajectories and achievement for all children
	Increased enrolment in preschool education
	Improved home learning environment
	Increased achievement test scores
	Increased high school graduation rates
	Increased attainment of Associate's Degrees
Substance use	Reduction in substance abuse rates
	Reduction in retailer violations for underage sales
Health	Increased pre-natal care
	Reduction in low birthweight
	Reduction in lead poisoning
	Increased breastfeeding initiation
	Reduction in suicides
	Increased immunisation
	Increased healthy eating
	Reduction teen pregnancy

Criminal justice	Reduction in recidivism
	Increased engagement in needs-based treatment

## 2.5 Overall lessons for NI

- focus on prevention
- set targets and outcomes
- regularly measure performance against targets and outcomes
- set up a group, agency or council responsible for organising child poverty strategy, setting targets and holding agencies responsible for delivering their targets
- encourage multi-agency working
- understand the drivers and correlates of poverty – overall, in your country and in particular regions.

DRAFT

## 3. New York City

### 3.1 City overview

New York City is a good example of use of rigorous evidence to trial new and innovative poverty solutions – in one of the world’s largest and most diverse cities.

New York City is located in the Northeastern US, in southeastern New York State, approximately halfway between Washington, DC and Boston. New York City consists of five boroughs - The Bronx, Brooklyn, Manhattan, Queens and Staten Island, each of which comprises a state county. It is the most populous city in the US, with an estimated 2011 population of 8,244,910 distributed over a land area of 305 square miles.<sup>15</sup>

The New York City government is responsible for public education, correctional institutions, libraries, public safety, recreational facilities, sanitation, water supply and welfare services.

The executive branch of the New York City government consists of the Mayor, the Public Advocate, the Comptroller and five Borough Presidents. The heads of about 50 city departments are appointed by the mayor. The mayor also appoints several Deputy Mayors to head major offices within the executive branch of the city government. The mayor is responsible for all city services, police and fire protection, enforcement of all city and state laws within the city, and administration of public property and most public agencies.

The New York City Council, which consists of 51 members, each elected from a geographic district, comprises the legislature.

New York City is divided into 59 administrative districts, each served by a Community Board, which are local representative bodies that serve as advocates for New York City residents and communities.

### 3.2 Demographics

In 2010, New York City’s population was 33 per cent White, 26 per cent Black, 26 per cent Hispanic and 13 per cent Asian.<sup>16</sup> Approximately 36 per cent of the city’s population is foreign-born.

Income inequality is greater in New York City than any other metropolitan area in the US (New York State ranks highest among states) (Bee, 2012).

---

<sup>15</sup> <http://www.nyc.gov/html/dcp/html/census/popcur.shtml>

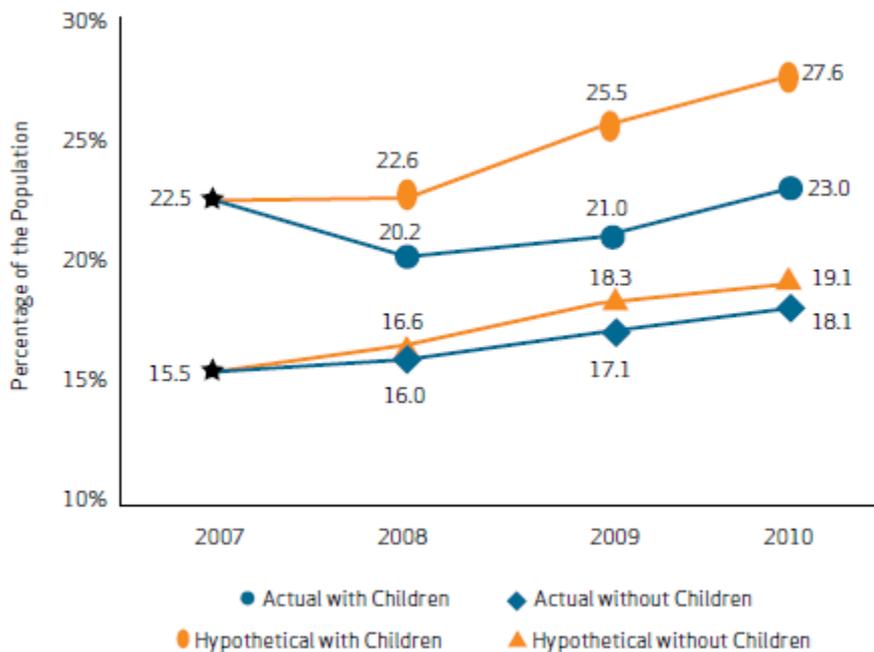
<sup>16</sup> <http://quickfacts.census.gov/qfd/states/36/3651000.html>

