

2018 WOMEN & CHILDREN REPORT

THE STATE OF THE ISSUES IMPACTING THE WOMEN AND CHILDREN OF ORANGE, SULLIVAN AND ULSTER COUNTIES



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cfosny.org



REPORT 2018



The newly-created Fund for Women and Children is a unique philanthropic effort designed to identify and address the most pressing issues impacting some of the most vulnerable members of our community. Based on in-depth research and informed by the latest facts, this report will guide the focus and direction of grant making from this newly created fund. The goal is that through targeted and specific funding, nonprofits in the region will elevate their programming to empower the women and children of Orange, Sullivan and Ulster Counties to thrive by offering help, hope and lasting change that improves lives and strengthens communities.

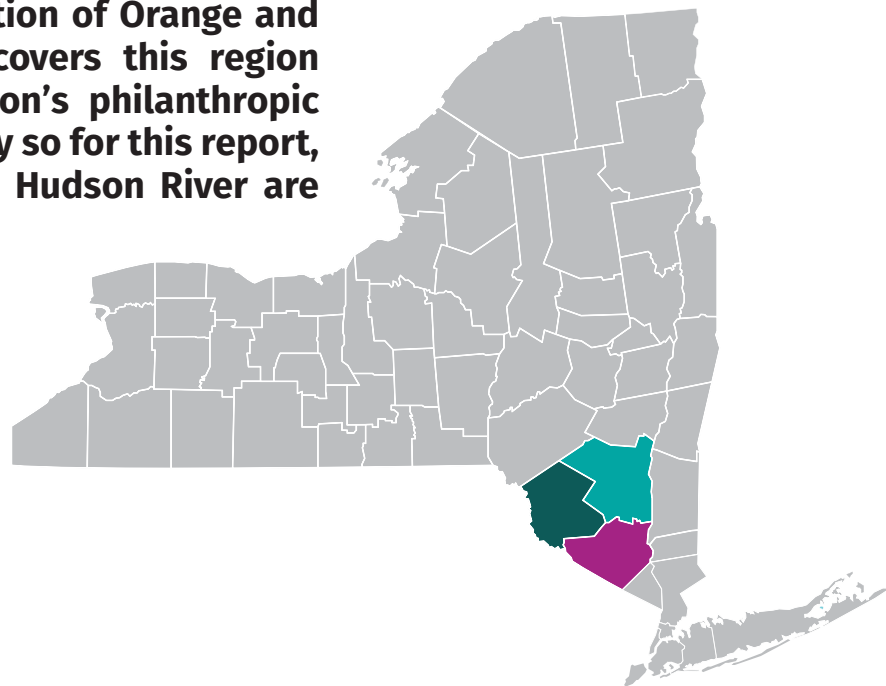
This strategy is designed to be as efficient and effective as possible in targeting resources and solutions that are making a difference in helping women and children thrive and reach their potential. It is a bold undertaking full of promise, and we are excited to share details of this data-driven project with you.

The Fund for Women and Children is being launched with initial support from the Community Foundation of Orange and Sullivan, and the Rowley Family Foundation. Both partners are dedicated to improving the lives of our neighbors, and have proven track records of making a difference. In the future, the Fund for Women and Children will seek wider community support from individuals and groups committed to making a positive change for those who need it most.

