

DOCUMENT RESUME

ED 312 067

PS 018 343

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 TITLE Early Child Care, Parenting Education, and Social Policy.
 PUB DATE Feb 89
 NOTE Sp.; Paper presented at the Civic Issues Forum (Syracuse, NY, February 1989).
 PUB TYPE Guides - Non-Classroom Use (055) -- Speeches/Conference Papers (150)
 EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS *Definitions; Early Childhood Education; *High Risk Persons; Infants; Parent Education; *Prevention; Program Effectiveness; *Risk; Young Children
 IDENTIFIERS *Social Policy

ABSTRACT

Risk factors affecting infants and young children, such as mother's drug addiction or teenage pregnancy, are discussed. Four major groups of risk factors are considered: (1) sociocultural and demographic factors; (2) biomedical risks; (3) personal-social risk factors; and (4) family history factors. These risk factors intersect to increase negative outcomes. Where buffering or supportive elements are present, consequences of risk factors are ameliorated. The Syracuse Family Development Research Project found buffering results for a high quality infant-toddler-preschool care program combined with an outreach home visitation program that delivered sensorimotor games, and nutritional and positive discipline information to young, unwed, school-dropout mothers. At least 12 preventive actions should be taken in regards to risk factors. These include mandatory parent education from the early grades, required child development courses in teacher training curriculums, bookmobiles in poor neighborhoods, provision of parental leave, job sharing, positive television programming, and high quality infant and toddler care. (RH)

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Public policy actions often occur after the fact. When problems are grave, such as child abuse or environmental pollution, then society seems to become galvanized to set up remedial measures, such as treatment programs or cleanup superfunds. However, prevention is far less costly - both in terms of money and in terms of grave difficulties that can be prevented before they arise in the lives of children and families.

Risk factors in infants and young children that bode ill for society seem to be increasing. Currently, almost 1/4 of neonates in hospitals in large cities, such as Boston, are born to drug addicted mothers. Teenage pregnancy rates run as high as 85% in some inner cities. What do we mean by risk factors? How have innovative demonstration projects tried to combat them? What further preventive measures can society and families take to lessen the toll of troubled youths?

Four major groups of risk factors must be considered:

1. Sociocultural and demographic factors. Poverty, lack of education, and living in dilapidated housing in dangerous neighborhoods require concerted societal efforts for amelioration.

2. Biomedical risks. These include genetic aberrations (such as spina bifida) as well as birth traumas (such as lack of oxygen and severe prematurity). Intrauterine factors such as Fetal Alcohol Syndrome are caused by maternal behaviors while the embryo or fetus is growing in utero. Stronger efforts at outreach in at-risk communities to provide supervised ongoing health care for

¹ Invited Presentation for the Civic Issues Forum on "Children at Risk: Cradle to Kindergarten," Syracuse, NY, February, 1989.

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pregnant women can be a major help to decrease such risks. Nutritional deficits after birth may be unsuspected factors. For example, Honig and Oski (1986) found that iron deficiency anemia was associated with high irritability, lower IQ and poorer task orientation in infants. Iron supplementation increased infant cognitive scores and emotional responsiveness. Parents who smoke have children with much higher rates of respiratory illness.

3. Personal-social risk factors. Of these the most acute is the failure of parent and infant to develop an enduring, mutually affectional tie during the first year of life. The lack of secure attachment of a baby to the primary caregiver may lead to later mental illness, poor peer interactions, and lack of the zest, persistence and long attention span required for success at intellectual learning tasks in school. Parental styles of discipline can also place children at risk. Youngsters convicted of juvenile delinquency have overwhelmingly been found to have parents who used severe physical punishment (SPP) as the major method of discipline. The more severe the SPP, the more serious their crimes were rated (Welsh 1976).

4. Family history. Stresses provide another group of important risk factors. Unemployment may be followed by spousal and child abuse. Teen pregnancy is associated with poorer school outcome for the children. Low self-esteem may lead to projection of evil onto young children and consequent rejection and violence toward a child. Father absence and the lack of spousal support is associated with higher rates of insecure attachment for infants with irritable temperaments. Vulnerable, stressed parents abuse children in different ways. The major types of abuse are: 1) physical battering, including burns, 2) sexual abuse, 3) emotional neglect and rejection, and parental depression, 4) hostility, ridicule, threats of severe harm, and 5) inadequate physical care/safety; malnourishment. Abused/neglected children are far more likely to become criminals later in life according to state court records.

