

Best practices and interventions to address risks associated with poor child outcomes in Shelby County



The Urban Child Institute's Data Book, *The State of Children in Memphis and Shelby County II*, is divided into five domains: Demographics, Health, Education, Family & Home Environment and Community Environment. The purpose of the Data Book is to present in a single document the most up-to-date, important and comprehensive data on the health and well-being of children in Shelby County, highlighting the social and economic environments in which they live and the risks they face.

It's the objective of the institute to identify strategies and provide direction for community stakeholders and government agencies. The following summarizes what the research community knows currently about what works in improving the condition of low-income, at-risk children.

- Part I introduces the concept of best practices and how in recent years they have been applied to early childhood education and development by researchers and practitioners.
- Part II provides information on best early childhood practice models and intervention strategies that have been tested and proven effective.
- Part III reviews successful strategies for assisting low-income families in which most at-risk children live.

I. Introduction to Best Practices

Best practice is defined as “a technique or methodology that, through experience and research, has proven to lead reliably to a desired result. A commitment to using the best practices in any field is a commitment to use all the knowledge and technology at one's disposal to assure success.” (<http://searchvb.techtarget.com>)

By definition, then, best practice defines a program or intervention that has met the demands of scientific rigor. In *Early Childhood Interventions: Proven Results, Future Promise*, a book published in 2005, and one that has been used as a reference guide for early childhood interventions, the authors state that they “identify a sub-set of programs that meet our criteria for rigorous evaluation of program effects.” There certainly is merit in this method of evaluating social programs. Since both public and private resources are limited, initiatives will not continue to be funded if their effectiveness cannot be demonstrated.

The significance of the art of best practices, whether in reference to an individual family's practices in raising children or a community's practices in making children a priority, should not be ignored. Programs, even effective ones, tend to “treat the parent not as a human being with a mind, a worldview and values but as a subject who performs a set of behaviors. They teach procedural parenting.” (Kay Hymowitz, *What's Holding Black Kids Back?*)

Before every private family and public policy decision we make, we would ask ourselves, “Is it good for the children?”

In *Inequality at the Starting Gate* “The way that we (social scientists) try to make sense of the world is to break the world into small bits and to try to say which little piece is important.” Alternately, “it should be clear by now that being a

middle class – or an upwardly mobile immigrant – mother or father does not mean simply performing a checklist of proper behaviors. It does not mean merely following procedures. It means believing on some intuitive level in the mission and its larger framework of personal growth and fulfillment.” (*Mission* refers to the mission of raising children) (Hymowitz)

Though Hymowitz does not address it in the article cited above, it seems reasonable to argue that what holds true for families also holds true for communities and our society at large. Making children a true priority is not merely about a set of public policies or initiatives that indicate on the surface that we care about children. It is a deeper societal belief in the value of all children. It would mean that before every private family and public policy decision we make, we would ask ourselves, “Is it good for the children?”

The *Reggio Approach* is a philosophy of early childhood education that was developed in Northern Italy in the mid-Twentieth Century and is practiced around the world. The philosophy encompasses the belief that children from birth are rich, strong and powerful, and that the healthy development of a child is dependent upon secure relationships with caregivers.

Scientists have shown that a human newborn baby's brain is one quarter the size of an adult's brain, and it depends on a stimulating environment and a healthy relationship with a primary caregiver for its full development. The specific initiatives determined to be best practices in terms of early childhood development are relationship-based programs that strengthen and enhance the relationship between the young child and the parent and/or caregiver thus positively affecting the early development of the child. Given that the majority of the growth of the human brain occurs in the first three years, these years of the child's life are especially critical to his/her development. For this reason there is a focus in this section on initiative strategies in early childhood.

Best practice literature reveals that these early years, when the brain is experiencing the majority of its growth, are the most crucial. The health and well-being of a child's family and community also are critical to the child's ongoing development. Family poverty leads to disease, inadequate health care, low education, poor adult supervision, unemployment and under-employment. Best practice literature indicates that there are initiatives that can be implemented and policy changes that can be made in order to shore up family income and stability. Thus a family can focus on the child's healthy development.

Early childhood intervention strategies, those initiatives that address the needs of children in the first three years of life, fall into one of three categories:

1. Home visitation/parent education
2. Pre-school/early childhood education
3. Home visitation/parent education combined with early childhood education.

Based on the Rand Corporation's comprehensive review of best practices, the key factors of these recommendations for best practices are listed below. There is potential for utilizing these best practice suggestions for turning science into action in Shelby County.