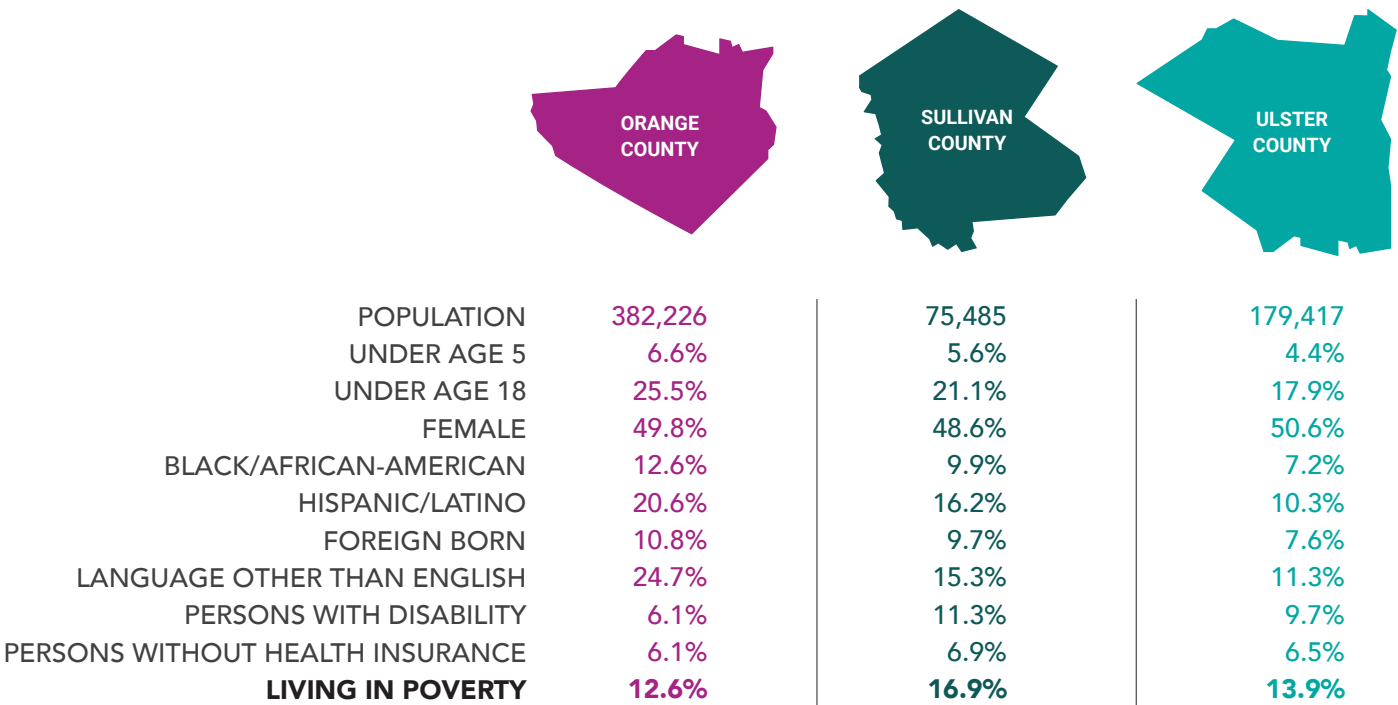


ADDRESSING THE ISSUES IN OUR AREA

This report focuses on data impacting women and children from Orange, Sullivan and Ulster counties. The Community Foundation of Orange and Sullivan’s geographic footprint covers this region and the Rowley Family Foundation’s philanthropic support extends into Ulster County so for this report, these three counties west of the Hudson River are included.



COUNTY SNAPSHOTS



Source: US Census Bureau, July 2017 est.



“This report sheds light on specific and critical needs among women living in the tri-county region. It is our sincere hope and dream, this report will also foster partnerships, increased awareness and focus funding to those areas where it will have the greatest, positive long-term impact. It is something we felt called to do, and we are eager to share it with our community leaders who work so hard to elevate the lives of women and children living here, with us, among us and with whom we stand shoulder to shoulder.”

- Marianne Murray, Rowley Family Foundation -

ADVERSE CHILDHOOD EXPERIENCES (ACES)



To understand how to offer the best services to those in need, it’s important to first understand the physical and emotional challenges that can shape - and sometimes shatter - a young person’s life and future.

The Centers for Disease Control and Prevention, cited extensively in this section, is a leading resource for research into ACEs. “Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue.” - CDC

WHAT ARE ACES? Adverse Childhood Experiences are defined as:



ABUSE

- Emotional abuse
- Physical abuse
- Sexual abuse



HOUSEHOLD CHALLENGES

- Mother (or stepmother) treated violently by father (or stepfather or mother’s boyfriend)
- Household substance abuse
- Mental illness in household
- Parental separation or divorce; criminal/incarcerated household member (a household member went to prison)



NEGLECT

- Emotional neglect; physical neglect (including not being taken to the doctor when child needed it)
- Not having enough to eat
- Parent too drunk or high to take care of child
- Having to wear dirty clothes

Adverse Childhood Experiences influence health, behavior, potential and well-being throughout the life span, including:

- Disrupted Neurodevelopment
- Social, emotional and cognitive impairment
- Adoption of health-risk behaviors
- Disease, disability and social problems
- Early death

As the number of ACEs increases, so does the risk for outcomes including:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease and liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners and STDs
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

FEMALES ARE IMPACTED MORE OFTEN THAN MALES IN EVERY ACE CATEGORY EXCEPT PHYSICAL ABUSE AND PHYSICAL NEGLECT (WHICH ARE NEARLY EQUAL).

