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Columbia University
MAILMAN SCHOOL OF PUBLIC HEALTH

Resources to Promote Social and Emotional Health and School Readiness in Young Children and Families

A Community Guide

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The National Center for Children in Poverty identifies and promotes strategies that prevent child poverty in the United States and that improve the lives of low-income children and families.

Resources to Promote Social and Emotional Health and School Readiness in Young Children and Families—A Community Guide

by Jane Knitzer and Jill Lefkowitz

This document is part of a policy series intended to improve social, emotional, and learning outcomes for young children. Building on NCCP's work over the past several years (see Promoting the Emotional Well-Being of Children and Families series, at www.nccp.org), *Resources to Promote Social and Emotional Health and School Readiness in Young Children and Families—A Community Guide* builds on NCCP's earlier work to describe effective programs, highlight policy opportunities, and offer fiscal strategies to promote the emotional health of young children and their families. The analyses in this series will help state officials, community leaders, and advocates take action to ensure the healthy development of children and their families. This report describes targeted interventions that can help parents and other early care providers, such as home visitors and teachers, be more effective in promoting healthy relationships and reducing challenging behavior in infants, toddlers, and preschoolers. The companion document, *Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness*, focuses on strategies to maximize existing funding streams by building on federal programs.

AUTHORS

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Jill Lefkowitz was a Research Analyst at NCCP where she helped coordinate NCCP projects on vulnerable children, especially on projects concerning the school readiness of young, low-income children.

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EXECUTIVE SUMMARY

Social and emotional development in young children has to do with *how young children feel about themselves* (such as confident, always scared, eager to learn, proud of their culture, afraid of being wrong), *how they behave* (such as constantly fighting, easily upset, able to deal with conflict), and *how they relate to others*, especially people who matter to them (for example, parents, teachers, and friends). Sometimes the terms *infant and early childhood mental health* are also used instead of *social and emotional development*.

When young children who do not know what to do with their anger, feel very sad, or are out-of-control enter school, many will have a hard time. Research indicates that if young children do not succeed in kindergarten, first grade, and second grade, they are less likely to do well in subsequent grades.[1] Therefore, it makes sense to try to help these young children before they get to school. Increasingly, research is helping to identify interventions to support the development of needed competencies. (See box.)

What Early Learning Research Tells Us

Most young children are "eager to learn" and have the cognitive, social, and emotional skills to succeed.

- The roots of successful early learning start *early*—the brain develops most rapidly in the first 3 years of life.
- The earliest relationships set the stage for healthy development and learning.
- Almost all children are born "wired to learn."
- Social, emotional, and cognitive learning are all interconnected in young children (more than in older children).
- A significant group of young children experience problems in developing the social, emotional and behavioral strategies necessary to succeed in school.

Intentional social and emotional strategies can make a difference.

- Improved parenting with infants and toddlers has been linked to improved cognitive, behavioral, and language skills in 3 year olds.
- Parents who have learned how to better manage young children's behavior report positive outcomes at home and at school.
- Classroom-based strategies to help young children master social and emotional skills have been linked to improved reading ability.

(For sources, see the full report.)

This guide is intended to be especially useful for:

- Child care providers, preschool and kindergarten teachers, and others who work directly with young children and their families.

- Families and school readiness coordinators and administrators involved in organizing early childhood school readiness and early literacy campaigns.

- Family support advocates and others who provide support to parents of young children.

- Community leaders and coalitions who understand the importance of reaching out to young children and families to ensure early school success.

- Mental health and other professionals who want to do more to ensure that young children and families get help when they need it.

The full guide, available at www.nccp.org, provides information about resources and strategies that families, child care providers, teachers, and others who come into contact with young children every day can use to help infants, toddlers and preschoolers, especially those living in low-income communities, develop the social and emotional skills they need to succeed in school. It also provides web site and other contact information. See Figure 1 for an overview of the resources discussed.

Section I. Resources to Help Parents Promote Social and Emotional Health and School Readiness in Babies and Young Children

Research tells us that responding to the needs of young children with warmth, providing structure and routines for them, talking with them about feelings, and helping them to problem-solve can pave the way for them to be successful learners. But in reality, parenting is not so easy. Raising young children is sometimes joyful, but it is often challenging, with constant on-the-spot decisions about what to say and do. When parents are stressed about finding a home or meeting public assistance requirements, are worried about health care, or are feeling isolated and lonely, parenting is that much harder. Examples of the programs described include:

- **Touchpoints™.** Designed to give child care and health providers tools and strategies to help parents help their babies grow into thriving young children and to increase providers' knowledge of child development.

- **Incredible Years.** Using video vignettes to stimulate discussion, the parent component of the Incredible Years evidence-based training series helps parents promote positive social skills in their children and prevent or reduce conduct disorders.

- **Reach Out and Read (ROR).** Promotes pre-literacy skills for low-income children from birth through age five using pediatricians and nurses to help parents understand the importance of early literacy and how to read with their child.

- **Motheread/Fatheread.** Targets parents (both English and non-English-speaking) with less than a high school education, using books that represent many cultures (such as African American, Latino, Native American) to help parents and children identify with and read the stories.

Section II. Resources to Help Child Care Providers and Teachers Promote Social and Emotional Competence

Every encounter with a young child is an opportunity to promote social and emotional competence. If young children are around caregivers who can create a rich language and reading environment, who can help them develop new social skills, and, above all, who can find and nurture their strengths as well as help them and their parents see and appreciate

Figure 1. Resources to Promote Social and Emotional Health and School Readiness

Program	Strategy Type	Control Group Evaluation	National Training Availability
Parent Support and Education: Infants and Toddlers			
Touchpoints™	Provider training	No	Yes
Baby FAST	Parent education and support	Control study in process	Yes
Parent Support and Education: Preschoolers			
Incredible Years	Parent education and support	Yes	Yes
DARE to be You	Parent and child interactive learning	Yes	Yes
Parent Services Project	Family support	Yes	Yes
The Spirit of Excellence Parent Empowerment Project	Parent education and support	No	Yes
Parent Support and Education: Early Literacy Strategies in a Social-Emotional Context			
Reach Out and Read	Literacy promotion	Yes	Yes
Motheread/Fatheread®	Literacy development in a social-emotional context	No	Yes
Child Care Provider, Teacher, and Other Caregiver Support: Screening, Assessment, and Guidance			
Devereux Early Childhood Assessment	Assessment, screening, and guidance to promote resilience in young children	Yes	Yes
Child Care Provider, Teacher, and Other Caregiver Support: Early Care and Education Program Curricula			
Tools of the Mind	Curriculum for early education programs	In process	No
Families and Caregivers Facing Special Needs: Intensive Parent Support			
Nurturing Father's Program	Father education and support	No	Yes
Nurturing Program for Families in Substance Abuse Treatment and Recovery	Substance abuse treatment and support	Quasi-experimental	No
Multidimensional Treatment Foster Care-Preschool (MTFC-P)	Intensive support and behavioral training	Yes	Yes
Families and Caregivers Facing Special Needs: Parent-Driven Treatment			
Regional Intervention Program and the Early Childhood Centers	Parent skills training	No	Yes
Families and Caregivers Facing Special Needs: Family Child Care Partnerships			
Positive Behavior Support	Assessment and intervention to increase social and communication skills	Yes	Yes
Families and Caregivers Facing Special Needs: Informal Family Support			
Raising Our Children's Kids	Grandparent and other caregiver support	No	No
Family Ties of Westchester, Inc.	Parent-driven support organization	No	No
Building Partnerships			
Massachusetts Early Childhood Linkage Institute	Link child welfare with Early Intervention System	Yes	No
Community Planning Strategies			
Free to Grow	Program and community development through partnerships	In process	No
Pima County Prevention Partnership	Early intervention and screening; curricula; partnerships and training	No (still in pilot phase)	N/A

those strengths, many problem behaviors disappear. But the reality is that many child care providers and teachers report great concern about the numbers of young children with so called "challenging behaviors," as well as not knowing how to respond to these behaviors. A national study found that the expulsion rates are three times as high for young children as for children in grades K–12.[3] Even infants and toddlers are being asked to leave early care settings. But there are solutions. Examples include:

- **Devereux Early Childhood Assessment (DECA) Program.** Based on research on promoting resilience and reducing risks in young children, DECA helps teachers assess both their classroom environment and individual children and provides clear guidelines for what teachers can do to promote resilience in young children.[4]

- **Tools of the Mind (TOM).** Based on psychological research that is designed to increase preschool-aged children's self-control and ability to stay with a task and to think about feelings and actions, Tools of the Mind is an integrated curriculum that pays special attention to social and emotional issues.

