



STABILIZING CHILDREN'S LIVES

Food

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All children need stable access to food for healthy growth and development. Food instability, also known as food insecurity, has been associated with poor child health and behavioral outcomes at every age. Food insecurity can shape young children's brain architecture, stunting cognitive development and affecting learning, social interactions, and mental health. As children age, food insecurity issues may continue to distract them from learning, with teenagers often shouldering the burden of ensuring they regularly find food.

Food must not only be reliably available, but also of good quality to meet children's nutritional needs. The consistent intake of low-quality, calorically dense foods is associated with childhood obesity, diabetes, and longer-term negative health outcomes. Moreover, food instability can also destabilize other core needs. For example, children who face food insecurity can have difficulty engaging in learning and may withdraw from relationships with other peers out of fear of stigma. Likewise, young people may engage in dangerous, coercive, or unhealthy relationships in exchange for food.

How Does the Larger Economic, Political, and Cultural Context Shape Children's Access to Food?

A family's ability to ensure that their children have access to food is affected by the larger economic, political, and cultural context in which they live—factors that can affect parents' ability to meet their children's food needs as well as the capacity or willingness of other actors to support families in this area. These include, for example, nutrition benefit programs, such as the Supplemental Nutrition Assistance Program (SNAP), that do not provide enough to meet family's food needs or can create administrative barriers to retaining nutrition supports; public nutrition systems that may fail to provide effective food resources to children

ABOUT THIS MEMO

This document illustrates part of a conceptual model (see last page) showing how a child's healthy development depends on the stability of seven core needs. Whether those needs are stably met depends on the actions of key actors, including parents or guardians, who are part of a stabilizing web of supports, which is also shaped by larger contextual forces. For more information, visit <https://www.urban.org/stabilizing-children> to see the conceptual model and documents about each core need and each actor.

during times when schools are closed (e.g., summer, school breaks); and benefit eligibility rules that result in families suddenly losing nutrition supports for small increases in income (also known as “benefit cliffs”). Food deserts, which result in communities having little access to affordable fresh and healthy food options, can make it harder for parents to access quality food for their children. Other gaps include the failure to identify and plan for food resources needed for families whose children have food allergies or sensitivities, for children in the foster care system, or for families who lose parent(s) because of deportation or incarceration. These larger contextual challenges affect both what services and supports parents have access to from other actors and the quality of those services and supports—all of which can affect their ability to provide their children with food.

Which Actors Can Affect the Stability of Food?

Stable access to food can be affected by numerous actors, including *parents or guardians, education and care providers, family and friends, employers, social service providers, civic and faith organizations, and health care providers*. Each is described below.



PARENTS OR GUARDIANS

Key mechanisms: direct interactions, information and access

For simplicity, we use the term “parent” to refer to both parents and guardians.

Parents play a central role in shaping the stability of children’s access to, and the quality of, food. When it comes to feeding children, parents are responsible for trying to ensure that their children get the nutritional food they need to grow, be healthy, and thrive, whether at home or elsewhere. Parents can also provide children with information and model healthy behaviors around food, from the importance of regular meals to fostering healthy attitudes and behaviors around food and nutrition. Parents may try to seek out supports from other sources, such as enrolling children in programs specific to child food insecurity—for example, school feeding programs or No Kid Hungry (which helps provide school children breakfast, summer meals, and after-school meals with an emphasis on reducing stigma)—or may seek out food from local food banks. Though not ideal, parents may also buffer children from the negative effects of food instability by going without food so their children can have more.

However, parents can face major challenges in ensuring that their children have stable access to food. Families who face economic constraints (such as unstable or inadequate income) or personal challenges (such as disability or health problems) can be more likely to face food insecurity, though many parents work to buffer the effect on their children by eating less so their children can have more, which can reduce food insecurity for children but have negative repercussions for parents. As detailed above, public nutrition programs have gaps that can make it challenging for parents working to support their children’s stable access to food. Moreover, parents who model unhealthy attitudes and behaviors around food and nutrition may have few alternatives if they cannot access healthy food options in their communities because of food deserts. For many parents, the types of food they can provide their children may not be up to them if, for example, their income or nutrition benefits are not enough to buy nutritious foods, which can be more difficult to find and more expensive than purchasing lower-quality and calorically dense foods.



EDUCATION AND CARE PROVIDERS

Key mechanisms: direct interactions, information and access, benefits

Through adolescence, most children in education and care settings have at least one meal a day there—when the school or program is in session—so education and care providers can directly provide access to food. These providers may buffer against food instability by connecting families with low incomes to benefits and services such as free and reduced-price breakfast and lunch or the Child and Adult Care Food Program. Some go further and work to identify children who are food insecure and offer supplementary food through strategies such as backpack programs or reaching out to connect families with other resources. Providers may further support children's stable access to healthy food by providing information in health classes around food and promoting healthy, positive behaviors and attitudes around food. Finally, they can try continuing to meet children's food needs during school holidays and breaks by connecting children to summer meal programs and other strategies to fill the gap.