### 3.3 Child poverty in New York City

Using the official FPL, the child poverty rate in NYC in 2010 was 29.5 per cent (relative to 22 per cent across the US) (NYC Center for Economic Opportunity, 2012). The poverty rates are highest in The Bronx and Brooklyn and lowest in Staten Island. Children in one-parent families are nearly twice as likely to be in poverty as children in two-parent families, and non-Hispanic White children are about 1.5 times less likely to live in poverty than their Black, Hispanic and Asian counterparts. Not surprisingly, poverty rates are highest among adults with less than a high school education and those who do not work.

Although poverty rates increased between 2008 and 2010, assessment of the poverty rate using a measure comparable to the SPM indicated that it increased far less than it would have had the non-cash social safety net programmes been in place (see Figure below).

**FIGURE VI THREE**  
**Actual and Hypothetical Poverty Rates, 2007 - 2010**



Source: American Community Survey Public Use Micro Sample as augmented by CEO.

Source: (NYC Center for Economic Opportunity, 2012)

### 3.4 Child poverty strategy

Not a target *per se*, but the establishment of the New York City Center for Economic Opportunity (CEO)<sup>17</sup> by the Mayor’s office enabled implementation and trialling of new, innovative and promising anti-poverty programmes and initiatives in New York City. CEO designs and tests new anti-poverty initiatives

<sup>17</sup> <http://www.nyc.gov/html/ceo/html/home/home.shtml>

in collaboration with city agencies and manages an Innovation Fund that provides city agencies funding to implement such initiatives.

In 2006, Mayor Bloomberg of New York City established the Commission for Economic Opportunity to analyse the causes, scope and consequences of poverty and to devise a strategy to reduce poverty and increase access to opportunity. The Commission, which included 32 civic leaders, recommended the city focus on three populations: working poor, young adults age 16-24 and families with children. As a result of the Commission, the Mayor established CEO in 2006.

CEO includes a rigorous monitoring and evaluation agenda to enable replication (and expansion) of programmes that demonstrate impact and elimination of programmes that do not. When initiatives show positive results, they move from pilot status to permanent programmes, the latter of which are housed at city agencies. This designation transfers ongoing funding and decision-making authority to the managing agency, although they continue to be evaluated.

In 2008, CEO selected Westat and Metis Associates as their independent evaluators. An evaluation strategy is developed for each initiative, taking into account the availability of extant data, implementation status, timing of expected outcomes and existing knowledge of a particular programme. Early implementation and outcome evaluations (called 'programme reviews') are carried out for most initiatives, documenting:

- implementation and fidelity to established models
- sponsoring and providing agencies
- budget
- target population
- statement of need, goals and services
- eligibility criteria
- targets and outcomes
- selected key findings
- conclusions and recommendations.

CEO shares their evaluation findings locally and nationwide to enable replication (and further evaluation) of promising programmes. CEO programmes that did not receive a programme review are monitored and evaluated using other mechanisms, such as analysis of existing administrative data. Several CEO programmes are being evaluated using RCTs including Opportunity NYC (J. Riccio, et al., 2010), NYC Justice Corps (Tapper, Zacharia, Bergman, Fields, & Clarke, 2009) and the CUNY Performance Based Scholarship programme.

### **3.4.1 Government departments**

The following government departments and organisations are involved with CEO. Many of which work with CEO to implement and manage individual programmes, as described below.

- City University of New York (CUNY)
- Department of Finance (DOF)
- Department of Consumer Affairs (DCA)
- Office of Financial Empowerment (OFE)

- Department of Parks and Recreation (Parks)
- Health and Hospitals Corporation (HHC)
- Department of Education (DOE)
- MDRC
- Department of Housing Preservation and Development (HPD)
- New York City Housing Authority (NYCHA)
- Administration for Children's Services (ACS)
- Department of Health and Mental Hygiene (DOHMH)
- Office of the Mayor
- Department of Youth and Community Development (DYCD)
- Human Resources Administration (HRA)
- Department of Small Business Services (SBS)
- Public Libraries
- Department of Probation (DOP)
- Department of Juvenile Justice (DJJ)
- Department of Correction (DOC)
- Westat
- Metis Associates

### 3.4.2 Policies, programmes and initiatives

To date, CEO has funded and tested over 50 programmes. Some successful and promising CEO programmes relevant to children or families with children are summarised below.