- **Early Childhood Mental Health Consultation.** Although there is no one agreed upon model for consultation, across the country states and communities are investing in these strategies and building a case for their efficacy in responding to children with challenging behavior. (See Center on Social and Emotional Foundations for Early Learning, www.csefel. uiuc.edu/.) Consultants are using positive behavioral support strategies to improve classroom functioning and address the problems of young children experiencing special challenges.

Section III. Resources to Help Young Children and Families Facing Special Stresses

In every community there is a group—often a large group—of young children and families facing especially daunting challenges in achieving age-appropriate social, emotional, and cognitive competencies. Frequently, the families of these young children are affected by circumstances that lead to poor parenting and, sometimes, to either the child's or the parent's removal from home. Typically, these are parents who themselves have been poorly parented. Many of them are too depressed to parent well, with problems compounded by domestic violence and substance abuse and, often, unaddressed childhood trauma. Helping these young children most often means helping their families as well, providing treatment for barriers that interfere with effective parenting, providing specialized parenting supports responsive to parental risks, and making sure that young children have access to early intervention as well as high-quality early care and learning experiences. Examples include:

- **Nurturing Father's Program.** The Nurturing Father's Program is a 13-week structured curriculum targeted to fathers' facing special parenting challenges and designed to increase the quality involvement and bonding of fathers and their children, especially babies and young children, through a group-based program.

- **Nurturing Program for Families in Substance Abuse Treatment and Recovery.** This group-based 17-week experiential and didactic learning approach is for parents in substance abuse recovery treatment programs. The aim is to help parents develop self-awareness and nurturing skills, explore the effects of substance abuse on themselves and their families, and build recovery skills.

- **Multidimensional Treatment Foster Care-Preschool (MTFC-P).** Targeted to young children between ages 3 and 6 who have been removed from the care of their parents, the intervention uses a team approach that provides intensive support and behavioral training to the child, foster parents, and permanent placement family to promote more healthy relationship development and positive behavior.

- **Regional Intervention Program (RIP) and the Early Childhood Centers (ECC) of the Positive Education Program in Cleveland, Ohio.** These behavioral skills training programs for groups of parents with preschool-aged children with severe aggressive and antisocial behaviors embed the best principles of behavioral learning and use parents as coaches for other parents.

Section IV. Taking a Community Approach

Even the most challenged community has natural leaders and access to some services through, for example, the WIC offices, well-child clinics, shelters, and early childhood programs that can be strengthened. Examples of highlighted approaches include:

- **Family Ties of Westchester, Inc.** A parent advocacy organization for families whose children have serious emotional and behavioral disorders that has partnered with the county children's mental health agency to create local neighborhood early childhood "networks" to support individual young children and caregivers and to reach out to adult consumers of mental health with young children, including them in their parent training and support sessions.

- **Massachusetts Early Childhood Linkage Initiative (MECLI).** A partnership between child welfare and early intervention agencies to see that young children who are victims of substantiated abuse and neglect are assessed, and if needed, get services for any developmental problems.

A National Portrait of Young Children at Special Risk for Early School Failure

- More than 153,000 children under age 6 are in foster care.
- More than 300,000 children under age 6 (half of whom are infants and toddlers) have incarcerated parents.
- More than 567,000 young children are homeless, representing 42 percent of all homeless children.
- More than 300,000 young children are victims of substantiated child abuse or neglect every year.
- An estimated 2.2 million young children (10 percent) live with parental substance abuse or dependence.
- One to four million young children who are exposed to domestic violence.
- An estimated 27 percent of low-income kindergarten children are affected by parental, especially maternal, depression.
- An estimated 17 percent of young children have diagnosable emotional and behavioral diosorders.

(For sources, see the full report.)

Section V. Toward a Community Response: Recommendations

Experience from communities organizing on behalf of young children to promote social and emotional competence and successful early school learning suggests there are four key steps:

- *Organize:* Bring as many voices to the table as possible: providers, kindergarten teachers, preschool and child care teachers, mental health and substance abuse providers, police, school leaders, and small business leaders. But especially make sure families are at the table (See Box).

- *Gather information:* 1) Take a snapshot to profile the social and emotional status of young children (numbers expelled from child care, numbers in high-risk circumstances); 2) Find out what parents, caregivers, and teachers think is needed; 3) Identify the existing resources (for example, training, consultations, parenting curricula) to help families, caregivers, and others better promote social and emotional health and school readiness in all young children, and match them against what families and the community want; and 4) Assess the health of existing community partnerships and collaborations. (See the box: Questions for Communities to Ask, which can help guide data gathering.)

- *Take action:* Identify two or three *doable* action steps to better use existing resources and community assets, and to strategically supplement what exists.

- *Track impacts:* Identify indicators to track progress (such as kindergarten assessments and special surveys).

Tips on Engaging Parents

- Develop explicit strategies to ensure a strong family voice:
  - Build leadership teams that include families, involving grandparents and other family members caring for young children.
  - Promote peer-to-peer family support and advocacy.
  - Provide child care and transportation, and pay for lost work time to facilitate family involvement.
  - Use family liaisons to reach out to parents and others.
- Reach out to parent groups and organizations, such as Head Start Advisory Councils, to find out their experiences and needs, and to talk with other parents.
- Include information about emotional and behavioral issues and how families might get help in family newsletters.
- Encourage the development of a coalition of family voices interested in promoting healthy emotional development, such as Head Start families, Part C families, Federation for Children's Mental Health families.

Promoting Social and Emotional Health and School Readiness—Questions for Communities to Ask

Children and Families

• How do those working most closely with young children feel the children are doing? Are there any more formal community indicators in place?

Numbers

• How many grandparents are raising young children?

• How many young children are being placed in foster care? Are homeless? Are in shelters? Are being served through Early Intervention programs? Are abused or neglected? Have incarcerated parents?

• How widespread are substance abuse and domestic violence problems in families with young children? Are these problems confined to one locality, or have they spread throughout the community?

Services and Supports

Helping Parents

• What are the most effective parenting (including foster and adoptive as well as biological) curricula for infants and toddlers? For preschoolers? How many curricula are in use across programs? Should these be consolidated? What do grandparents raising young children need or want?

• What kinds of informal parent support groups exist? Should these be expanded? What kinds of families are not served?

• Where can parents get respite care? How safe are the playgrounds?

Helping Child Care Providers, Teachers, and Home Visitors

• What are the social and emotional issues that most concern child care providers? Head Start and prekindergarten teachers? Pediatricians? Home visitors?

• What supports are available to pediatricians and health settings to identify maternal depression and to help young children with emotional and behavioral challenges?

• How are training dollars used to promote social and emotional competence? Does each agency decide? Are funds pooled and communitywide trainings organized?

Helping Higher-Risk Families

• What intensive family-focused services are available to higher-risk families in Head Start, Early Head Start, and home visiting programs?

• What informal support groups exist for grandparents raising children? For parents with depression?

• What supports are in place for frontline workers reaching out to help higher-risk families (e.g., in shelters, in child care programs, etc.)?

• What specific outreach activities exist for higher-risk families (e.g., routine assessments of young children entering foster care or of children with incarcerated parents)?

• What specialized resources exist in the community to help families that have young children with serious emotional and behavioral disorders?

Aggregate Community Risk Factors

• What is the community profile of young children facing extreme risks to healthy development? (See box above: A National Portrait of Young Children at Special Risk for Early School Failure, for risk factors.)