ACES CAN BE PREVENTED

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable and nurturing relationships and environments can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. - CDC

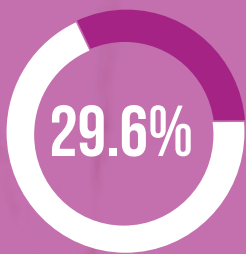
Strategies that address the needs of children and their families include:

- Home visiting to pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention
- Social support for parents
- Parent support programs for teens and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- High-quality child care
- Sufficient income support for lower-income families

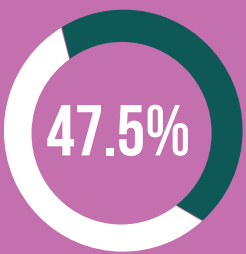
Stakeholders in the Fund for Women and Children believe when children are threatened or hurt -- and live with deprivation and fear -- their bodies, minds and spirits are damaged in ways that can impact the rest of their lives. Girls and women are especially vulnerable, and to protect their futures and improve their lives, we must prevent ACEs where we can, and offer effective treatment where there has been harm. Our new Fund for Women and Children will seek to support the work of preventing and treating these life-altering experiences.

GENDER AND POVERTY

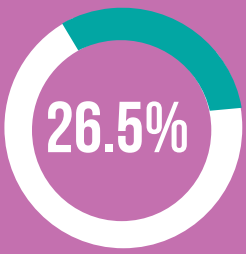
OF THOSE FAMILIES WITH FEMALE HEADS OF HOUSEHOLD AND CHILDREN PRESENT, THE FOLLOWING LIVE IN POVERTY:



ORANGE COUNTY



SULLIVAN COUNTY



ULSTER COUNTY

AVERAGE SALARY



\$58,738



1.3 x higher



\$76,405

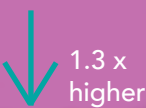
\$44,427



1.41 x higher

\$62,774

\$58,738



1.3 x higher

\$76,405

POVERTY BY AGE AND GENDER

#1



35-44

#2



Under 5

#3



6-11



55-64



25-34



45-54



25-34



35-44



45-54

% OF CHILDREN UNDER 6 YEARS IN DEEP POVERTY*



11-14%

11-14%

6-10%

* Deep poverty is defined as having income below half the Federal Poverty Level.

Source: The New York State Community Action Association (NYSCAA) 2016, National Center for Children in Poverty, Columbia University Mailman School of Public Health 2017, DATA USA/2016/ACS Census Bureau

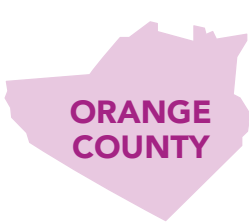
Young children whose families face economic hardship are more likely than their peers in financially secure families to experience a range of adversities that may greatly limit their opportunities for success as adults. Young children in poverty have higher rates of chronic health conditions such as asthma and diabetes, and a greater incidence of developmental delays, learning difficulties, and behavior problems. Poverty's harmful effects even extend to changes in parts of the brain that govern language, memory, and behavioral control — capacities that are critical for school success. While these conditions pose long-term risks for the healthy development and school success of all young children in poverty, early adversities appear even more severe for children in deep poverty. For a single mother with two young children, deep poverty means surviving on an annual income of less than \$9,669.

NATIONAL CENTER FOR CHILDREN IN POVERTY

HUNGER



NUMBER
OF FOOD
INSECURE
PEOPLE



ORANGE
COUNTY

31,780



SULLIVAN
COUNTY

8,360



ULSTER
COUNTY

17,820



FOOD
INSECURITY
RATE

8.4%

11%

9.9%



NUMBER
OF FOOD
INSECURE
CHILDREN

15,980

3,120

5,370



CHILD FOOD
INSECURITY
RATE

16.3%

19.1%

16%



ANNUAL
FOOD
BUDGET
SHORTFALL

\$17,907,000

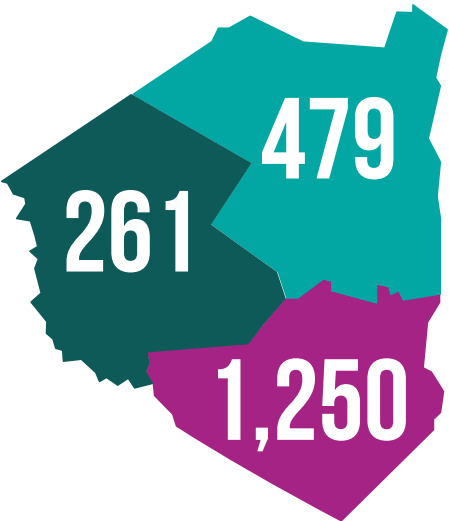
\$3,998,000

\$9,970,000

Source: Feeding America/2018 Report

HOMELESSNESS

NUMBER OF INDIVIDUALS HOUSED
(EXCLUDING FAMILIES)



“Much research on women and children points to the financial vulnerability that single mothers face as they attempt to raise their children in the face of daunting economic challenges. But our experience is that given the necessary programmatic, financial, and emotional resources, these mothers are able to achieve their dreams of higher education and meaningful work that pays a living wage, changing the course of their children’s lives for the better. A Fund dedicated specifically to benefit the women and children of Orange, Sullivan, and Ulster counties will be a most welcomed partner in this important work.”