#### 3.4.2.1 Policies to increase families' financial resources

*Accelerated Study in Associate Programs (CUNY ASAP)* (City University of New York)

Operating at all six of CUNY's community colleges, CUNY ASAP is designed to increase community college graduation rates by removing barriers to graduation by offering participating students a prescribed course to degree completion and a variety of academic and financial supports. The programme aims to increase the three-year community college graduation rate to 50 percent. Programme features include advisement and tutoring, tuition waivers, free textbooks and public transport cards. The programme also offers consolidated course schedules to accommodate students' work schedules and career and employment specialists to help students with job placement and career development. The programme supports students who wish to transfer to four-year colleges.

CUNY released a preliminary outcome report in November 2009 with a follow-up report in early 2012 (Linderman & Kolenovic, 2012). ASAP is now involved in a random assignment study led by MDRC, with the first impact report expected in 2012.

According to early evidence, CUNY ASAP exceeded its goal: the Autumn 2007 cohort of 1,132 students achieved a 55 per cent three-year graduation rate, higher than the 24.7 per cent graduation rate for the comparison group and three times the national urban community college graduation rate of 16 per cent (Linderman & Kolenovic, 2012). Longer-

term data revealed that 63 per cent of ASAP students (vs. 44 per cent of comparison group students) earned a degree or transferred to a four-year college within the first three years. These promising results have persisted, even for the higher-need cohorts that began in 2009. Comprised primarily of low-income students with some developmental education needs, an analysis of the Autumn 2009 cohort ( $N=429$ ) demonstrated that ASAP students were graduating at significantly higher rates than a comparison group of similar students: the two-year graduation rate for the fall 2009 ASAP cohort was 28 per cent vs. 7 per cent for the comparison group.

### *CUNY Preparatory (CUNY Prep) (CUNY)*

CUNY Prep offers out-of-school youth ages 16-18 years the opportunity for full-time study to obtain a GED and enrol in college.

### *EITC Mailing (DOF)*

To ensure that all eligible New Yorkers receive the EITC, DOF mails pre-populated amended tax returns to potentially-qualified households who did not claim the EITC on their submitted tax return. Recipients are asked only to verify their income and dependent child information, and sign and mail the amended form to the Internal Revenue Service (IRS).

### *Office of Financial Empowerment (DCA)*

The Office of Financial Empowerment (OFE) is the nation's first municipal office with the mission to enable residents with low- to moderate-incomes to build assets and make the most of their financial resources including increasing access to high-quality financial education and tax credits, connecting low-income households to safe and affordable banking and asset building products and services, and enforcing and improving protections in financial services. OFE leads Cities for Financial Empowerment, a coalition of cities dedicated to financial empowerment for residents. OFE manages multiple programmes including:

- *Financial Empowerment Centers (DCA/OFE)*, which offer free one-to-one professional financial counselling at community-based organisations and mobile sites. Financial Empowerment Centers served more 13,500 clients during the first three years and helped residents to pay off more than \$4.2 million in debt.
- *\$aveNYC (DCA/OFE)* enables eligible low-income tax filers to use a portion of their EITC to build savings by earning a 50 per cent matched contribution for maintaining the account balance for one year. At the end of the first year pilot, 76 per cent of participants earned their matched funds, saving an average of \$624 (New York City Department of Consumer Affairs, 2009). The programme has been expanded to three additional cities, Newark, NJ, San Antonio, TX and Tulsa, OK.

### *MillionTreesNYC Training Program (Parks)*

This seven month paid training programme prepares unemployed, out-of-school youth for green jobs. Trainees choose one of three tracks: arboriculture, ecological restoration or landscape design and gardening to develop marketable skills. A 2009 grant from the US Department of Agriculture enabled graduates to be placed in subsidised green jobs.

*Nursing Career Ladder: Licensed Practical Nurse (LPN) Program* (HHC and DOE)

This initiative prepares low-income individuals who are currently living at or below 130 per cent of the FPL for careers in nursing, offering programme enrollees full tuition and support services. Once they complete the programme and obtain their professional licence, participants are placed in LPN positions at HHC hospitals or other health care facilities, earning approximately \$40,000 annually.

