



After *Thompson*: Getting Kids Out of Harm's Way— Implications for the Well-Being of Children

Background Brief February 6-7, 2014

Background

The final settlement of the *Thompson v. HUD* case was approved by the U.S. District Court in November 2012. The suit, one of the most watched fair housing cases of this generation, was filed by ACLU on behalf of African-American public housing residents, alleging that HUD created and maintained a segregated public housing system. The federal court found HUD liable for failing to take a regional approach to housing policy. In the final settlement the plaintiffs were awarded the continuation and expansion of the Baltimore Housing Mobility Program associated with the case, creation of a new regional housing non-profit (the Baltimore Regional Housing Partnership), incentives for affordable housing development, research and monitoring. *Thompson* is considered a success by most civil rights and fair housing advocates. So, too, has the case's mobility remedy been well regarded by participating families, advocates, and researchers. More than 2,300 families now live in new homes and communities, a number that will grow toward 4,600 by 2018.

Looking Ahead

While *Thompson* affected significant advances for thousands of families and reshaped the landscape where public housing high rises once stood, issues central to the case remain. First, about 22,374 children (about 8600 of them at the formative age below age 6) are still living in extreme poverty neighborhoods, Baltimore's most dangerous environments. Many of these neighborhoods have largely emptied out, as neither private nor public investment materialized, and families who were able to do so left. Whole blocks are slated for demolition as part of Baltimore City's Vacants to Value initiative, with relocation of the few remaining residents. We propose targeting the 5,500-6,000 households with the youngest children (those under six years (n=8,600)), because this is a feasible undertaking.

Second, there is growing scientific evidence that the high levels of poverty and violence in these neighborhoods cause significant, often irreversible harm to children's developmental processes and overall health outcomes over their lifespan. These issues are key to Baltimore, as they are to other cities, and to the wellbeing of the region and society at large.

A third, overarching, issue is that of will. The knowledge that young children have been stranded in environments that harm their health and development should be a game changer. Conditions in these disinvested and risky environments are not likely to change, short of massive long term federal investments on the scale of a new federal Marshall Plan for rebuilding America's distressed neighborhoods --- a nonstarter in today's fiscal environment. Meanwhile, the highly charged and politicized issues of racial segregation and affordable housing bodes ill for poor children and families who are likely to be left in harm's way unless concerted effort is undertaken.

We aim to contribute to such a concerted effort and believe that the Thompson remedy will continue to be a useful tool. Additional tools, such as the Affirmatively Furthering Fair Housing guidelines and aspects of the Affordable Care Act, also have great potential if employed wisely.

Addressing these issues is likely to require 1) a greater sense of urgency than currently exists; 2) an actionable plan that actively accounts for the structural roots of the problems; 3) a wider and more vocal set of allies; 4) increased alignment among organizations, institutions and systems that focus on the well-being of the children and families in question.

Broadening Focus, Shifting Frame

What is needed—in addition to a sense of urgency and resources – is a new framing of the issues in Baltimore. How might we enhance existing efforts by shifting the following frames:

- **From moving to opportunity to helping children out of harm's way:** Housing mobility programs have been quite successful in making the promise of fair housing choice and access to 'equal opportunity' a reality for thousands of families. But these civil rights aims have not always been embraced by residents of middle class neighborhoods, or those more concerned about the 'moral hazard' of what they brand as "hand outs." As a society, we have a deep ambivalence about equality of opportunity, especially racial equality. By laying bare the evidence that children who grow up poor in extremely poor neighborhoods experience actual harm to their cognitive development and lifelong health hazards, medical science has exposed a "double jeopardy" visited almost exclusively on poor African American children. Might we be more motivated by the imperative to 'get children out of harm's way' than we are by a message of equal opportunity?
- **From focusing mostly on socioeconomic wellbeing, to also focusing on health and developmental wellbeing:** There is clear evidence that families who participate in mobility programs are more satisfied with their neighborhoods and their housing, feel safer, experience enhanced well-being, and even some evidence of better physical and mental health. But policy makers have largely discounted these outcomes in the absence of more definitive evidence of gains in employment and income. The scientific community's focus on effects of toxic stress from living in environments with few economic resources and high levels of stress and violence has not yet made inroads into public policy, beyond a new focus on early childhood education. *How can we use scientific evidence to further human and community wellbeing and how might approaches and strategies with more intentional connections to health and wellbeing result in sounder policies?* Might they improve health, wellbeing, and socioeconomic outcomes for more people, sooner? And might the health care professionals be equipped to advocate for, or prescribe, a change in environment for the children under their care for toddlers living in neighborhoods beset with gunfire or children experiencing chronic asthma?
- **From the assumption that poor children will inevitably grow up in poor neighborhoods, to the realization that this "double jeopardy" is the product of public policy and can be changed.** The fact that a family is poor need not mean that it is "natural" that their children grow up in poor neighborhoods. After all, poor white children very rarely grow up in extreme poverty neighborhoods. Nor are the numbers of poor black children living in distressed neighborhoods so large as to defy solution, even in a time of fiscal constraint. To illustrate, the 22,374 children living in Baltimore's extreme poverty neighborhoods likely comprise no more than 12-13,000 households. In addition to the eventual 4,600 Thompson mobility vouchers, the Housing Authority of Baltimore City has over 12,000 regular vouchers. What if these vouchers were targeted to families with children wanting to escape distressed neighborhoods? We would like to propose a feasible undertaking: targeting the 5,500-6,000 households with the youngest children (those under six years (n=8,600)).

- **From seeing racial and economic integration as an obligation, requirement, or penalty to embracing integrated communities and regions as an investment in the future and the greater good:** We have seen the undermining effects of decades, even centuries, of racial and economic segregation, initiated and enforced by law, and now maintained by public policy. Doing nothing means ever increasing costs to society of continued concentrated poverty, entrenched violence, decay and abandonment of entire neighborhoods, remedial education, mass incarceration, glaring health disparities, stunted potential and premature deaths. We know what might be done to break the cycles that are already damaging the next generation. *Might a more intentional consideration of health effects also reduce some of the ideological aspects that often drive political debates and decision-making at the expense of children and families? How might more intentional cross-pollination among policymakers in housing, community development, civil rights, and health result in more effective, and ultimately less costly, socio-economic outcomes? Might greater racial and economic integration in turn shrink disparities in health and life expectancy? Might the ethical priorities embedded in the health professions be integrated into housing and neighborhood policy, regional plans, and adopted by legal and housing advocates?*

We are convening this session to better apply our collective wisdom to these and related questions. Reflecting on what the *Thompson* case and related efforts have and have not yet been able to achieve in Baltimore is a key step as we consider the best courses of action for the future. We are eager for you to be part of the discussion.