Shelby County already has a variety of services and interventions that provide parent education/home visitation, pre-school/early childhood education or some combination of the two that may be very effective. These, however, have not been evaluated in the same manner as the Rand study's programs. Many of the interventions that the Rand Corporation studied were established from their inception as clinical trial research studies making them more conducive to being evaluated using the rigorous standards of the Rand review. It is quite possible that other community-based interventions could be just as effective as these, but, due to the difference in design, cannot be evaluated by the same guidelines.

II. Best Practices – Rand Corporation Review

In 2005 Rand Corporation published a book titled, *Early Childhood Interventions: Proven Results, Future Promise*. In 2003 PNC Financial Services Group, Inc. began a 10-year, \$100 million initiative to improve school readiness for children from birth to age 5. As a part of this initiative Rand Corporation was asked to prepare an objective review of the current research addressing the potential for interventions in early childhood to improve outcomes for children and families.

Following is a list of items that were considered in that review:

1. The potential consequences of not investing additional resources in the lives of children – especially poor children – before school
2. The range of early intervention programs, especially those rigorously evaluated
3. The demonstrated benefits of interventions with high-quality evaluations
4. The returns to society associated with investing early in the lives of children (Rand Corporation)

The Rand review identified 16 programs with strong evidence bases and four additional programs with promising evidence bases. These programs are listed below. Those with strong evidence bases are identified as “Best Practices,” the others as “Promising Practices.” (<http://www.rand.org/>)

* denotes programs that at least one Memphis/Shelby County agency has implemented

**denotes a program that has been implemented in Memphis/Shelby County in the past

^ denotes interventions that are no longer in operation.

Home Visitation/Parent Education

Nurse Family Partnership (NFP) – Best Practice***

Goals:

- To improve prenatal health and birth outcomes
- To improve child health, development and safety
- To improve maternal life course outcomes.

Services Offered: Home visitation by trained nurses

Intensity of Intervention: Home visit schedule follows developmental stages of pregnancy and early childhood (approximately six-to-nine visits during pregnancy and 20 from birth to second birthday); postnatal visits average 61 minutes.

Program Currently Operating: Yes

<http://www.nccfc.org/nurseFamilyPartnership.cfm>

Developmentally Supportive Care: Newborn Individualized Developmental Care and Assessment Program (DSC/NIDCAP) – Promising Practice

Goal: To avoid developmental delays and mental/physical impairment

Services Offered: Intensive monitoring while in neonatal intensive care unit, including neurobehavioral observation; home visits afterward

Intensity of Intervention: Neonatal intensive care unit: Two 25-minute therapy sessions daily and home visits twice monthly for one hour

Program Currently Operating: Yes

<http://www.nidcap.org>

Parents as Teachers (PAT) – Promising Practice*

Goals:

- To empower parents to give their children a good start in life
- To prepare children for school
- To prevent and reduce child abuse

Services Offered: Home visits by parent educators, group meetings with parents, developmental health, vision and hearing screening, building networks to meet family needs

Intensity of Intervention: Weekly-to-monthly home visits/group meetings, 60-90 minutes

Program Currently Operating: Yes

<http://www.patnc.org>

Project Carolina Approach to Responsive Education (CARE) (with no early childhood education) – Best Practice

Goal: Improve cognitive development for high-risk children

Services Offered: Home visits (family education classes)

Intensity of Intervention: Family education: Visits every 10 days

Program Currently Operating: No^

Home Instruction Program for Preschool Youngsters (HIPPY) USA – Best Practice*

Goal: To help parents with limited education prepare their children for school

Services Offered: Parenting classes and books given to parents with activities to do with children, home visits.

Intensity of Intervention: Parents meet with para-professionals bi-weekly for 45-60 minutes, parents meet with children using HIPPY materials at least 15 minutes daily, parents have group meetings bi-weekly, 30 weeks per year for two years.

Program Currently Operating: Yes

<http://www.hippyusa.org>

Reach Out and Read – Promising Practice*

Goal: To encourage parents to read aloud to children to foster child literacy

Services Offered: Doctors and nurses give new books to parents at each well-child visit and provide advice about reading aloud with their child

Intensity of intervention: Regularly scheduled well-child visits

Program Currently Operating: Yes

<http://reachoutandread.org>

DARE to be You – Best Practice*

Goal: To improve parenting skills and child development in ways that contribute to children's resiliency to substance use later in life

Services Offered: Parent-child workshops with focus on parenting skills and developmentally appropriate children's activities

Intensity of Intervention: 15 to 18 hours of parent-training workshops and simultaneous children's programs, preferably in 10-12-week period