• How are these risks distributed? Evenly across all risks, or with concentrations (e.g., high rates of domestic violence in families with one parent incarcerated, low rates of foster care placement)?

• What kinds of communitywide preventive strategies could be put in place to address the three most common high-risk factors?

Partnerships and Collaborations

• What partnerships and collaborations (e.g., among church leaders, mothers, agencies, and policy initiatives) are in place to provide leadership to ensure social and emotional school readiness among young children as well as early success in school? How effective are these partnerships? Is there no collaboration, limited collaboration, or a strong community mechanism? (For more questions to consider, see the Partnership Tool <www.partnershiptool.net>).

• How strong is the family voice in these partnerships?

• What agencies/voices are not at the table that should be? Does the table include Temporary Assistance for Needy Families (TANF) as well as health, child welfare, substance abuse, and mental health agencies?

Promoting Social and Emotional Health and School Readiness—Questions for Communities to Ask
(continued)

Moving Forward

- What strategies (identified as effective in the community; identified in this resource guide; others) would best respond to the challenges at hand and build on community assets?
- What are the two top priorities for:
  - Using existing resources more efficiently
  - Implementing new strategies
  - Expanding community partnerships and leadership
- What would a plan of action look like?

Conclusion

The strategies we describe in this guide are examples of what communities can do, and are doing, to support young children and their families. They emphasize the importance of not targeting the child as the "problem," but rather changing the environment by reducing community risks and strengthening the capacity of parents, child care providers, teachers, and others who, on a daily basis, interact with children to promote healthy social and emotional relationships and school readiness. Using this framework, communities—especially low-income communities—will be in a stronger position to promote early school success on behalf of all young children, regardless of where they live or what hurdles they face.

Copies of this guide can be downloaded from the web site of the National Center for Children in Poverty (www.nccp.org), along with other materials that can be helpful resources.

Endnotes

1. Raver, C. C. & Knitzer, J. (2003). *Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children* (Promoting the Emotional Well-Being of Children and Families Policy Paper 3). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health <www.nccp.org/pub_pew02c.html>.

2. National Research Council, Committee on Early Childhood Pedagogy, Commission on Behavioral and Social Sciences. Bowman, B. T.; Donavan, S.; & Burns, M. S. (Eds.). (2001). *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press.

3. Gilliam, W. S. (2005). *Prekindergartens left behind: Expulsion rates in state prekindergarten programs* (FCD Policy Brief 3). New York, NY: Foundation for Child Development <www.fcd-us.org/PDFs/NationalPreKExpulsionPaper03.02_new.pdf>.

4. Devereux Early Childhood Initiative. (1999). Pilot study of the Devereau Early Childhood Assessment Program - Year 1 (1999-2000). *Research Bulletin No. 1*, pp. 1-2 <www.devereuxearlychildhood.org/pdfs/pilotstudyyear1.pdf>. Resilience factors are a child's ability to be a self-starter, a comfort seeker, a leader, adventurous, a problem solver, optimistic, hopeful, autonomous, and creative. More and more research is showing that protective factors can buffer the negative effects of stress for at-risk children.

INTRODUCTION

Every parent, every politician, and every teacher want young children to enter kindergarten ready to succeed. Often the focus is on cognitive skills, early literacy, or early math, and indeed there are exciting new developments in early education. But it is equally important to pay attention to the social and emotional skills that young children develop in their earliest years. These skills—how children manage their feelings, follow directions, concentrate, relate to other children and to teachers, and approach learning—will enable them to succeed as they transition to kindergarten and first grade.

This guide provides information about resources and strategies that families, child care providers, teachers, and others who come into contact with young children every day can use to help children develop the social and emotional skills they need to succeed in school.

Some of the resources and strategies highlighted focus on babies and toddlers, others on preschoolers, and still others on young children facing especially harsh early circumstances (e.g., exposed to domestic violence, abuse). All of the strategies have been used in low-income communities. Some have been evaluated through careful research, and others have been deemed effective by multiple users. Importantly, virtually all the interventions described here work best if they are embedded in a larger community effort to promote resilience and build on the strengths that exist in families and communities.

Four core assumptions shaped the guide:[1]

- The family plays the most important role in a young child's life.
- Responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them.
- The first 5 years of life are a critical developmental period.
- Child development occurs across equally important and interrelated domains—physical and motor, social and emotional, language, and cognitive.

The guide is intended to be especially useful for:

- Child care providers, preschool and kindergarten teachers, and others who work directly with young children and their families
- Families and school readiness coordinators and administrators involved in organizing early childhood school readiness and early literacy campaigns
- Family support advocates and others who provide support to parents and other caregivers (e.g., grandparents and foster parents) of young children
- Community leaders and coalitions who understand the importance of reaching out to young children and families to ensure early school success
- Mental health and other professionals who want to do more to ensure that young children and families get help when they need it

Importantly, virtually all the interventions described here work best if they are embedded in a larger community effort to promote resilience and to build on the strengths that exist in families and communities.

Section I answers frequently asked questions about why it is important to pay attention to social and emotional development as part of school readiness. Section II provides examples of the resources that are available to help programs and community planners as they seek, *intentionally*, to promote social and emotional school readiness. It is organized in three parts:

- *Resources to Help Parents* describes resources and strategies that can help parents, particularly low-income parents and others raising young children, promote healthy emotional development in young children.

- *Resources to Help Child Care Providers and Teachers* describes resources and strategies that can help child care providers and teachers promote healthy social and emotional development and school readiness.

- *Resources to Help Young Children and Families Facing Special Stresses* describes resources and strategies that can promote resilience in the most stressed young children and families so that these children, too, can enter school ready to succeed.

Each part provides examples of specific resources that can be embedded into and adapted to particular program and community circumstances. For an overview of the more formal strategies, see Figure 1.

Section II of this guide highlights several informal and community-based approaches that bring families and community leaders together to develop preventive strategies, connect existing resources better, and take action around high-priority challenges to promote early school success for all young children in the community.

The guide concludes in Section III with a set of questions to guide community action (see Box 15) and 10 principles to guide action (see Box 16). This guide complements *Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness,* as well as a series of issue briefs that the National Center for Children in Poverty (NCCP) has developed over the past several years. (For more information, see Appendix B or **www.nccp.org**.) Both documents recognize that for every young child to enter school ready to succeed, focusing solely on supporting the early physical, emotional, and cognitive development of young children is not enough. There must also be powerful and sustained attention to ensuring that families can earn enough to support their children, to improving the overall quality of child care and early learning experiences, and especially to ensuring that when young children enter schools, the schools are "ready for them." However, the guide also recognizes that for some young children and families, without intentional strategies that are focused on social and emotional well-being, even "ready" schools and "ready" communities may not be enough.

Figure 1. Resources to Promote Social and Emotional Health and School Readiness

Program	Strategy Type	Control Group Evaluation	National Training Availability
Parent Support and Education: Infants and Toddlers			
Touchpoints™	Provider training	No	Yes
Baby FAST	Parent education and support	Control study in process	Yes
Parent Support and Education: Preschoolers			
Incredible Years	Parent education and support	Yes	Yes
DARE to be You	Parent and child interactive learning	Yes	Yes
Parent Services Project	Family support	Yes	Yes
The Spirit of Excellence Parent Empowerment Project	Parent education and support	No	Yes
Parent Support and Education: Early Literacy Strategies in a Social-Emotional Context			
Reach Out and Read	Literacy promotion	Yes	Yes
Motheread/Fatheread®	Literacy development in a social-emotional context	No	Yes
Child Care Provider, Teacher, and Other Caregiver Support: Screening, Assessment, and Guidance			
Devereux Early Childhood Assessment	Assessment, screening, and guidance to promote resilience in young children	Yes	Yes
Child Care Provider, Teacher, and Other Caregiver Support: Early Care and Education Program Curricula			
Tools of the Mind	Curriculum for early education programs	In process	No
Families and Caregivers Facing Special Needs: Intensive Parent Support			
Nurturing Father's Program	Father education and support	No	Yes
Nurturing Program for Families in Substance Abuse Treatment and Recovery	Substance abuse treatment and support	Quasi-experimental	No
Multidimensional Treatment Foster Care-Preschool (MTFC-P)	Intensive support and behavioral training	Yes	Yes
Families and Caregivers Facing Special Needs: Parent-Driven Treatment			
Regional Intervention Program and the Early Childhood Centers	Parent skills training	No	Yes
Families and Caregivers Facing Special Needs: Family Child Care Partnerships			
Positive Behavior Support	Assessment and intervention to increase social and communication skills	Yes	Yes
Families and Caregivers Facing Special Needs: Informal Family Support			
Raising Our Children's Kids	Grandparent and other caregiver support	No	No
Family Ties of Westchester, Inc.	Parent-driven support organization	No	No
Building Partnerships			
Massachusetts Early Childhood Linkage Institute	Link child welfare with Early Intervention System	Yes	No
Community Planning Strategies			
Free to Grow	Program and community development through partnerships	In process	No
Pima County Prevention Partnership	Early intervention and screening; curricula; partnerships and training	No (still in pilot phase)	N/A

SECTION I
Understanding the Challenge: Some Questions and Answers About Social and Emotional School Readiness

What does social and emotional development mean?