*Nursing Career Ladder: Registered Nurse/Bachelor of Science in Nursing (RN/BSN) Program* (HHC)

This programme is similar to the LPN programme, but supports participants to earn a Bachelor of Science (BS) degree in Nursing. Graduates commit to working as a Registered Nurse (RN) at HHC hospitals for four years.

*Opportunity NYC-Family Rewards* (CEO, in partnership with MDRC)

This family-focused programme offered rewards for activities related to educational effort and achievement, preventive health care, and employment and training. Preliminary results from the evaluation showed that the programme reduced poverty and improved a number of child outcomes, including rates of school attendance and grade advancement, standardised test results, and preventive dental and health care. The initial programme was trialled as a three-year demonstration, which ended in 2010 (with the evaluation continuing for an additional two years). The Social Innovation Fund (SIF – see below) Family Rewards is a second-generation conditional cash transfer programme that builds on the preliminary results of Opportunity NYC, focusing on the most promising health, education and employment incentives, offered in New York City and Memphis, TN.

Findings from the Opportunity NYC evaluation revealed that 98 per cent of participating families earned rewards – more than \$6,000, on average – over the first two years of the programme (J. Riccio, et al., 2010). About two-thirds (65 per cent) earned rewards in every period they were available. Family Rewards had effects on a range of outcomes including:

- reduction in poverty and perceptions of financial hardship
- increased savings and the likelihood that parents had bank accounts, and reductions in the use of cheque cashers
- increased school attendance, course credits, grade advancement and standardised test results among high school students with high standardised maths scores, but no effects on younger pupils or older pupils with lower maths scores
- increased families' use of health insurance coverage and receipt of medical care, and reductions in use of hospital emergency rooms for routine medical care

- substantially increased families' receipt of preventive dental care
- increased employment in jobs not covered by the UI system, but reduced employment in UI-covered jobs.

*Opportunity NYC-Work Rewards* (CEO, in partnership with HPD, NYCHA and MDRC)

This programme provided work and job training incentives to adults living in subsidised housing from 2007-2010. This three-year initiative tested different combinations of employment assistance and financial incentives. Some participants were enrolled in the Family Self-Sufficiency (FSS) Program, a federal programme that encourages work and savings. Works Rewards is undergoing a random assignment evaluation concluding in 2014. This programme helped to inform the development of the Social Innovation Fund (SIF) Family Rewards programme being implemented in New York and one other city.

*Youth Financial Empowerment* (ACS)

This programme teaches financial literacy skills to young people aging out of the foster care system, and provides matching funds to contributions made by youth into Individual Development Accounts (IDAs) (up to \$2,000 by saving \$1,000 in the IDA). These savings can be applied to obtain and maintain stable housing, pursue educational and vocational opportunities and establish small enterprises.

### **3.4.2.2 Policies to reduce families' expenses**

*Child Care Tax Credit* (DOF, in collaboration with New York State)

The New York City Child Care Tax Credit provides eligible low-income families with a refundable tax credit to help pay for childcare expenses. When combined with the federal and state child care tax credits, eligible families can receive over \$6,100 annually to help offset the cost of childcare.

### **3.4.2.3 Policies that promote child well-being and early intervention and prevention**

*School-Based Health Centers* (DOHMH)

New School-Based Health Centers (SBHCs) were established at six high-need high school campuses, providing a comprehensive range of services including primary care, acute care, health education, vaccinations and chronic disease management, and offer a non-stigmatised environment for obtaining reproductive and mental health services. SBHCs provide free care to students regardless of their insurance status.

*Healthy Bodegas Initiative* (DOHMH)

This programme aims to promote healthy eating by increasing the availability, quality and variety of healthy foods at food retailer located in targeted low-income neighbourhoods. It works with food retail owners to improve the

provision and promotion of many healthy items including low-fat milk, fresh fruits and vegetables, and also works with community groups to increase consumer demand for these products.

#### *Teen ACTION (DYCD)*

Teen ACTION (Achieving Change Together In Our Neighborhood) is an after-school programme designed to help young people cultivate an ethic of service; develop life skills and critical thinking skills; reduce risky behaviours that may result in teen pregnancy or sexually transmitted diseases; encourage use of health and mental health services; and promote commitment to academic achievement. Teen ACTION participants work with staff, community advocates and experts to research social, emotional and environmental issues affecting their schools or communities.