Program Currently Operating: Yes

<http://www.coopext.colostate.edu/DTBY/index.html>

Incredible Years – Best Practice

Goal: To promote child social and emotional competence and to address children's behavioral and emotional problems

Services Offered: Parenting classes and children's programs

Intensity of Intervention: Parents: 12-14 weeks, two hours per week, children: 18-20 weeks, two hours per week, teachers: Six days (42 hours)

Program Currently Operating: Yes
<http://www.incredibleyears.com/>

Preschool/Early Childhood Education

Oklahoma Pre-k – Best Practice

Goal: To improve child development and school readiness

Services Offered: Pre-school program

Intensity of Intervention: Part-day and full-day programs, school year

Program Currently Operating: Yes

<http://www.sde.state.ok.us>

Home Visitation/Parent Education combined with Early Childhood Education

Early Head Start – Promising Practice*

Goals:

- To promote healthy prenatal outcomes
- To enhance development of children ages 0-3
- To support healthy family functioning

Services Offered:

- Home visits
- Child development services
- Parenting education
- Child care
- Child health and mental health care
- Family support

Intensity of intervention: Weekly home visits and at least 20 hours per week of center-based child care, or a combination of the two

Program Currently Operating: Yes

<http://www.acf.hhs.gov/programs/hsb/programs/ehs/ehs2.htm>

Syracuse Family Development Research Program (FDRP) – Best Practice

Goal: To improve child and family functioning that sustains growth after intervention ceases

Services Offered:

- Home visits
- Parent training
- Family child care

Intensity of Intervention: Weekly home visits, part-day child care (6-14 months), full-day child care (15-60 months) year round

Program Currently Operating: No^

Comprehensive Child Development Program (CCDP) – Best Practice

Goals:

- To enhance child development
- To help families achieve economic self-sufficiency

Services Offered: Multiple services such as early childhood education and care, intensive case management, counseling, life skills training, referrals

Intensity of Intervention: Varied across families, on average families participated for more than three years

Program Currently Operating: No^

Infant Health and Development Program (IHDP) – Best Practice

Goal: To reduce developmental, behavioral and other health problems

Services Offered: Early childhood development programs and family support services

Intensity of Intervention:

- Home visits: Weekly in year one and bi-weekly in years two and three
- Child care center: Daily part or full-day starting at age 1
- Parent meetings: Bi-monthly beginning at 12 months

Program Currently Operating: No^

Project CARE (with early childhood education) – Best Practice

Goal: To improve cognitive development for high-risk children

Services Offered: Child care and home visits (family education classes)

Intensity of Intervention:

- Child development center: Full-day daily, year round
- Family education: Visits every 10 days

Program Currently Operating: No^

Abecedarian – Best Practice

Goal: To determine whether early childhood education can prevent retarded development of high-risk children

Services Offered:

- Home visits
- Educational child care

Intensity of Intervention: Full-day daily, year-round child care, approximately bi-weekly home visits, school-age continuation services

Program Currently Operating: No^

<http://www.fpg.unc.edu/~abc/>

Houston Parent Child Development Center (PCDC) – Best Practice

Goal: To help economically disadvantaged children perform better in school

Services Offered:

- Home visits
- Parenting education
- Piagetian child care

Intensity of Intervention:

- Weekly home visits and four (two-day) family workshops for the first year
- Part-day (two or four mornings a week) child care
- Monthly or bi-weekly evening discussions for parents for second year

Program Currently Operating: No^

Early Training Project (ETP) – Best Practice

Goal: To improve the educability of young children from low-income families

Services Offered:

- Pre-school
- Home visits

Intensity of Intervention:

- Part-day pre-school in summer
- Weekly, year-round home visits

Program Currently Operating: No^

Perry Preschool – Best Practice

Goal: To improve the intellectual and social development of young children

Services Offered:

- Pre-school
- Home visits

Intensity of Intervention:

- Part-day daily pre-school
- Weekly home visits, school year, one or two years

Program Currently Operating: No^

<http://www.highscope.org>

Chicago Child Parent Centers (CPC) – Best Practice

Goal: To promote cognitive and socio-emotional development to prepare child for school entry and beyond

Services Offered:

- Pre-school
- Elementary K-3 programs
- Parent resources

Intensity of Intervention:

- Part-day pre-school school-year
- Regular K-3 school day, school-year
- Parent involvement in class half-day per week

Program Currently Operating: Yes

<http://waisman.wisc.edu/cls/Program.htm>

Head Start – Best Practice*

Goal: To increase school readiness (cognitive, socio-emotional and health) of children from low-income families

Services Offered:

- Pre-school
- Parent support and parenting programs

Intensity of Intervention:

• Part-day or full-day pre-school, school-year or year-round, one or two years – varies across sites. Parent involvement varies considerably across sites.