Social and emotional development in young children has to do with how young children feel about themselves (e.g., confident, always scared, eager to learn, proud of their culture, afraid of being wrong), how they behave (e.g., constantly fighting, easily upset, able to deal with conflict) and how they relate to others, especially people who matter to them (e.g., parents, teachers, and friends). Sometimes the terms *infant and early childhood mental health* are also used instead of *social and emotional development*.

How is social and emotional development related to school readiness and early success in school?

To succeed in school, young children need to have certain predictable social competencies and skills. (See Box 1.) When young children do not know what to do with their anger, feel very sad, or feel out of control, it is very hard for them to concentrate or to stay out of trouble. As young children enter school, they will have a hard time if these behaviors do not change.

Box 1: Social, Emotional, and Behavioral Competencies That Promote School Readiness

Young children are more likely to succeed in the transition to school if they can:

- Accurately identify emotions in themselves and others (Children who cannot do this persistently misinterpret social situations and routinely perceive the motivations of others as hostile.)
- Relate to teachers and peers in positive ways (Children who lack what are often called "prosocial skills" are likely to have few friends and negative relationships with teachers.)
- Manage feelings of anger, frustration, and distress when faced with emotionally charged situations (e.g., when another child takes a favorite toy)
- Enjoy academic learning and approach it enthusiastically
- Work attentively, independently, and cooperatively in a structured classroom environment

Young children are less likely to succeed in the transition to school if they:

- Engage in frequent fighting, hitting, shouting, or other aggressive behaviors
- Are unable to control impulsive behavior
- Are unable to pay attention to tasks or follow directions
- Engage in oppositional, noncompliant, or even defiant behavior
- Are unable to cooperate with others
- Constantly seek attention from peers or teachers
- Ignore peers or teachers

Source: Raver, C. C. & Knitzer, J. (2002). *Ready to Enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children* (Promoting the Emotional Well-being of Children and Families Policy Paper 3). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

Research indicates that if young children do not succeed in kindergarten, first grade, and second grade, they are less likely to do well in subsequent grades.[2] Increasingly, research is helping to identify interventions to support the development of needed competencies. (See Box 2.)

What else is important for school readiness?

Social and emotional well-being is only one aspect of school readiness. School readiness involves all aspects of a child's development: health, mental health, cultural identity, general knowledge, language, motivation, and enthusiasm for learning. All come together as young children begin to explore the world and enter school.

Why include babies and toddlers in a resource guide about school readiness and early school success?

Social and emotional school readiness starts long before preschool. The brain architecture actually develops most rapidly during the first 3 years of life. That is when infants and toddlers, based on their earliest interactions and experiences, do some of their most important

Box 2: What Early Learning Research Tells Us

Most young children are "eager to learn"* and have the cognitive, social, and emotional skills to succeed.

- The brain develops most rapidly in the first 3 years of life.
- The earliest relationships set the stage for healthy development and learning.
- Almost all children are born "wired to learn."
- Social, emotional, and cognitive learning are all interconnected in young children (more than in older children).

BUT

There is a persistent achievement gap related to family income. Although there are many children in low-income families who excel in school, for too many, in general, the lower the income,

- The lower the children's academic achievement
- The lower the children's social skills
- The greater the reports of emotional and behavioral problems

Intentional strategies can make a difference.

- Improved parenting with infants and toddlers has been linked to improved cognitive, behavioral, and language skills in 3 year olds.
- Parents who have learned how to better manage young children's behavior report positive outcomes at home and at school.
- Classroom-based strategies to help young children master social and emotional skills have been linked to improved reading ability.

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* National Research Council, Committee on Early Childhood Pedagogy, Commission on Behavioral and Social Sciences; Bowman, B. T.; Donavan, M. S.; & Burns, M. S. (Eds.). (2001). *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press.

Sources: Gershoff, E.T. (2003). *Low income and the development of America's kindergartners* (Living at the Edge Research Brief 4). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health; Early Head Start Research and Evaluation Project at <www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/index.html>; Reid, M. J.; Webster-Stratton, C.; & Baydar, N. (2004). Halting the development of conduct problems in Head Start children: The effects of parenting training. *Journal of Clinical Child and Adolescent Psychology, 33*(2), pp. 279-291; Bodrova, E. & Leong, D. J. (2001). *Tools of the mind: A case study of implementing the Vygotskian approach in American early childhood and primary classrooms* (UNESCO Innodata Monographs: Educational Innovations in Action No. 7). Geneva, Switzerland: UNESCO, International Bureau of Education <www.ibe.unesco.org/International/Publications/INNODATAMonograph/inno07.pdf>.

emotional learning. They learn whether they can count on adults, whether to expect comfort or anger, and whether their accomplishments are valued or not. School readiness begins as those caring for babies and toddlers love, talk with, play with, and nurture them. These early experiences affect how the brain develops. Too much stress for babies in the earliest years may harm their later development and make them less ready to succeed in school.[3]

Why focus on strategies to help parents help young children master age-appropriate social and emotional skills?

Parents play the most important role in a young child's life. That means that, in most circumstances, the best way to help young children thrive socially and emotionally is to ensure that those who are closest to them have the needed knowledge and emotional support to be good guides.

But even under the best of circumstances, parenting can be challenging, especially when parents are also trying to work, live on limited resources, and keep everything under control. Supporting parents, grandparents, and others raising young children with advice, guidance, and opportunities to problem-solve and share with others can reduce their isolation and make a big difference in how they relate to their own children. For young children who grow up in harsh family circumstances, having a close, loving relationship with one adult— a grandparent, an aunt, a teacher, or another mentor—can make a big difference.

Why include strategies to help child care providers and teachers help young children master age-appropriate social and emotional skills?

Young children are being cared for by relatives, friends, and neighbors, in centers and licensed family child care homes, for long periods of time. This means that those caring for young children have many opportunities in daily interactions to teach them emotional problem solving, to help them manage angry feelings, and to make them feel proud about their culture and who they are. But sometimes, those who care for children do not know how to promote social and emotional competencies and resilience (the ability to cope with adversity) in young children. Therefore, when children have difficulties, are too sad, or are too mad, the caregivers need help to learn how to turn these challenging behaviors into positive ones.

Why include strategies to help the most stressed and distressed young children and families?

Every community has a group of young children who face more hurdles than other children in their earliest years. Young children who have been abused, are in families affected by violence, have incarcerated or depressed parents, or have been separated from their parents through placement in foster care are all at special risk for not being ready to succeed in school. Some will succeed, but many may not without intentional intervention to help them and their families. When communities mobilize on behalf of these young children and their families to provide targeted prevention and early intervention, it is possible to improve their odds of early school success.

One important way to help young children thrive socially and emotionally is to ensure that those who are closest to them have the needed knowledge and emotional support to be good guides.

How can early childhood mental health providers play a supporting role in promoting social and emotional health and school readiness?