#### **3.4.2.4 Other programmes covering all policy areas**

##### *Jobs-Plus (HRA)*

Jobs-Plus is a place-based comprehensive employment services programme for residents of targeted New York City Housing Authority developments. The programme serves all working age residents of a targeted housing development or cluster of developments using a three-part strategy: (1) on-site access to employment-related services, (2) rent-based and other work incentives that allow residents to keep more of their earnings, and (3) activities that promote community support for work through neighbour-to-neighbour outreach. The Jobs-Plus programme is being expanded through the Young Men's Initiative (YMI – see below) and the Social Innovation Fund (SIF – see below) in New York and San Antonio, TX. The programme is based on a national demonstration that resulted in increased earnings for residents at least seven years after the programme's implementation, relative to a control group (J. A. Riccio, 2010).

##### *Young Men's Initiative (YMI)*

YMI is a multi-agency initiative comprised of over 30 programme and policy initiatives in four key areas: education, employment, health and justice. This \$43 million annual public-private partnership, supported by City funds, Bloomberg Philanthropies and Open Society Foundations funds the expansion of CEO programmes and a number of new initiatives designed to improve outcomes for young men of colour. CEO is overseeing the implementation and evaluation of the majority of YMI programmes. Tables 2 and 3 provide brief summaries of existing and new programmes funded under YMI.

**Table 2. CEO programmes expanded under YMI**

Programme	Agency	Description
Expanded Training and Employment Business Solutions Training Funds Employment Works Sector-Focused Career	SBS	Increased training slots

Centers		
Jobs-Plus	HRA & NYCHA	Employment services programme for residents of public housing
NYC Justice Corps	CUNY	Community service and work readiness programme for youth involved with the criminal justice system
Young Adult Internship Program	DYCD	Internship programme for unemployed, out-of-school youth
Young Adult Literacy Program	DYCD & Libraries	Literacy programme that combines educational instruction with internships and support for pre-GED young adults
Community Education Pathways to Success (CEPS) at Neighborhood Opportunity Network (NeON)	DOP	Pre-GED programmes to include young adults on probation

**NYC Justice Corps** helps young adults involved with the criminal justice system to reintegrate into their communities through community benefit projects, paid internships, educational opportunities and support. NYC Justice Corps is expanded by YMI to serve additional high-need neighbourhoods, and is currently undergoing a random assignment evaluation. The CEO programme influenced the development of a model operating in several states across the country funded by the US Department of Labor.

**Young Adult Internship Program** provides short-term paid internships, placement into jobs, education or advanced training and follow-up services to disconnected young people ages 16-24 years. Evaluation data suggest that the programme is effective in re-engaging disconnected young people: approximately 50 per cent of the young people who entered the programme remained were in verified employment, education or training nine months after completing the internship (Westat & Metis Associates, 2009). Through YMI, the programme is adding four new sites and expanding capacity at five existing sites to serve an additional 501 youth per year. The programme will undergo a random assignment evaluation.

**Young Adult Literacy Program (YAL)** offers literacy and math instruction, work readiness, support services and paid internships at libraries and community-based organisations for 17-24-year-olds who read at a 4<sup>th</sup>-6<sup>th</sup> grade level. Sites serve cohorts of approximately 20 participants and are expected to engage them for six months or longer, to ensure participants make the necessary advancements to enter GED programmes or the job market. The programme was supplemented with a paid summer work experience programme aimed at promoting class attendance, and providing job skills and income. The effectiveness of adding a paid summer internship to the standard YAL model was assessed with an experimental evaluation using a randomised design: 9 of the 12 YAL sites participated in the evaluation of the summer internship component, with five sites randomly assigned to the treatment group

(including an internship component) and four sites the control group (no internship).

The evaluation showed that adding paid internships dependent on attendance at the education services led to increased attendance and programme retention, as well as an increase in participants' math gains. Surprisingly, the evaluation did not reveal significant differences in literacy skills between treatment and control young people (Westat & Metis Associates, 2011).

The programme is adding five new sites, and DOP is launching five sites tailored to probationers, both as part of YMI.