- Stacey Rein, President & CEO
United Way of Ulster County



NUMBER
OF SHELTERS

ORANGE
COUNTY

7

SULLIVAN
COUNTY

6

ULSTER
COUNTY

17



NUMBER OF
FAMILIES HOUSED

775

75

170



NUMBER OF MEMBERS
OF THOSE FAMILIES

1,834

263

304

Source: NYS Office of the State Comptroller/2016 Report

DRUG ABUSE/OPIOIDS

 **ORANGE COUNTY**

	DRUG-RELATED DEATHS (2017)	OUTPATIENT ER DEPARTMENT VISITS (2016)	HOSPITALIZATIONS (2016)	CLIENTS ADMITTED TO OASAS*** (2017)
All Opioid Overdoses*	76	251	84	1,828
Heroin Overdoses	32	180	38	1,517
Overdoses involving opioid pain relievers**	70			
Overdoses excluding heroin		71	46	

 **SULLIVAN COUNTY**

	DRUG-RELATED DEATHS (2017)	OUTPATIENT ER DEPARTMENT VISITS (2016)	HOSPITALIZATIONS (2016)	CLIENTS ADMITTED TO OASAS*** (2017)
All Opioid Overdoses*	26	76	23	513
Heroin Overdoses	13	54	7	393
Overdoses involving opioid pain relievers**	23			
Overdoses excluding heroin		22	16	

 **ULSTER COUNTY**

	DRUG-RELATED DEATHS (2017)	OUTPATIENT ER DEPARTMENT VISITS (2016)	HOSPITALIZATIONS (2016)	CLIENTS ADMITTED TO OASAS*** (2017)
All Opioid Overdoses*	43	107	36	870
Heroin Overdoses	14	68	10	669
Overdoses involving opioid pain relievers**	37			
Overdoses excluding heroin		39	26	

* Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.
** This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl
*** OASAS is the Office of Alcoholism and Substance Abuse Services Certified Chemical Dependence Treatment Program

Source: NYS Department of Health/2017 preliminary report



“Regional data shows that the Hudson Valley’s opioid epidemic is driven by heroin and illicit fentanyl, while deaths due to prescription opioids are declining. We need an approach that recognizes how this epidemic is changing, and how to best educate and prevent addiction in our region. Treatment remains a complex situation, as 90% of those in need are often unwilling to participate, or lack the access to the treatment they specifically need to become well.”

- David M. Hoovler, Orange County District Attorney



“We applaud the Rowley Family Foundation and the Community Foundation of Orange and Sullivan for their insight in creating the Fund for Women and Children of Orange, Sullivan and Ulster Counties. As an organization dedicated to improving community health, Sullivan 180 understands the importance of focusing on our most vulnerable populations, which includes women and children. Strong, healthy, and vibrant communities invest in programs that support women and children and give them opportunities to enjoy good health and realize their full potential.”