One important way to help young children develop the social and emotional competencies they need is to ensure that those who are closest to them have the necessary knowledge and emotional support to be good guides. Early childhood mental health professionals, behavioral specialists, and other service providers understand child and family development, know about adult problems, and are familiar with strategies to promote healthy development. They play a critical role in helping programs and communities mobilize around the social and emotional health and school readiness of young children. And they can also facilitate informal support networks for families and caregivers.

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The earliest years are a time of both opportunity and vulnerability. As knowledge increases about what promotes early success in school, it is vital that communities, especially low-income communities, focus more attention on equipping young children with the social and emotional foundations that they need to thrive. The next section provides information about resources that can help meet this challenge.

SECTION II
Resources to Promote Social and Emotional Competence of Young Children in Low-Income Communities

"I always considered myself a good parent, but no one knows everything about how to raise a child. And there were many things I just never thought about before I went to the program."

—Parent from West Africa living in New York City participating in the Baby College of the Harlem Children's Zone, New York, New York[4]

Resources to Help Parents Promote Social and Emotional Health and School Readiness

"In class discussions, very often in the beginning it was me on one side and everyone else on the other. I remember after the first class session on discipline, I said that I thought men were better disciplinarians than women because men were more laid back and logical and women were more emotional. I got into a whole lot of trouble with the women in class for that. But that discussion made me think. And I began to open up to new ways of seeing things. I thought I knew what was best for a boy growing up in this neighborhood. I thought you had to be tough because this neighborhood can be tough.

"When I was growing up, discipline meant a beating. I thought that's what you needed to do with boys. Then I would hear people talk about how you shouldn't yell or scream at children, let alone hit them, and I'd think to myself, they're just being too sensitive—a beating worked for me, it taught me a lesson. Then they explained why it might be better to call a time out than to yell at a child, what bad effects can result from hitting a child. They didn't preach; they just talked about the facts and let us think and talk it out ourselves. And I started to think about my daughter. I never even raise my voice to her. I talk to her about right and wrong, about studying in school and behavior. I can see that she doesn't want to disappoint me, and that's the reason she listens to me. And then I thought, it can be the same with my boy. You can have authority with your children without ever hitting them. The program helped me to understand the best way to do right from the very start. It's like the root of a tree. If the root is healthy and well taken care of, the tree will grow straight and tall and strong."

—A 35-year-old father in Harlem, participating in the Baby College of the Harlem Children's Zone, New York, New York[5]

The Challenge

Research tells us that responding to the needs of young children with warmth, providing structure and routines for them, talking with them about feelings, and helping them to problem-solve can pave the way for them to be successful learners. When a mother puts a toy just beyond a baby's reach and claps when the baby reaches out, she is helping the baby feel good about her accomplishments. When a father reads a story to his son and talks with him about how the animals are feeling, he is showing his son how to talk about feelings.

But in reality, parenting is not so easy. Raising young children is sometimes joyful, but it is often challenging, with constant on-the-spot decisions about what to say and do. When parents are stressed about finding a home or meeting public assistance requirements, are worried about health care, or are feeling isolated and lonely, parenting is that much harder.

What Kinds of Resources Can Help?

Parents, like most adults, learn best when they have a say in what they learn; when they can learn with and from other parents facing similar experiences; when what they are learning is relevant to their daily lives; when they can practice what they learn; when they can reflect on their own childhood experiences; and when they can have fun, play with their children, and develop confidence in their parenting skills.

One way this kind of learning and sharing takes place is through informal networks of parents connecting with each other. Another way is through parent support and skills-training groups that involve some kind of mix of structured curricula and informal opportunities for parents to share, learn from, and problem solve with one another. Sometimes called parent training or parent education, these support groups, in the hands of facilitators who are able to make parents feel comfortable, can make a big difference in how parents respond to their young children. Facilitators can be family support staff, mental health consultants, public health nurses, or either singly or as coleaders, parents. Often, special training is available.

Highlighted below are examples of effective interventions of these more formal approaches. Some of the programs discussed train providers who work directly with the families; others target family members directly. Some focus only on parents; others include children. Some provide national training and support; others do not.

Helping Babies by Helping Parents

"I learned about the program at a time when I was missing my parents and my family in West Africa very much. I didn't know many people in Harlem. I think I was feeling isolated and a little lonely. I always considered myself a good parent, but no one knows everything about how to raise a child. And there were many things I just never thought about before I went to the program, like lead poisoning. It had never occurred to me that my child might be exposed to a toxic substance like that in my own home. I remember the day we studied that in class. I ran home and checked out the entire apartment, looking for evidence of lead paint, which mercifully, I didn't find. Then I went to my child's play school and checked for signs of lead paint there. I learned so many other things—about why it was important to keep to the schedule for immunizations, about how to deal with asthma, about making my apartment child safe. I began talking to my daughter all the time, reading to her, singing to her. I know it's had an effect on her. She's 2 years old now, and she's a very smart little girl. And every time she sees a book, she insists that you read it to her."

<div style="text-align: right;">

—A parent from Mali, West Africa, living in Harlem and participating in the
Baby College of the Harlem Children's Zone, which uses Touchpoints™[6]

</div>

José's father is late for work and is trying to feed José so he can take him to child care. But, today José does not want to eat; instead he'd rather look around the kitchen to see what's going on. In frustration, José's father throws the spoon down, and José starts to cry. José's father is angry because he thinks José is being stubborn. But José is really just exploring the room—a normal, healthy part of child development. When a child care worker trained in Touchpoints explains this, José's father is surprised but happy and says he will do more to help José explore the world on his own.

—A father in San Mateo, California's Prenatal-to-Three Initiative[7]

Because the earliest years are so critical for getting young children off to an emotionally healthy start, which, in turn, predicts a successful school start, this guide highlights two examples of parenting support strategies that focus on helping a broad group of parents as well as caregivers learn the fundamentals of building healthy relationships with babies.

Touchpoints™

Touchpoints™ is a training approach/philosophy and curriculum targeted to child care and health providers to teach them specific strategies and a common language, across a program or a community, for working with families with infants and toddlers, especially low-income and or stressed parents.

Approach

Touchpoints™ is designed to be integrated into a wide range of programs and community strategies to help build a shared set of expectations and approaches to parents with babies. It aims to:

• Help parents and providers recognize the many ways parents can help babies grow into thriving young children.

• Strengthen parent-provider partnerships to promote healthy parent-child relationships.

• Increase providers' knowledge of child development.

• Help providers learn how to use real examples to help parents understand how babies communicate.

• Help parents and providers understand why and how young children sometimes seem to regress.

Box 3: Touchpoints™ in Action

The Baby College of the Harlem Children's Zone noted above uses Touchpoints™ as part of its nine-workshop series for expectant parents and parents of young children from birth through age 4. Serving African-American, Latino, and recent West African immigrants, the workshops, offered in Spanish, French, and English, help families learn, connect with each other, and connect with important resources.

In San Mateo, California, the Prenatal-to-Three (Pre-to-Three) Initiative is a communitywide strategy that targets low-income, pregnant women, newborns, and high-risk children up to 5 years old. Touchpoints™ training is available to all who work with these families.

Touchpoints™ offers community training using a train-the-trainer process, mentorship, and site visits, as well as training sessions for individuals and for early child care and education providers.

Evaluation

Although there has been no multisite research, all programs that receive Touchpoints™ training are encouraged to conduct outcomes evaluations. Examples of findings from long-term comparisons, parent and provider surveys, and focus groups include positive change in provider attitude and practices toward families; increased child development knowledge; improved health care (e.g., twice as many well-child visits, increased and earlier immunizations, and fewer child visits to the emergency room); higher scores on standardized measures of child development and parent-child interaction; and increased parent-child positive interaction time (e.g., reading and singing time between parent and child). Some research has also found that parents are more likely to attend and complete recovery and mental health treatment programs.[8]

Potential Partners/Funding

Funding sources vary, depending on the program. Hospitals and local pediatricians, community centers, federal agencies, corporate foundations, and local agencies have all provided funds in different communities.