**Table 3. New CEO programmes under YMI**

Programme	Agency	Description
AIM (Advocate, Intervene, Mentor)	DOP	Intensive mentoring programs for youth on juvenile probation
Arches	DOP	Intensive mentoring and group cognitive behaviour therapy programme for young adults on probation
Cornerstone Mentoring	DYCD & Service	Group-based mentoring programme for middle school students
Every Child Has an Opportunity to Excel and Succeed (ECHOES)	DOP	After-school employability development services through an alternative-to-placement programme serving young people on Family Court probation
Teen and Young Adult Health Program	HHC	Train staff and establish peer counselling to provide adolescent-friendly health services and social support within HHC hospitals and clinics
IMPACT: Peer Mentoring in Young Adult Literacy	CUNY	Add peer mentoring and an alumni network to existing GED programme
Justice Community	DOP	NeON-based programme that includes community service, subsidised employment and career development for court-involved youth
Justice Scholars	DOP	New education and career exploration programmes serving court-involved youth
Project CeaseFire	DOHMH & HHC	Evidence-based anti-violence programmes in three neighbourhoods with high rates of gun violence in collaboration with nearby public hospitals

### *Social Innovation Fund (SIF)*

The national SIF effort is funded by an annual grant of \$5.7 million and other matching funds that support the replication and rigorous evaluation of five programmes across eight cities. The five programme models being replicated are:

- *Family Rewards* targets families with high school aged children in Memphis, TN and New York City.
- *Jobs-Plus* provides job and career support, community building and rent incentives to public housing residents. Jobs-Plus is being offered in New York City and San Antonio, TX.
- *Project Rise* offers education and paid internships to young adults who are out of school, out of work and who lack a high school diploma or GED in Kansas City, MO, New York City and Newark, NJ.
- *SaveUSA* offers a matched savings account to low-income tax filers in New York City, Newark, NJ, San Antonio, TX and Tulsa, OK.
- *WorkAdvance* connects adults to career ladders in Cleveland, OH, New York City, Tulsa, OK and Youngstown, OH.

In addition to expanding successful anti-poverty programmes, a major goal of SIF is to scale-up and expand the capacity of provider organisations. CEO and partners provide technical assistance to improve the implementation of programme models and building staff and organisational capacity.

Five comprehensive evaluation plans have been developed as part of SIF:

- Family Rewards study enrollees: 1,668 (programme: 833; control: 835)
- SaveUSA study enrollees: 2,482 (opened SaveUSA account: 1,662; control: 820)
- WorkAdvance study enrollees: 352 (programme: 183; control: 169)
- Random assignment has been completed for SaveUSA in New York and Tulsa, and Family Rewards in New York.

### 3.4.3 Measurement

CEO created its own fit for purpose New York City poverty measure (comparable to the SPM) to better reflect the cost of living and of work supports, and assist agency efforts to target programmes to individuals in need. CEO issues annual reports updating the poverty measure and poverty rate for New York City. A 2012 working paper (NYC Center for Economic Opportunity, 2012) showed how the increased generosity of food stamps and the expansion of tax credits due to the ARRA offset what would have otherwise been a sharp rise in New York City's poverty rate from 2008 to 2010. No direct measurement of the impact of CEO's programmes on poverty.

As summarised above, each initiative is extensively monitored and evaluated, and programmes that do not demonstrate successful outcomes are discontinued.

Table 4 below summarises some of the key outcomes for New York City CEO.

**Table 4. Key outcomes aligned with CEO's programmes**

Poverty	FPL
	CEO poverty measure (similar to SPM)
Employment and savings	Increased employment
	Increased job training and job readiness

	Increased take-up of EITC
	Increased savings and asset building and decreased debt
In-kind benefits	Increased take-up of childcare tax credits
Education and attainment	Increased educational outcomes and achievement
	Increased high school graduation rates
	Increased community college graduation rates
Health	Increased preventive health care
	Increased healthy eating
	Reduction in young people's risky behaviours
	Reduction in teen pregnancy
	Increased engagement in needs-based treatment

### 3.5 Overall lessons for NI

- high-quality monitoring and evaluation should be at the heart of anti-poverty strategies
- don't be afraid to innovate
- continue successful programmes with demonstrable results and discontinue unsuccessful ones
- create targeted programmes for specific vulnerable groups
- work across agencies and departments.