- Sandi Rowland, Executive Director
Sullivan 180

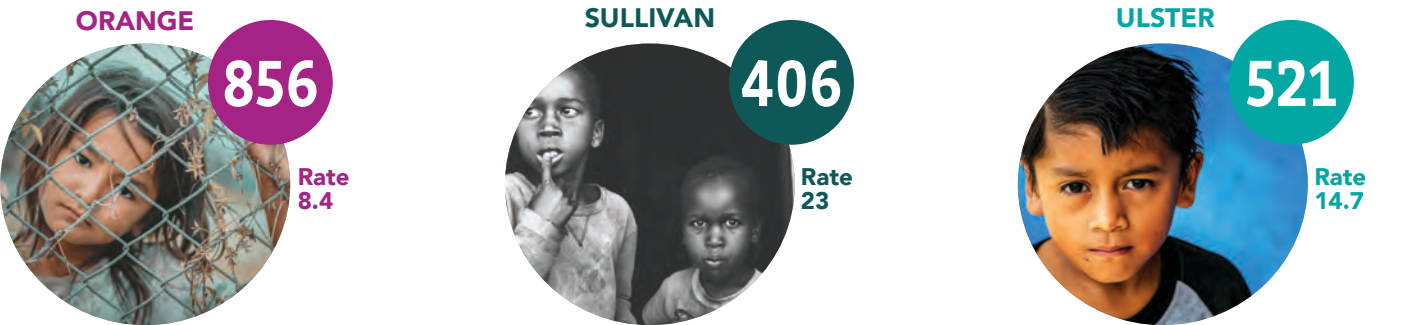
DOMESTIC VIOLENCE

	ORANGE COUNTY		SULLIVAN COUNTY		ULSTER COUNTY	
	Female Victims of Intimate Partner	Other Family Victims	Female Victims of Intimate Partner	Other Family Victims	Female Victims of Intimate Partner	Other Family Victims
Aggravated Assault	82	55	11	5	20	8
Simple Assault	893	602	83	79	307	198
Sex Offense	18	30	2	40	7	10
Violation of Protection Order	202	39	7	1	83	13
Total	1,195	726	103	125	417	229

2,795 total victims in the tri-county area in 2017

Source: NYS Division of Criminal Justice Services/Domestic Violence Reported in 2017

CHILD ABUSE AND MALTREATMENT



Rate per 1,000 children/youth ages 0-17 years.

FOSTER CARE ADMISSIONS



Rate per 1,000 children/youth ages 0-17 years.

Source: NYS Council on Children and Families, KWIC (Kids Well-being Indicators Clearinghouse) 2016

HEALTH OUTCOMES

ORANGE COUNTY - RANKED #21

Data reflects county ranking among New York's 62 counties.

21

LENGTH OF LIFE #16 Premature Death = 5,500 Years of potential life lost before age 75 per 100,000 population (age-adjusted)	QUALITY OF LIFE #34 Poor or Fair Health = 16% Poor Physical Health Days = 3.9 Average # of physically unhealthy days reported in past 30 days Poor Mental Health Days = 3.8 Average # of mentally unhealthy days reported in past 30 days Low Birthweight = 7% Child Mortality Rate = 197 (143 Deaths) # of deaths among children under age 18 per 100,000 Infant Mortality Rate = 6 (197 Deaths) # of infant deaths (within 1 year), per 1,000 live births Frequent Physical Distress = 12% % of adults reporting 14 or more days of poor physical health/month Frequent Mental Distress = 10% % of adults reporting 14 or more days of poor mental health/month Diabetes Prevalence = 10% % of adults aged 20+ with diagnosed diabetes HIV Prevalence = 306 # of persons aged 13+ living with a diagnosis of HIV per 100,000
HEALTH BEHAVIORS #17 Adult Smoking = 15% % of adults who are current smokers Adult Obesity = 30% % of adults that report a BMI of 30+ Food Environment Index = 8.7 Index of factors that contribute to a healthy food environment (0= worst, 10=best) Physical Inactivity = 27% % of adults age 10+ reporting no leisure-time physical activity Excessive Drinking = 18% % of adults reporting binge or heavy drinking Alcohol-impaired Driving Deaths = 33% % of driving deaths with alcohol involvement Sexually Transmitted Disease = 323.3 # of newly diagnosed chlamydia cases per 100,000 population Teen Births = 18 # of births per 1,000 female population 15-19	SOCIAL & ECONOMIC FACTORS #14 Children in Poverty = 19% % of children under age 18 in poverty Children in Single-parent Households = 23% Violent Crime = 254 # of reported violent crime offenses per 100,000 population Disconnected Youth = 12% % of ages 16-24 who are neither working nor in school Children Eligible for Free or Reduced Lunch = 42% Homicide Rate = 3 # of deaths due to homicide per 100,000 population Firearm Fatalities Rate = 5 # of deaths due to firearms per 100,000 population
PHYSICAL ENVIRONMENT #57 Severe Housing Problems = 23% % of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	

Source: County Health Rankings & Roadmaps/2018

SULLIVAN COUNTY - RANKED #61

Data reflects county ranking among New York's 62 counties.