For more information, see <www.touchpoints.org> or the contact information in Appendix A.

Baby FAST

Baby FAST works directly with groups of teen mothers, their babies, and grandparents (or other supportive adults). Teen fathers are also encouraged to participate. Baby FAST wraps a support system around teen parents to reduce their exposure to risk and improve their parenting skills.

Approach

Baby FAST is an adaptation of a successful program for older children called FAST (Families And Schools Together) and uses similar principles for teen parents and their babies. The program typically involves eight weekly meetings of one supportive adult, peers who do and do not have children, and child-serving community agency professionals. It can be implemented as part of home visiting and Early Head Start programs. The aim is to ensure that teen parents have a support system that includes family and friends, to help them find safe ways to have fun, and to expose them to the knowledge they need about subjects such as early literacy, health risks from smoking, alcohol and other substances, and protecting themselves against domestic violence.

Each session consists of:

- *Family Table Time:* This gives parents a chance to direct and organize activities.
- *Small Group Time:* Babies have playtime with teachers; parents have buddy time either with each other (e.g., father and mother) or a single parent with another single parent; and grandparents with other grandparents (or other supportive adult).

- *Simultaneous Activities:* These can include baby massage with new mother and baby, grandmother group, new father's group, future mother's group, future grandmother's group, and child care.
- *Mealtime:* Families can socialize with other families.
- *Lottery:* This activity provides families with incentives (e.g., donated shopping vouchers).
- *Final Circle Announcements/Closing Circle:* This last activity ends the day, with all families coming together.

Evaluation

The FAST program on which Baby FAST is modeled has been designated a science-based prevention program by the federal Substance Abuse and Mental Health Services Administration.[9] Randomized studies of Baby FAST are only just beginning. The Wisconsin Department of Social Services is funding the implementation of Baby FAST in 10 sites to serve approximately 130 families and is conducting a wait-list control study of program efficacy in three of the 10 sites, using pre-post measures of targeted outcomes. The department is also developing an infrastructure to ensure program sustainability and replication.

Potential Partners/Funding

Potential partners include local home visiting programs, public health nurses, occupational therapist/massage professionals, mental health professionals, and grocery stores for donated shopping vouchers.

For more information, see <www.wcer.wisc.edu/fast/how/Baby_FAST/> or the contact information in Appendix A.

Helping Preschoolers by Helping Parents

Incredible Years*

The Incredible Years is an evidence-based training series for children, teachers, and parents designed to prevent social, emotional, and behavioral problems in young children. Using video vignettes to stimulate discussion, the parent component helps parents promote positive social skills in their children and prevent or reduce conduct disorders.

Approach

Parents practice and learn how to promote healthy development and behaviors, particularly in emotionally charged situations, through the use of video vignettes, peer-to-peer group discussion and support, role-play and rehearsal, home assignments, basic group support, weekly

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* This means that the program has been evaluated and approved by the federal Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP), a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions.

refrigerator notes and magnets (e.g., brief points for parents to remember), and a trouble-shooting book.

- The emphasis is on helping parents learn effective communication skills, conflict management and problem-solving, social support, and personal control (reducing self-blame).

- Training includes information about integrating interpreters into the group sessions. Training is available in English and Spanish, with some parts available in Vietnamese.

- A special series of video vignettes and curricula materials promotes early school readiness by helping parents and other adults learn how to encourage young children, through play, to develop the social and emotional skills necessary for early school success as well as promote interactive reading and language skills.

- A special series of vignettes and curricula materials is designed for parents of children with attachment disorders, for children who have experienced neglect, for new immigrant parents of preschoolers, for parents of children with language or academic delays, and for parents of children with emotion regulation difficulties.

Evaluation

The Incredible Years has been carefully researched and designated an effective program by the National Registry of Evidence-based Programs and Practices (NREPP) of the federal Substance Abuse and Mental Health Services Administration, as well as by the federal Office of Juvenile Justice and Delinquency Prevention. Rigorous research has shown:

- *Positive parenting outcomes*, including increased parental positive responses (e.g., increasing praise) and decreased use of criticism, harsh discipline, and negative commands toward their children; increased parental use of effective limit-setting, using nonviolent discipline; reduced parental depression; increased parental self-confidence and self-efficacy; increased positive family communication and problem-solving; increased parental bonding and involvement with teachers and classrooms.

- *Positive child outcomes*, including reduced conduct problems in children's interactions in preschool and child care settings and at home (e.g., increased positive behaviors and decreased conduct problems).

- *Positive effects with diverse parents* across ethnicities and with different levels of risk.[10]

Potential Partners/Funding

Potential partners or collaborators include key community leaders and agency administrators, (such as superintendents of education, Head Start administrators, directors and program administrators of family services agencies and mental health agencies, parents, family service workers, and teacher representatives. Funding must be developed locally.

For more information, see <www.incredibleyears.com> or the contact information in Appendix A.

DARE to be You (DTBY) Family Program

The DARE to be You (DTBY) curriculum (also listed in NREPP) includes training and activities for parents and their preschool-aged children and is designed to reduce drug and alcohol use by strengthening resilience in both parents and their children (e.g., self-esteem, problem-solving, and communication), and by reducing risk factors. DTBY has been used in both urban and rural communities with Native-American, African-American, white, and multicultural communities.

Approach

Originally focused on older children, DTBY now has a preschool component that includes training for preschool, Head Start, and child care providers, as well as a family component for parents, their preschool-aged children, and the children's siblings.

- The program lasts for a minimum of 20 hours for about 11 to 12 weeks and involves a series of 12 workshops that include parent-child time, mealtime, and parent-training time).

- Separate children's programs (one for children aged 2 and 3, and another for children aged 4 and 5) are lead by trained adult educators with assistance from high school students recruited through peer counselor programs, alternative high schools, youth groups, and recommendations from community members. The youth receive 20 hours of training and are mentored by qualified preschool teachers.

- An After-DARE event and other community events provide families with continued and regular support through monthly or quarterly support groups or through community events (e.g., a winter festival).

Evaluation

Studies based on young children from ages 2 to 5 have shown:

- *Positive parenting outcomes*, including an increase in feelings of competence and satisfaction with parenting, an increase in effective discipline and limit setting, a decrease in harsh punishment, and better family communication.

- *Positive child outcomes*, including an increase in developmentally appropriate indicators, better child self-management, and a decline in oppositional behaviors.[11]

Potential Partners/Funding

In Colorado, the State University Cooperative Extension Service has provided partnerships and funds. Local programs vary in funding.

For more information, see <www.coopext.colostate.edu/DTBY/> or the contact information in Appendix A.

Parent Services Project

The Parent Services Project (PSP) is a facilitated family resource/family strengthening, family support approach embedded into early childhood education programs (e.g., Head Start, child care centers, family home care), schools, and community-based settings.

Approach

Parents are provided with opportunities to develop their own skills as well as to promote healthy development in their children. Providers form partnerships with parents and other caregivers. Activities range from family fun day to workshops on parenting; from father-child day to English as a second language classes; from tours of the community for new immigrant parents to peer support groups.

- The choice of activities is driven by parents. For example, if there are a number of parents with housing problems, there may be workshops on accessing Section 8 or other U.S. Department of Housing and Urban Development (HUD) programs.

- Staff are trained to increase contact with parents and provide additional support services to families to develop parental leadership and advocacy and parenting skills. Parents have opportunities not only to interact with other families and develop peer networks, but also to interact with providers and influence changes within the child care setting or community-based setting.

- Formal classes include attention to the emotional aspects of parenting (e.g., making connections with others), as well as skill development. Parents are connected with concrete assistance as needed.

Box 4: Core Family Support Principles

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhance the capacity of families to support the growth and development of all family members—adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen the cultural, racial, and linguistic identities of families and enhance their ability to function in a multicultural society.
5. Programs are embedded in the community and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

Source: Family Support America. *Principles of Family Support Practice* <www.familysupportamerica.org/content/learning_dir/principles.htm> (Retrieved August 12, 2005).