## References

- Addy, S., & Wight, V. R. (2012). Basic facts about low-income children, 2010. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.
- Bee, A. (2012). Household income inequality within US counties: 2006-2010 *American Community Survey Briefs*. Washington, DC: U.S. Census Bureau.
- Ben-Shalom, Y., Moffitt, R., & Scholz, J. K. (2011). An assessment of the effectiveness of anti-poverty programs in the United States *National Poverty Center Working Paper Series*. Ann Arbor, MI: National Poverty Center, University of Michigan, Gerald R. Ford School of Public Policy.
- Cancian, M., Meyer, D. R., & Reed, D. (2010). Promising antipoverty strategies for families. *Fast Focus*, (No. 6-2010). Retrieved from <http://www.irp.wisc.edu/publications/fastfocus/pdfs/FF6-2010.pdf>
- Citro, C. F., & Michael, R. T. (Eds.). (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press.
- Damboise, M. C., & Hughes, M. (2010). Nurturing Families Network: 2010 annual evaluation report. Hartford, CT: Center for Social Research, University of Hartford.
- DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2011). Income, poverty, and health insurance coverage in the United States: 2010 *Current population reports*. Washington, DC: U.S. Census Bureau.
- Foley, A. (2012). State of Connecticut Child Poverty and Prevention Council January 2012 progress report
- Giannarelli, L., & Zedlewski, S. (2009). Economic modeling of child poverty and prevention council initiatives. Washington, DC: Urban Institute.
- Gilliam, W. S. (2007). Early Childhood Consultation Partnership: Results of a random-controlled evaluation. New Haven, CT: Child Study Center, Yale School of Medicine.
- Haskins, R., & Baron, J. (2011). Building the connection between policy and evidence: The Obama evidence-based initiatives. London: Nesta.
- Hoelscher, P. (2004). A thematic study using transnational comparisons to analyse and identify what combination of policy responses are most successful in preventing and reducing high levels of child poverty. Final report.: European Commission, DG Employment and Social Affairs.
- Linderman, D., & Kolenovic, Z. (2012). Results thus far and the road ahead: A follow-up report on CUNY Accelerate Study in Associate Programs (ASAP). New York: ASAP.

- National Institute for Early Education Research. (2011). The state of preschool 2011. New Brunswick, NJ: National Institute for Early Education Research, Rutgers Graduate School of Education.
- New York City Department of Consumer Affairs. (2009). \$aveNYC account: Innovation in asset building. Research brief. New York: Department of Consumer Affairs.
- NYC Center for Economic Opportunity. (2012). The CEO poverty measure, 2005-2010. A working paper by the NYC Center for Economic Opportunity. New York: CEO.
- O'Connell, M. (2011). Connecticut's School Based Diversion Initiative. New Haven, CT: Yale Program for Recovery and Community Health.
- OECD. (2012). The future of families to 2030 doi:10.1787/9789264168367-en
- Riccio, J., Dechausay, N., Greenberg, D., Miller, C., Rucks, Z., & Verma, N. (2010). Toward reduced poverty across generations: Early findings from New York City's Conditional Cash Transfer Program. New York: MDRC.
- Riccio, J. A. (2010). Sustained earnings gains for residents in a public housing jobs program: Seven-year findings from the Job-Plus demonstration *MDRC Policy Brief*. New York: MDRC.
- Short, K. (2011). The Research Supplemental Poverty Measure 2010. Washington, DC: US Census Bureau.
- Smeeding, T. M., & Waldfogel, J. (2010). Fighting child poverty in the United States and United Kingdom: An update. *Fast Focus*, (No. 8-2010). Retrieved from <http://www.irp.wisc.edu/publications/fastfocus/pdfs/FF8-2010.pdf>
- State of Connecticut. (2011). State of Connecticut agency prevention report. A report to the Child Poverty and Prevention Council.
- Tapper, D., Zacharia, J., Bergman, A., Fields, A., & Clarke, R. (2009). Evaluation of the NYC Justice Corps: Final report of year one of the NYC Justice Corps program implementation. New York: Metis Associates.
- UNICEF Innocenti Research Centre. (2012). Measuring child poverty: New league tables of child poverty in the world's rich countries. Innocenti Report Card 10. Florence: UNICEF Innocenti Research Centre.
- Westat, & Metis Associates. (2009). Evaluation of the Young Adult Internship Program (YAIP): Anaysis of existing participant data. Rockville, MD: Westat.
- Westat, & Metis Associates. (2011). CEO Young Adult Literacy Program and the impact of adding paid internships. Rockville, MD: Westat.
- Williams Shanks, T. R., & Danziger, S. K. (2011). Anti-poverty policies and programs for children and families. In J. M. Jenson & M. W. Fraser (Eds.),

*Social policy for children and families: A risk and resilience perspective* (2nd ed., pp. 25-56). London: Sage Publications.

DRAFT