Risk factors intersect and can increase poor outcomes. Yet, where there are buffering or supportive elements present, risk factors are ameliorated. For example, in Werner's Kauaii study (1986) of children born into families at risk due to mental illness of parents or unemployment etc., some children were found to be resilient and functioning as family members and contributing citizens 32 years later. Those infants had had one positive caregiver figure who loved them consistently during the first years of life. They had not had a sibling too closely spaced (under two years), and they had outgoing temperaments. In Ramey's North Carolina project, infants born to teenage single poor mothers and malnourished in uterus tested far below normal IQ at 24 months (77.8). Yet babies from similar mothers who were able to attend an enriched cognitively oriented program from 3 months of age onward had near normal IQ scores of 95.8 at 24 months.

In the Syracuse Family Development Research Project (FDRP) (Lally, Mangione & Honig, 1988), similar buffering results were found for a high quality infant/toddler/preschool care program combined with an outreach home visitation program to deliver sensorimotor games, nutritional and positive discipline information and ideas to young unwed school-dropout mothers. At fifteen years of age youngsters who had been in the project showed far less juvenile delinquency (6% rate) than controls (22% rate). Court and probation costs for children who had experienced a high quality program in the Children's Center and FDRP were \$12,000 contrasted with \$107,000 for the control group. Moreover, the crimes of the control youngsters were more serious - including aggravated assault, rapes and robberies. Three of the four program children with court records were charged with simple unruliness. Black program females also showed superior academic achievement, motivation and less school failure. Unfortunately, the

Black male program youth were not academically different from controls. Lack of a stable, achievement oriented, concerned fathering figure may increase the vulnerability of Black males for academic difficulties.

Given the risk factors that are so prevalent in society, what kinds of preventive actions should we be taking?

1. Parent education should be mandatory from early grades. School children and youths need to learn about effective family communication techniques, and about developmental norms (e.g. messing while eating is developmentally entirely normal and does not merit spankings, shaming or parental abuse). Dr. Bettye Caldwell has demonstrated impressive awareness and caring among 5th graders in Little Rock, Arkansas after three months participation in such a program.

2. Teacher training for public schools should include required child development courses. It is not enough to know curriculum models, materials and methods. Understanding the behaviors of children and how to interact with them to promote healthy and positive social interactions in the classroom is of high priority for teachers.

3. Bookmobiles should be sent into poverty neighborhoods to encourage use of book reading by parents of very young children and to acquaint families with books that will enhance the child's ability to make friends and behave in prosocial ways (e.g. Dr. Seuss' "Horton Hears a Who" is an excellent book about caring and loyalty and friendship by Horton the elephant).

4. Parental leave bills are needed so that father and/or mother are able to spend time after the birth of a baby in order to fall in love with the baby, get to tune into this baby's signals and temperament and needs and ensure the building of a secure attachment.

5. Job sharing should be more widely encouraged where feasible, so that parents of infants can spend more time with their babies without loss of job seniority or skills (e.g. one parent can work the morning shift; another parent

from another family can take the afternoon shift).

6. Public health nurses trained in child development are needed to reach out actively in communities to sustain nurturing relationships of vulnerable families with their newborns.

7. High quality infant/toddler care is a rare commodity. Public support for salaries for professional infant caregivers must be provided. Nobody can support a family on \$3.35 per hour. Yet a majority of infant care providers work at this salary level, despite years of training, even Master's degrees!

8. Community store-front drop-in daycare or church basement respite centers are necessary for burnt out or on-the-brink-of-abuse parents. Counseling services and parenting support groups should be offered in conjunction with respite services.

9. Social workers, family court judges and other professionals who make decisions about the lives of young children in family cases or foster care need training in child development and parenting as prerequisites to enhance their decision making abilities.

10. Positive television shows should be promoted. Mr. Rogers' Neighborhood has been found to increase patience and prosocial skills on the playground among low-income children who watched daily for a month. TV must be harnessed more to enhance positive interpersonal skills for children rather than to provide models for violence.

11. Bring the world of work together with hands-on learning experiences for troubled youth, in danger of the three D's - dropout, delinquency, and drug abuse. After-school apprenticeships in corporate settings or getting groups of early adolescents involved in summer work on farms and reclamation projects can provide meaningful opportunities to participate in work, to feel that they have an integral role in production that can inspire them to achievement goals in school (Tice, 1989).

12. On-staff child development experts who can work with troubled families need to be hired when obstetricians, pediatricians, and medical clinic personnel in hospitals serve families who need a boost in parenting skills. Hospital outpatient waiting rooms are also a fine locale for establishing a child-development parenting presence, so that waiting parents can have access to toys, advice, support and appropriate ideas for play and positive discipline techniques as well as cognitive stimulation ideas that will help their children grow in thinking and language skills.

If children are really our priority in society we will find economic supports for services, programs and outreach work to prevent the mental illness, school failure and crime that is our legacy from the neglect of the needs of young children and their families. Ultimately, cherishing and caring are cost-effective for infants and young children.

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