Conversely, education and care providers may affect the stability of children's access to food if they can't take steps to identify and address food insecurity—another issue that can be shaped by larger structural and systemic issues of policy, funding, and resources. This includes not providing meals (and snacks when appropriate for younger children) to children in their care or not having the means to address food insecurity during school breaks or holidays. They may also fail to address stigmas around participating in free meal programs, perhaps unknowingly reducing the number of children such programs could reach. Moreover, providers may not be able to spend the time with children needed to notice children who display food-insecure behaviors, such as hoarding food or trading food for favors, the training to understand those signals, or the resources or knowledge to be able to address them. Finally, they may not have the training or resources to provide messaging around healthy behaviors and attitudes toward food or step in when they notice children displaying unhealthy attitudes toward food.



FAMILY AND FRIENDS

Key mechanisms: direct interactions, information and access

Family and friends may directly provide children with food or parents with money for food, which can buffer against food insecurity when parents can't provide a stable source of food. Similar to parents, family and friends can share important messages around food, such as the importance of regular meal times, and model healthy attitudes and behaviors toward food. Finally, family and friends can provide the family with information and help them access community resources, including food banks and public nutrition programs such as the SNAP or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

However, family and friends can also destabilize children's access to healthy food by needing financial support from the child's parents, thus reducing the parents' economic resources for food. Family and friends may also not be willing or able to help when they notice children displaying behaviors consistent with food insecurity. They may also miss an opportunity to help stabilize children by modeling unhealthy attitudes and behaviors around food and nutrition.



EMPLOYERS

Key mechanisms: income, information and access

Employers can affect the stability of children’s access to food, primarily through the income they provide parents. Specifically, jobs where parents are paid livable wages and have a predictable and steady income (i.e., work a consistent set of hours over time) are more likely to support stable access to food for their children. Moreover, employee assistance programs, though somewhat rare, can connect parents with services that may help them stabilize their access to food, and thus their children’s access to food.

Yet parents working for employers who don’t offer livable wages or who offer inconsistent work hours and wages may face more challenges in ensuring stable access to food because of uncertainty in the amount and regularity of household income. Moreover, employers who cannot or do not offer their employees information or referrals to other programs that might help combat food insecurity risk (e.g., SNAP or WIC) can miss an opportunity to help stabilize families’ access to food.



SOCIAL SERVICE PROVIDERS

Key mechanisms: direct interactions, information and access, benefits

Social service providers can help children access food directly through programs such as WIC or indirectly by helping families access benefits through programs such as SNAP, which provides food assistance, or obtain cash benefits from the Temporary Assistance for Needy Families program. Social service providers can help parents navigate the system, complete paperwork, and advocate for their families. They may also screen families for food insecurity and/or connect parents with local community organizations such as food banks, backpack programs, or other services focused on combatting food insecurity.

Yet social service providers may miss the opportunity to stabilize families’ access to food if they do not recognize problems or do not make appropriate referrals to programs and services that combat food insecurity for struggling families. There may also be larger systemic issues resulting in services not being there to meet families’ needs when referred or there being many hurdles in place that they must overcome before being able to get help. Some of these issues are related to the provider’s actions, but many are related to larger issues around funding, resources, policies, and practices that shape the contexts within which social service providers operate. Social service providers may also contribute to food instability when their direct interactions with parents needing food assistance are disrespectful or impersonal and when they make it difficult for parents to get help or keep their benefits.



CIVIC AND FAITH ORGANIZATIONS

Key mechanisms: direct interactions, information and access, benefits

Civic and faith organizations can directly provide children and families with food, either through eating together in fellowship or through the programs or services for children and families, or they can provide parents emergency cash for groceries or refer parents to social service agencies to access food-related benefits. They can also provide children with

messaging around healthy behaviors and attitudes around food and may help connect parents to resources that combat food insecurity, such as neighborhood food banks, backpack food programs, and summer meal programs. Finally, they may provide volunteer staff for local social service organizations providing food, such as food banks or other local food services.

Although civic and faith organizations are unlikely to actively destabilize children's access to food, they may miss an opportunity to stabilize children's access to food if they do not recognize signs of food insecurity and respond by attempting to connect families with programs or services that address food insecurity. Larger systemic issues may also result in services not meeting families' needs when referred.



HEALTH CARE PROVIDERS

Key mechanisms: information and access

Health care providers may help stabilize a family's access to food by ensuring that health visits include time to screen children and families for food insecurity and refer them to public programs such as WIC, SNAP, or local food banks. They may also counsel older children, as well as parents of young children, on the importance of regular meals and good nutrition and promote healthy attitudes and behaviors around food.

Yet because of systemic constraints, health care providers may not have the time, resources, and/or knowledge needed to assess children's food needs and therefore miss the opportunity to help the family stabilize their food situation. Many factors shape providers' ability to take these steps, including structural issues stemming from the lack of resources (e.g., time to assess children for food insecurity, screening tools that include food insecurity, or resources and programs to refer children to). This is of particular concern when it occurs in the face of visible instability and food insecurity.