In fall 2005, PSP will make available two curriculums, *Stronger Together*, a nationally field-tested curriculum used for training child care providers through intensive sessions or weekly classes (Topics include: family-centered principles and practice, building relationships, family involvement, cultural competence, social support, male involvement, and resolving hard issues). The second curriculum, *Making Room in the Circle: Lesbian, Gay, Bisexual, and Transgender Families in Early Childhood Settings*, will also be used to train child care providers though intensive sessions or weekly classes on building relationships with all families, exploring lives and experiences of LGBT families, creating inclusive environments, and taking responsibility for change. Training for caregivers to help them implement family support strategies into child care settings is also available.

Evaluation

Control group and longitudinal studies have found PSP is effective in reducing parents' psychological symptom levels in the short term and preventing symptom development on a longer-term basis; positive effects on parents from all cultures represented in the program; participants' increased use of family and community resources; decrease in parental isolation; increase in parental knowledge of substance abuse; increase in child care staff training and retention; increased parent efficiency; increased use of effective decision-making skills; and increases in family cohesion, family communication, and family coping.[12]

Potential Partners/Funding

Much of the funding for the Parent Support Project has come from foundations, as well as community colleges, local grants, and state funding.

For more information, see <www.parentservices.org> or the contact information in Appendix A.

Helping Parents Address Diversity and Promote Cultural Strengths

Many parents, particularly low-income parents, face special challenges related to race, ethnicity, and immigrant status. A number of parenting curricula that have been translated into multiple languages focus special attention on helping parents prepare children to deal with prejudice and stigma while also setting high expectations for them and helping them feel pride in their own cultures. The approaches highlighted below are especially responsive to these challenges.

The Spirit of Excellence Parent Empowerment Project

The Parent Empowerment Project (PEP) is a parent-driven curriculum for parents of children from birth through age 6 designed by the National Black Child Development Institute (NBCDI). The curriculum focuses on helping parents reflect on their own parenting and the future they want to create for their children and families. Parents learn how they can build on their rich social and cultural heritage and traditions in raising their children and how they can strengthen their families and move toward self-sufficiency. NBCDI can provide training to family facilitators.

Approach

The Parent Empowerment Project is an interactive, flexible, parent-driven curriculum that uses audio and visual aids, games, numerous participatory activities, formal and informal presentations by professionals, and role models from within the parents' own communities to help parents improve their parenting knowledge and skills. The curriculum consists of four separate modules that can be used independently or as a series of related trainings:

- *Successful Parenting* includes *Reflections*, to help focus on the foundations of parenting (e.g., Why do you parent the way you do? How did your parents parent you?) and *Parents and Children Grow Together*, to help parents think about and discuss expectations for their young children's development and learning and for themselves as parents; options for discipline; and help with getting ready for preschool.

- *African-American Culture* and *Latino Culture* (two separate modules) link parents' cultural development and competence to history, values, and achievements in ways intended to help parents address and reflect on their own cultural influences and parenting styles.

- *My Vision for the Future* engages parents in clearly defined activities that promote movement toward self-sufficiency. Activities teach parents important work preparation skills and help them learn how to balance their family and work responsibilities. Lessons teach parents how to write resumes, conduct job searches, complete employment applications, have successful interviews, and identify marketable talent and skills.

Evaluation

Prior to the release of the PEP curriculum, pilot tests were conducted in multiple locations around the country to determine the curriculum's efficacy and effectiveness. As a part of the pilot tests, an independent evaluator gathered data from surveys, other reports, and focus groups that included both facilitators and participants as respondents. The results of the qualitative study suggest that parental responses to the curriculum are overwhelmingly positive, that the delivery of the curriculum is very effective and user-friendly; the form and substance of the materials positively impacts parental knowledge and attitudes; and the self-structuring aspect of the curriculum significantly increases parental ownership, empowerment, and participation.

Organizations have successfully solicited funding from local foundations and states to support the training of PEP Family Facilitators.

For more information, see <www.nbcdi.org/programs/pep/pep.asp> or the contact information in Appendix A.

Helping Parents Promote Early Literacy

"Twice I have had a parent cry when I've given them a book in their native language (one in Creole, one in Serbo-Croatian). Both parents said they have never seen a children's book in their language before."[13]

<div align="right">—A pediatrician participating in Reach Out and Read</div>

"An angry mother of a developmentally delayed and medically involved 18-month-old boy complained that his only word was 'shut up.' On cue, he said, 'Ut-ut,' and Mom said, 'Bad baby!' It was my lucky day because I had 'Have You Seen My Duckling?'[14] I started to read a few words, pointing and exclaiming 'Duck!' and he would respond, 'Ut-ut!' Soon Mom noticed what was going on and said, 'He can say duck!' She left with a smile, and we had made a nice connection for the first time."[15]

<div align="right">—A pediatrician participating in Reach Out and Read</div>

Research shows that one of the best ways to promote early school success is for parents to spend time talking with and, especially, reading to their children. If the parents cannot read, telling stories to or singing with their children is a good alternative. Reading is especially important not just because it helps young children learn words and follow stories, but because it means special time with the people they love. But when parents speak a different language, have a hard time reading, or misunderstand their young child's efforts to communicate, helping their children love words and reading to them can be challenging. Below are highlighted two examples of family literacy approaches that help parents not just read but also use reading as a way to build a stronger relationship with their children.

Reach Out and Read (ROR)

Reach Out and Read (ROR) promotes preliteracy skills for low-income children from birth through age 5. It targets pediatricians and nurses who are trained by the ROR National Center to incorporate reading and books into the doctor's* office so parents can learn the importance of early literacy, how to read with their child, how to recognize their child's developmental progress and/or concerns, and promote a love of books in their children.

Approach

Reach Out and Read builds on the trust and respect that virtually all types of families have in

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* Doctors include family practitioners, internists, pediatricians, and other health professionals who performs well child visits.

their pediatricians. Through ROR, health care providers learn how to model reading strategies and to evaluate and assess a child's developmental progress based on the child's interactions with books, which can help develop and strengthen the parent-child relationship. Parents learn how to read, play, talk, and bond with their children through reading along with the doctor or volunteer. (Parents who cannot read are encouraged to invent stories.)

- During each well-child visit (about 10 visits), every child between the ages of 6 months and 5 years is given a new, developmentally appropriate children's book to keep.
- Volunteers in clinic waiting rooms read aloud to children and model reading approaches for parents.
- Doctors and nurses learn to integrate into their practice:
  - Why reading aloud and a word-rich home environment are important for the development of early literacy skills.
  - Current research-based strategies that lead to enhancement of language development and skills, which in turn leads to later reading success.
  - Their own ability to influence parental attitudes and behaviors around reading aloud.
  - How preliteracy intervention can be combined with other anticipatory guidance about bedtime routines or challenging behaviors.

The Reach Out and Read National Center provides ongoing technical assistance, including how to raise local funds.

Evaluation

Although there has been no formal, multisite evaluation, in a wide variety of clinical settings Reach Out and Read has been shown to change parental attitudes about reading, make reading aloud a favorite activity for increasing numbers of children, increase young children's access to picture books; make bedtime stories a regular part of more children's lives, improve children's ability to express themselves; increase their listening vocabularies, and reduce the number of children with language delays, which can prevent them from succeeding in school.

Potential Partners/Funding

Communities have used a wide range of funding sources, including local pediatric associations, major corporations, and local businesses.

For more information, see <www.reachoutandread.org> or the contact information in Appendix A.

Motheread/Fatheread

Motheread/Fatheread targets parents (both English and non-English-speaking) with less than a high school education, using books that represent many cultures (e.g., African American, Latino, Native American) to help parents and children identify with the stories. The aim is to improve parent and child literacy skills through adult-only classes that emphasize child development, family development, and the importance of social and emotional learning for children.