61

LENGTH OF LIFE #59 Premature Death = 7,500 Years of potential life lost before age 75 per 100,000 population (age-adjusted)	QUALITY OF LIFE #61 Poor or Fair Health = 19% Poor Physical Health Days = 4.4 Average # of physically unhealthy days reported in past 30 days Poor Mental Health Days = 4.1 Average # of mentally unhealthy days reported in past 30 days Low Birthweight = 9% Child Mortality Rate = 40 (29 Deaths) # of deaths among children under age 18 per 100,000 Infant Mortality Rate = 5 (32 Deaths) # of infant deaths (within 1 year), per 1,000 live births Frequent Physical Distress = 14% % of adults reporting 14 or more days of poor physical health/month Frequent Mental Distress = 12% % of adults reporting 14 or more days of poor mental health/month Diabetes Prevalence = 10% % of adults aged 20+ with diagnosed diabetes HIV Prevalence = 526 # of persons aged 13+ living with a diagnosis of HIV per 100,000
HEALTH BEHAVIORS #37 Adult Smoking = 18% % of adults who are current smokers Adult Obesity = 30% % of adults that report a BMI of 30+ Food Environment Index = 8.2 Index of factors that contribute to a healthy food environment (0= worst, 10=best) Physical Inactivity = 28% % of adults age 10+ reporting no leisure-time physical activity Excessive Drinking = 18% % of adults reporting binge or heavy drinking Alcohol-impaired Driving Deaths = 23% % of driving deaths with alcohol involvement Sexually Transmitted Disease = 323.9 # of newly diagnosed chlamydia cases per 100,000 population Teen Births = 23 # of births per 1,000 female population 15-19	SOCIAL & ECONOMIC FACTORS #51 Children in Poverty = 25% % of children under age 18 in poverty Children in Single-parent Households = 38% Violent Crime = 238 # of reported violent crime offenses per 100,000 population Disconnected Youth = 20% % of ages 16-24 who are neither working nor in school Children Eligible for Free or Reduced Lunch = 40% Homicide Rate = 3 # of deaths due to homicide per 100,000 population Firearm Fatalities Rate = 9 # of deaths due to firearms per 100,000 population
PHYSICAL ENVIRONMENT #14 Severe Housing Problems = 22% % of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	

Source: County Health Rankings & Roadmaps/2018

HEALTH OUTCOMES CONTINUED



ULSTER COUNTY - RANKED #28

Data reflects county ranking among New York's 62 counties.

LENGTH OF LIFE #30

Premature Death = 6,100
Years of potential life lost before age 75 per 100,000 population (age-adjusted)

HEALTH BEHAVIORS #15

Adult Smoking = 16%
% of adults who are current smokers

Adult Obesity = 26%
% of adults that report a BMI of 30+

Food Environment Index = 8.1
Index of factors that contribute to a healthy food environment (0= worst, 10=best)

Physical Inactivity = 23%
% of adults age 10+ reporting no leisure-time physical activity

Excessive Drinking = 23%
% of adults reporting binge or heavy drinking

Alcohol-impaired Driving Deaths = 21%
% of driving deaths with alcohol involvement

Sexually Transmitted Disease = 259.4
of newly diagnosed chlamydia cases per 100,000 population

Teen Births = 12
of births per 1,000 female population 15-19

PHYSICAL ENVIRONMENT #16

Severe Housing Problems = 21%
% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

QUALITY OF LIFE #24

Poor or Fair Health = 14%

Poor Physical Health Days = 3.8
Average # of physically unhealthy days reported in past 30 days

Poor Mental Health Days = 4.1
Average # of mentally unhealthy days reported in past 30 days

Low Birthweight = 7%

Child Mortality Rate = 40 (58 Deaths)
of deaths among children under age 18 per 100,000

Infant Mortality Rate = 5 (60 Deaths)
of infant deaths (within 1 year), per 1,000 live births

Frequent Physical Distress = 11%
% of adults reporting 14 or more days of poor physical health/month

Frequent Mental Distress = 12%
% of adults reporting 14 or more days of poor mental health/month

Diabetes Prevalence = 8%
% of adults aged 20+ with diagnosed diabetes

HIV Prevalence = 381
of persons aged 13+ living with a diagnosis of HIV per 100,000