Selected Resources

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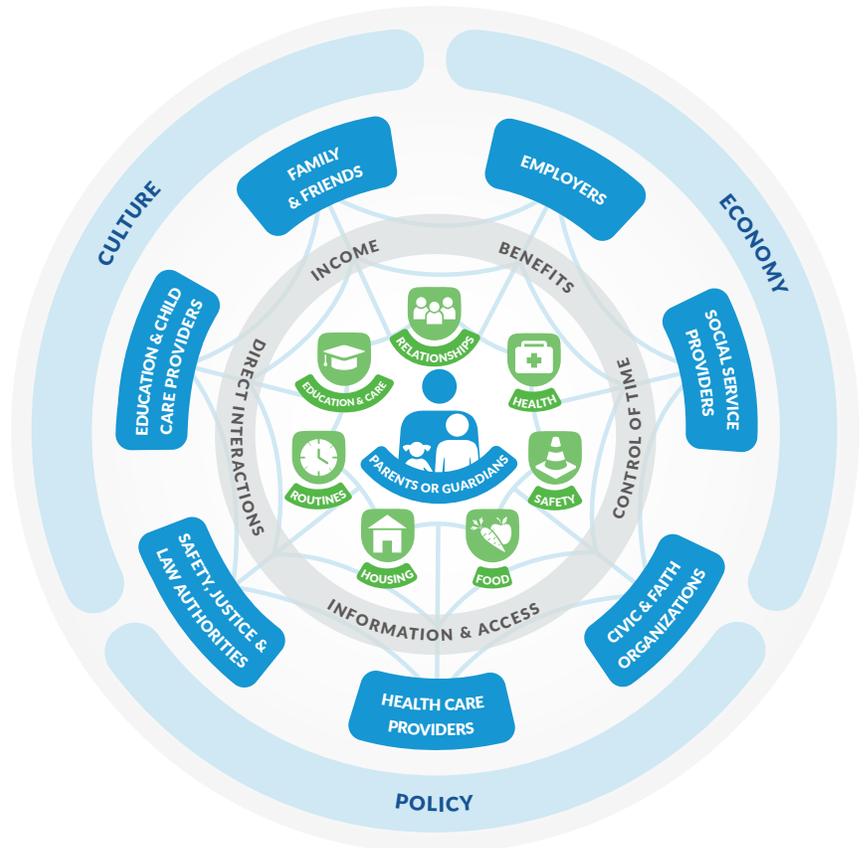
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Stabilizing Children’s Lives—A Web of Stabilizing Supports

Stability in children’s environments, relationships, and basic needs being met is critical for their healthy development and well-being. Instability—defined as the experience of abrupt and/or involuntary change in individual, family, or community circumstances—can create significant barriers to meeting these foundational needs, particularly if the disruption is negative, frequent, or not buffered by an adult. The extent to which children experience instability is related to the actions of various **actors**, with **parents and guardians** primary among them, who together play an important role in the stability of meeting children’s **core needs** and can buffer children from instability through different **mechanisms**. However, all relationships and interactions demonstrated in the model, and the ability of different actors to actively support stability in meeting children’s core needs, are shaped by the greater contexts of the **economy, policy, and culture**. Finally, the model’s different elements are highly **interconnected**, as they are all part of the child’s **web of stabilizing supports**.

For more information, visit <https://www.urban.org/stabilizing-children> to see the conceptual model and documents about each core need and each actor.



CORE NEEDS

All children need stability in three core areas: **relationships** with at least one loving, caring adult, access to basic resources (**food, health, housing, education**), and daily life (**routine, safety**). The **parent or guardian** directly or indirectly helps children access most core needs and serves as a child’s central buffer against stress and instability.

MECHANISMS

Children’s core needs can be stabilized or destabilized through different mechanisms, or the ways in which different actors affect core needs. Key mechanisms include **income, benefits, direct interactions, information and access, and control over time**.

ACTORS

Although **parents or guardians** are the central actors affecting a child’s core needs, other actors can affect the stability of these needs being met through mechanisms that affect children directly, or indirectly through parents. Key actors include but are not limited to **employers; social service providers; health care providers; civic and faith organizations, safety, justice, and law authorities; education and child care providers; and family and friends**.

CONTEXT

The ways in which actors in the model affect children’s core needs are shaped by the **cultural, economic, and political** climate in which all actors live. These overlapping contexts affect what resources families have,

how they spend their time and with whom they spend it, their communities, what services and supports they have access to from other actors, and the quality of those services and supports—all of which can be stabilizing or destabilizing for children. These contextual factors also shape the ability of key actors to support stability in children’s lives.

THE WEB OF INTERCONNECTIONS

All actors and core needs in the cycle of family stability are interrelated, as illustrated by the **web** in the model. The impact of one actor on a child’s life can not only affect the stability of a child’s core needs being met, but can also reverberate back out and affect the stability of that child’s relationship with another actor. Moreover, the stability of any given core need can affect the stability of other core needs.

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