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Poverty Among Children: The Impact on Special Education

The following is a section of the *Nineteenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA)*. The full text of the material is presented; although a figure is omitted, the data from the figure are expressed in the text.

IN RECENT YEARS, the number of children in poverty has increased substantially. More children lived in poverty in 1993 than at any time since the poverty index was developed in 1963. Almost one-fifth of the children in the United States today live in poverty. This percentage is almost double that for older age groups.

The prevalence of children among the poor is striking. Ten percent of all children lived in families with incomes below 50 percent of the poverty line in 1994 (O'Hare, 1996). A study that analyzed the characteristics of the chronically poor (families consistently living below the poverty line for a two-year period) found that children composed nearly 50 percent of the chronically poor population. Children were also found to be more likely than adults to stay poor for each month of the two-year period (U.S. Census Bureau, 1996).

The high rate of child poverty in the United States is unusual among industrialized nations. A study by the Children's Defense Fund reported that:

American children are twice as likely to be poor as Canadian children, 3 times more likely to be poor as British children, 4 times as likely to be poor as French children, and 7 to 13 times more likely to be poor than German, Dutch, and Swedish children (Sherman, 1994, Preface, p. xx).

The problems attendant to poverty adversely affect the physical and educational development of children. As poverty among children grows, the incidence of disability increases. The result is significant costs to Federal, State, and local governments to provide needed social, educational, and health services to children and their families.

The following sections will present information on the growth in poverty among children over the past 25 years and the effects of poverty on access to education, educational results, and the need for special education services.

POVERTY IN AMERICA

Poverty in America is measured by the poverty index, which was developed by the U.S. Census Bureau and is based on the cost of an economy food plan. Adjustments are made for age and the number of persons in the household. The index is also adjusted annually for inflation, using the Consumer Price Index. The index reflects only cash income and is not adjusted for individual assets, wealth, or geography. In 1995 the poverty threshold for a single parent with one child was \$10,504. For a single parent with eight children, the poverty threshold was \$29,463.

Ten years after the introduction of the poverty index, the United States experienced its lowest poverty rate ever. In 1973, 11.1 percent of Americans (or nearly 23 million people) were below the poverty threshold. The percentage of children living in poverty in 1973 was 14.4 percent. Year-to-year fluctuations have paralleled changes in the economy. In 1983 at the height of the recession, the overall poverty rate was 15.2 percent. Again, the child poverty rate was considerably higher; 22.2 percent of all children were in poverty in 1983.

Overall poverty rates have remained relatively constant, while child poverty rates have increased. The overall poverty rate has remained around 12 percent over the past 25 years; the child poverty rate increased from 15 to 19 percent for this same period. Poverty rates are not uniform across age groups; younger children have a greater likelihood of being in poverty. . . . The youngest age group (birth through 2) has the highest poverty rates. The average annual poverty rate for children birth through 2 was 25.7 percent for . . . 1990-95, compared with 3-through-5-year-olds, who experienced a poverty rate of 24.3 percent, and 6-through-17-year-olds, who experienced poverty rates of 19.9 percent.

THE ASSOCIATION BETWEEN POVERTY AND EDUCATIONAL NEEDS

Poverty creates a variety of problems that affect the education of children. Children from poor families are more likely to experience illness, particularly anemia, pneumonia, tonsillitis, and asthma (Sherman, 1994). The increased likelihood of illness translates to an increased number of school days missed. Using data from the *National Health Interview Study*, the Children's Defense Fund calculated that, for the years 1990 through 1992, children from poor families (i.e., families with incomes below \$10,000) missed 6.4 school days, compared with children from families with incomes over \$10,000, who missed an average of 4.7 days (Sherman, 1994). Health problems also affect the ability of children to learn even when they are in school.

Several studies have analyzed the association between poverty and access to quality education. One study reported that day care centers serving children from high income families delivered higher quality service than those serving middle-and low-income children (Huston, McLoyd, & Garcia, 1994). A study conducted by the Carnegie Corporation found that less than one-half of all children ages 3 to 5 with family incomes less than \$40,000 were enrolled in preschool, while 82 percent of the children from families with incomes of \$75,000 or more were enrolled (Carnegie Corporation, 1996). The same study reported that fewer than half of eligible low-income children ages 3 and 4 participate in Head Start. Some evidence exists that participation by low-income children in day care programs is positively associated with development of math and reading skills (Caughy et al., 1994). The study further reported that poor children attend schools with fewer fully qualified teachers and that teachers tended to have lower expectations for children from low-income backgrounds.

A pattern of underachievement is also associated with children of low-income families. Moreover, the differences in achievement between poor students and their middle-class peers tend to increase over time (Carnegie Corporation, 1996). Students from low-income families are twice as likely to drop out of high school as their middle-income peers. This higher dropout rate has remained consistent since 1972 (Sherman, 1994). Poor students are 11 times more likely to drop out than their upper-income peers. Approximately 24.6 percent of low-income youths drop out of high school. Dropouts are also more likely to live in poverty than those who finish high school. One in three adults who fell below the poverty threshold were high school dropouts, compared with one in ten adults who were high school graduates and one in thirty who were college graduates (Sherman, 1994).

THE ASSOCIATION BETWEEN POVERTY AND SPECIAL EDUCATION

The association among health, learning disabilities, and poverty is clear. Data from the *National Health Interview Survey* found that low-income children are:

- 1.4 times more likely to have chronic health conditions that limit them to some extent in their daily activities,
- 1.9 times more likely to have limitations in major activities, and
- 2 times more likely to be completely unable to carry on a major activity for their age (LaPlante & Carlson, 1996).

Many of the problems associated with poverty can have a cumulative effect throughout the life of the child. For example, poverty has been associated with the increased likelihood that children will be born with a lower than average birth weight. In turn, low birthweight babies have a higher risk of developing learning disabilities, hyperactivity, emotional problems, and mental illness. These babies are also at greater risk of developing neurodevelopmental problems, such as seizure disorders, hydrocephaly, cerebral palsy, and mental retardation. Low birthweight babies are also at greater risk for developing visual and hearing impairments. Statistically, poverty and low birthweight have been found to be equally predictive of the need for special education services. However, when these two factors occur together, the number of students who need special education services is greater than would be predicted for these factors independently.

Data from the 1988 *National Health Interview Survey* link a child's participation in special education and family poverty. Based on findings from analyses of children ages 6 through 8, approximately 7 percent of the children are in special education as a result of developmental delays, learning disabilities, and emotional disturbances. The risk for experiencing these problems increases by 2.4 percentage points if the child comes from a low-income family, after controlling for other factors such as race, family structure, parent's education, low birth weight, rural residence, and age (Sherman, 1994).

The health problems found among the poor are exacerbated by limited access to health care. O'Hare found that 30 percent of those in poverty lacked any health insurance in 1994 (O'Hare, 1996).

SUMMARY

The problems attendant to children in poverty affect all aspects of a child's life and development. Children in poverty are more likely to experience low birthweight, an increased likelihood of illness, school absences, lack of access to education, and underachievement. Children in poverty, therefore, are more likely to have disabilities and thus may need special education services to a greater extent than other children.

As poverty among children has increased in the United States, the number of children with disabilities and receiving special education services has also increased. From 1976 through 1995, the growth in the poverty rate among children was 4 percent. Concurrently, the number of students served under IDEA since the passage of Public Law (P.L.) 94-142 in 1975 has increased by more than 50 percent.

Schools and families need assistance to address the problems attendant with poverty that result in the need for education services. New and innovative approaches such as coordinated service systems must be found to meet these needs and to stem the growth of poverty among children.

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