SOCIAL & ECONOMIC FACTORS #17

Children in Poverty = 18%
% of children under age 18 in poverty

Children in Single-parent Households = 31%

Violent Crime = 166
of reported violent crime offenses per 100,000 population

Disconnected Youth = 12%
% of ages 16-24 who are neither working nor in school

Children Eligible for Free or Reduced Lunch = 45%

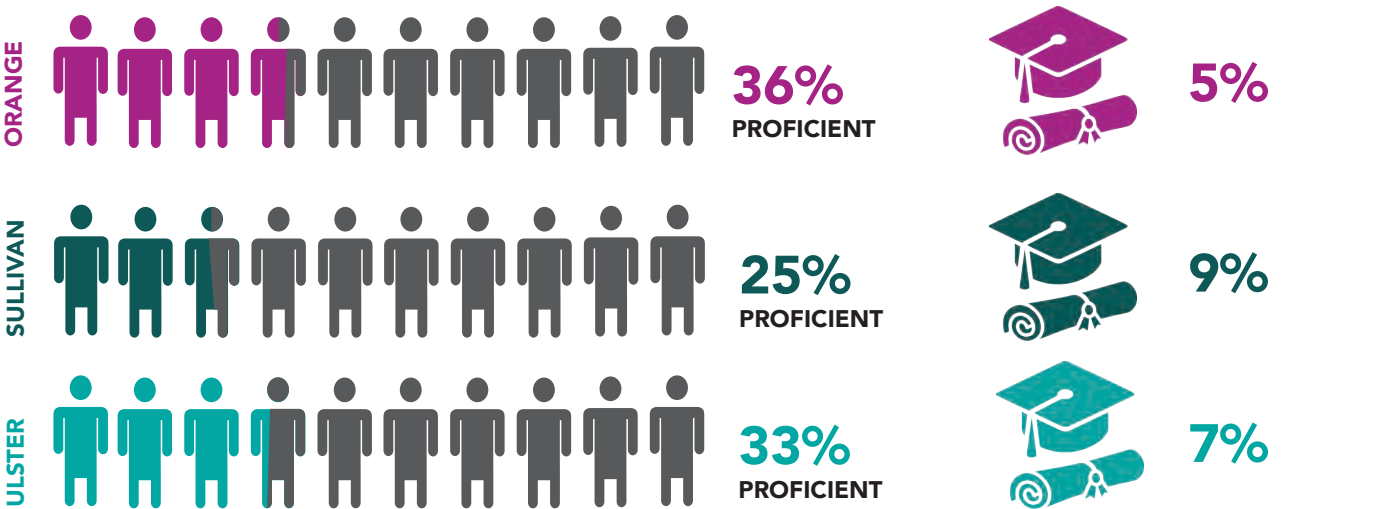
Homicide Rate = 2
of deaths due to homicide per 100,000 population

Firearm Fatalities Rate = 5
of deaths due to firearms per 100,000 population

EDUCATION

ENGLISH LANGUAGE
ARTS PROFICIENCY - GRADE 3

PERCENT OF STUDENTS LEAVING
HIGH SCHOOL WITHOUT DIPLOMA



Source: County Health Rankings & Roadmaps/2018

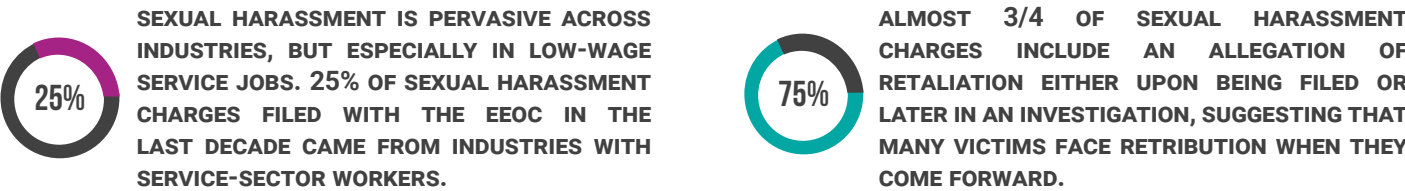
Source: NYS Council on Children and Families

WORKPLACE SEXUAL HARASSMENT

Sexual harassment in the workplace is an ongoing reality for many women in Orange, Sullivan and Ulster counties, as well as throughout New York State and across the country.

The emergence of the #MeToo movement in late 2017 has focused new attention on the issue, with widespread work underway to more thoroughly identify the scope of the problem, inform victims of their rights and resources, and address ways to prevent harassment going forward.

In the face of the rapid changes, reliable and up-to-date county-by-county statistics are not currently available. It is, however, important to relate some of what is known on a broader level, as an indication of what women in our region face.



Source: NBC News/Wall Street Journal poll/October 2017, Center for American Progress/November 2017



GIVING TO WOMEN AND GIRLS: WHO GIVES AND WHY



GENDER MATTERS IN PHILANTHROPY.

Donors to these causes . . .

- Give for a variety of reasons.**
- + Personal experiences, both positive and negative
 - + A desire for gender equality in society
 - + Serving on a board or volunteering for an organization
 - + A belief that investing in women and girls is an effective way to influence widespread societal change



Include both men and women.
Though women are more likely to give, and give more to these goals, men also support women’s initiatives.

Have patterns of giving.
These patterns vary based on factors such as age and wealth. Older and wealthier donors, for example, are more likely to give to women’s and girls’ causes.



Trust women’s funds.
They trust because they find these organizations to be a locus of expertise in their communities, effective at vetting nonprofits, and capable of achieving both local and systemic change.