Program Currently Operating: Yes

<http://www2.acf.dhhs.gov/programs/hsb/>

In some cases, for example, the Syracuse Family Development Research Program, Federal grant money was withdrawn as a result of Federal deficits. In other cases, the studies were random to determine if the program could make a difference in the developmental trajectory of children. The answer is, yes. With the Abecedarian Project, for example, the program is not in operation in the way it was constructed for the North Carolina group, but the early childhood curriculum that was used has been made available to other programs. Securing the funding to take programs to scale is a constant issue even for best practice intervention model programs.

III. Potential strategies for assisting low-income children and families

In 2003 The Brookings Institution published *One Percent for the Kids: New Policies, Brighter Futures for America's Children*. The book was the result of four years of discussion among members of the Brookings Roundtable on Children, a group of scholars that was assembled to address ways of improving children's life prospects. The authors documented what they believe the best research suggests about new policy directions in the following domains:

- Income support for families
- Family formation and parenting
- Health care
- Early education and care
- Neighborhood environment

These are the same topics utilized for this TUCI data book. Not all of the ideas in *One Percent for the Kids* have been tested adequately using rigorous evaluations, but all of them seem promising based on the research that is available. The authors recommend the following ideas to policymakers, foundations and local communities for consideration. (www.brookings.edu)

The book's title was derived from a 1999 pledge by the United Kingdom's Prime Minister, Tony Blair, who said, "Our historic aim will be for ours to be the first generation to end child poverty. It is a 20-year mission, but I believe it can be done." Policymakers in the U.K. have taken this pledge seriously. An additional nine-tenths-of-one-percent of the U.K. gross domestic product is invested each year in children and families. If the United States were to make this same commitment, the additional annual spending for children and families would amount to approximately \$90 billion.

The suggestions below are broad-based recommendations, and they continue to surface in the literature reviews of what young children and families need to succeed in life:

- Quality health care for pregnant moms and children
- Positive, healthy and educational care-giving in the first years of life
- More disposable income
- Quality child care and pre-k training
- Intensive after-school programs
- Positive relationships between married and unmarried parents
- Affordable housing in safe neighborhoods.

A. Health

- Universal prenatal and perinatal screening services plus health insurance coverage
- Development of interventions to address severe behavioral and emotional problems in young children to guide the investment that is needed in those issues
- Exemption from welfare-related work requirements for mothers of children younger than six months old
- Exemption from full-time work requirements for mothers of children between six months and one year

B. Education

- Intensive, center-based, early education programs for high-risk children beginning at age 3 that are suggested in addition to pre-k for all 4-year-old children (See descriptions above for interventions that have been evaluated.)
- Universal pre-school for 4-year-olds (for example, Oklahoma Pre-k as mentioned above)
- Quality, intensive, after-school programming that emphasizes community service and engagement of teens in other productive activities during non-school hours

C. Home Environment/Family Formation and Parenting

- Marriage-friendly policies for TANF (Temporary Assistance for Needy Families), child support, and other income support policies
- Relationship programs to increase the quality of parental relationships, help couples (married and unmarried) resolve their personal issues and provide mentoring to new parents
- Development of an entire family campaign with the following examples of campaign goals:
 1. Encouraging parents to stay married
 2. Encouraging both parents, even if not married, to be involved in child rearing
 3. Offering training and education in parenting skills including nutritional topics such as breastfeeding, cognitive stimulation such as reading, emotional support and nurturing such as openly displaying love and affection and praising accomplishments
 4. Disseminating information to teenagers about the consequences of their own decisions for their children

D. Family Economics/Income Support for Families

- Child allowance for children under age 5 living in families with incomes below \$60,000
- Increase in the minimum wage (The U.S. Congress authorized in February 2007 a 40 percent increase in the Federal minimum wage over the next two years beginning in 2008. The bill is awaiting the President's signature. By 2009 the new minimum wage would be \$7.25 per hour. Some states, not including Tennessee, have laws that set the minimum wage higher than the Federal minimum)
- Expansion of the Earned Income Tax Credit (EITC)
- Removal of poor working families with children from the Federal tax rolls

E. Community Environment /Neighborhood Environments

- Increase the supply of housing vouchers.
- Subsidize housing in suburban, or at least economically integrated, areas.
- Require that developers set aside housing in new developments for low-income families.

* Programs that move public housing residents without their consent – for example, tearing down their housing projects – appear to generate only modest changes in children’s educational outcomes.