Source: Indiana University Lilly School of Philanthropy, Women’s Philanthropy Institute

“This report confirmed our expectations: Issues affecting women and children are more prevalent than ever in Orange, Ulster and Sullivan Counties. We have a moral obligation to assist those that are suffering from these issues and call to action the leadership of those organizations that can impact change.”

- Rich Rowley, Rowley Family Foundation

ACKNOWLEDGEMENTS

2018 REPORT FOR WOMEN & CHILDREN



ROWLEY FAMILY FOUNDATION

The Rowley Family Foundation was established at the Community Foundation of Orange and Sullivan in 2015 by Rich Rowley and Marianne Murray, although their support of charitable organizations goes back many years. Rich, Marianne and their family are committed to making the Hudson Valley a better place to live, work and raise a family. Members of the Rowley family have immersed themselves in civic and community initiatives, with a particular focus on issues related to children, families, education, health and the arts.



COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN

cfosny.org

The Community Foundation of Orange and Sullivan is dedicated to improving the quality of life for individuals and charitable organizations in the region through management and administration of a growing family of funds that distribute grants and scholarships to a variety of causes and community initiatives.



COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY

communityfoundationshv.org

The Community Foundations of the Hudson Valley works to strengthen the community by helping individuals, businesses and organizations establish and administer funds that support vital causes and charities. Partnering with generous donors, they address current and emerging community needs through effective grantmaking to improve the quality of life for all.



THE MUNSHINE GROUP

munshinegroup.com

The Munshine Group is a leading fundraising, communications, strategy and implementation firm, offering the most comprehensive and best integrated range of professional services available to nonprofits along the Northeast corridor. This team of dynamic, passionate professionals is proud to have provided the research, writing and design on this project.

More information on data affecting the Mid-Hudson Valley can be found at mhvcommunityprofiles.org.



IN CONCLUSION

Almost 318,000 females of all ages live in Orange, Sullivan and Ulster Counties, as do more than 145,000 children under the age of 18.

After gathering and examining this vital information, it is clear that helping women and children get the strongest possible start in life is the best investment we can all make in improving their futures and our communities.

Stable housing and safety at home. Good health and nutrition. Education and enrichment. All can help avoid or lessen the profound impact of adverse experiences in childhood, and the damaging effects that can last decades or even a lifetime. For those who are struggling -- at any stage of life -- there is a great need for help... and hope... right now.

Behind all these statistics are real people. This research illuminates the realities and hardships faced by many women and children in the region. And this report is more than a collection of numbers. It is a call to action to address the problems and issues that are keeping far too many from realizing their potential. At its heart is the promise of better lives for many of our vulnerable neighbors.

We are proud to share this report, and hope it inspires people to get involved and to give as we offer financial support to organizations that are on the front lines every day. Going forward, we will stay on top of changes and trends, using reliable data to best respond where and when we're needed most.

We invite you to join us in helping the women and children of Orange, Sullivan and Ulster Counties thrive -- today and tomorrow, and we look forward to sharing the results of what we're able to do together.

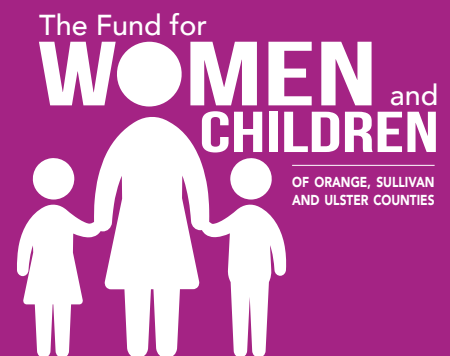
For more information, or to support our mission, please contact us at (845) 769-9393 or womenandchildren@cfosny.org.



CHILDREN LEARN WHAT THEY LIVE

If children live with criticism, they learn to condemn.
If children live with hostility, they learn to fight.
If children live with fear, they learn to be apprehensive.
If children live with pity, they learn to feel sorry for themselves.
If children live with ridicule, they learn to feel shy.
If children live with jealousy, they learn to feel envy.
If children live with shame, they learn to feel guilty.
If children live with encouragement, they learn confidence.
If children live with tolerance, they learn patience.
If children live with praise, they learn appreciation.
If children live with acceptance, they learn to love.
If children live with approval, they learn to like themselves.
If children live with recognition, they learn it is good to have a goal.
If children live with sharing, they learn generosity.
If children live with honesty, they learn truthfulness.
If children live with fairness, they learn justice.
If children live with kindness and consideration, they learn respect.
If children live with security, they learn to have faith in themselves and in those around them.
If children live with friendliness, they learn the world is a nice place in which to live.

Dorothy Law Nolte, Ph.D.



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