Approach

Motheread/Fatheread is an 8- to 12-week class that can be integrated into a variety of existing services, such as Early Head Start, libraries, adult literacy programs, early education programs, correctional facilities, and immigrant parent support groups. Parents read children's books related to family and child development, and to social and emotional learning for children. A typical lesson consists of an opening icebreaker; reading a children's book, and then writing, drawing, or talking about it and/or making something for the child to understand the theme of the book; and discussing what to do with the book (e.g., how to read to a child, how to discuss the book with a child, and responding as an adult to the book). The basic curriculum consists of:

- *A Literacy and Parent Education Teacher's Guide* that teaches reading, writing, speaking, and listening skills in a child development and family development context.

- *Storysharing Handbook* that uses discussion questions and activities to build reading, critical-thinking, and problem-solving skills of children. Each book contains a guide for both the teacher and the parent.

- *B.A.B.Y. (Birth and Beginning Years),* which uses children's literature as a basis for discussing prenatal and child development themes, while teaching skills related to early literacy.

Other curricula include Working with Spanish-Speaking Families; F.a.t.h.e.r. (Fathers Acting to Heal, Educate, and Reconnect); Breaking Through: Keeping Words from Getting in the Way; Component Integration; My United States!; and Compensatory Education.

Motheread/Fatheread encourages program leaders to participate in a 4-day institute that includes developing an implementation plan and basic curricula. Special workshops focus on implementing additional curricula as needed.

Evaluation[16]

A national study found that the program helped parents improve their own reading and writing skills, increase their confidence in reading to their children, view reading as a way to communicate with their children, and understand more about what schools do. A local study has also found the program effective with Hmong parents.

Potential Partners/Funding

Funding has come from state humanities councils, the United Way, family and community literacy programs; adult basic education, Head Start, Title I, Even Start, parent education programs, Parents as Teachers, libraries, and correctional facilities.

For more information, see <www.motheread.org> or the contact information in Appendix A.

Other Examples

There are many other examples of parent strategies that are being used by programs and communities. For example, the *Parents as Teachers* program provides parents from pregnancy up to the time their children enter kindergarten with home visiting, developmental and health screenings for children, parent support meetings, and a network of resources. All parent educators are trained in the *Parents As Teachers' Born to Learn* curriculum. For more information on *Born to Learn* or *Parents As Teachers*, see <www.parentsasteachers.org> or the contact information in Appendix A.

The *Effective Black Parenting* program of the Center for the Improvement of Child Caring is designed to teach parents culturally specific strategies (e.g., pyramid of success for black children, traditional black discipline vs. modern self discipline, chit-chat time), as well as general parenting strategies in a culturally sensitive manner. It also includes special program topics, such as single parenting and drug abuse prevention. *Strengthening Multi-Ethnic Families and Communities* targets ethnically and culturally diverse parents in order to reduce violence and promote healthy development. The curriculum includes attention to cultural and spiritual issues, rites of passage, positive discipline, enhancing relationships, and community involvement, using instructor modeling, role-play, lecture, discussion, follow-up activities for parents, education, and community awareness. Materials are available in English, Spanish, Vietnamese, Russian, Korean, Somali, and Chinese. For more information on *Effective Black Parenting,* see <www.ciccparenting.org/cicc_ebpp_1112.asp> or the contact information in Appendix A.

Other examples of early literacy programs being used in low-income communities include *Raising A Reader*, a family literacy approach designed to fit within already existing programs (e.g., libraries, child care centers, Head Start programs, teen mother programs, and home visiting programs). *Raising A Reader*, which provides children and families with books, aims to engage parents in a routine of daily "book cuddling," read-aloud strategies anchored toward language development, and storytelling with their children from birth to age 5. For more information, see <www.pcf.org/raising_reader>[17] or the contact information in Appendix A.

In addition, there are also programs designed to promote parent leadership through training and networking. For example, the Casey Family Programs has developed an initiative called *Powerful Families*. Designed to supplement the kinds of parent strategies highlighted above, it is a 9-week, strength-based parent empowerment and parent-driven program that teaches leadership, financial management, and advocacy skills, while promoting peer-to-peer networking. For more information, see www.casey.org or the contact information in Appendix A.

What Other Strategies Can Help?

As noted earlier, formal resources can be very helpful. But it is important to keep in mind that it is often the informal support from neighbors, community leaders, promoters, "walkers and talkers," and others that is the most powerful positive influence on families striving to help their children. Access to family support programs and centers that respond to the concrete everyday needs of families in a supportive way and that help families feel less isolated matters greatly. Together, these translate into hope. Box 4 identifies core family support principles. For more information about family support strategies, see <www.familysupportamerica.org>.

Resources to Help Child Care Providers and Teachers Who Promote Social and Emotional Competence

The Challenge

Prior to using the DECA program in my classroom, I had children who fought over toys, knocked over other [children's] creations, and pushed children out of an [activity] center because they wanted to be there. I saw temper tantrums, biting, and a lot of tears. The children were unhappy, and I was a little stressed. It was not a pleasant situation. Then the DECA program came along, and I took the time to look at the environment of the classroom, my daily activities, and my involvement with the families of the children in my class. I saw many shortcomings that needed to be addressed. So I began to make some changes, with my DECA Program Classroom Strategies guide in hand. I made changes in the way the room was set up, the way we transitioned [from one activity to another], and the amount of time I took to get to know the children and families.

As I made these seemingly small changes, I saw miracles take place right before my eyes. A simple masking tape line on the outer edge of the block center acted as a protective barrier for the children playing in the activity center and the creations they were working on. A common piece of poster board with four symbols on it became the key to determining whether or not a child could enter a center to play. A piece of cardboard with three Velcro pieces and the words "1st, 2nd, 3rd" solved all the fighting over whose turn it was on the computer. Now I look around the room and see children problem-solving, taking turns, and helping and respecting one another. The days of chaos are gone. ABC's and 123's are important, but a child's ability to be resilient will be the foundation of their social and emotional stability as they move through life.

—A child care provider in Chester County, Pennsylvania[18]

Because young children, including infants and toddlers, spend so much time in settings outside their own homes, it is especially important for communities to ensure that child care providers and teachers understand what promotes healthy social and emotional development and know how to help when development is not progressing as it should. Whether babies, toddlers, and preschoolers are cared for by other family members, by neighbors, or in formal center-based care, every encounter with a young child is an opportunity to promote social and emotional competence.

We know that for young children to succeed in the early school years, they need the right tools—the ability to sit still, to get along with other children, and to problem-solve in emotionally charged situations without resorting to aggressive behavior. We also know that a major concern of those who work with young children is how to manage their behavior.[19] There are, of course, young children who have serious emotional or behavioral difficulties. And there are young children who are under great stress because of family problems. But most often, the real challenge is that those caring for young children do not have the information or the experience they need to help children learn new ways of coping and responding.

The result is that all over the country, parents are being asked to remove their young children, and sometimes even their infants, from formal child care settings because those caring

for the children do not know how to handle the children's behaviors. A recent study found that nationally, expulsion rates are three times as high for young children as for children in grades K through 12, although there is considerable variation in these rates within states and communities and between states and communities. But there are solutions. That same national study also found that access to behavioral consultants reduced the rate of expulsions.[20]

We are learning that helping adults modify the environment and respond differently to the young children they care for can result in dramatic improvements in these children's "problem behaviors." Although some young children and families with more serious needs will always require individualized treatment, for the vast majority, the kinds of strategies highlighted below will be sufficient.

What Kinds of Resources Can Help?

Young children need to be around caregivers who can create a rich language and reading environment, who can help them develop new social skills, and, above all, who can find and nurture their strengths as well as help them and their parents see and appreciate those strengths. This is true whether the caregivers are trained teachers, family friends, or neighbors. If young children have sensitive and resourceful caregivers, many problem behaviors disappear. Recognizing the critical importance of an effective caregiver, the National Association for the Education of Young Children revised its social and emotional Early Childhood Program Standards, emphasizing the development of healthy relationships as the centerpiece. (See Box 6.)

Box 6: Examples of Caregiver Skills to Promote Social and Emotional Competence

- Teachers engage infants in frequent face-to-face social interactions each day (e.g., verbal and nonverbal behaviors).
- Teachers quickly respond to infants' and toddlers' cries or other signs of distress by providing physical comfort and needed care.
- Teachers support children's development of friendships and provide opportunities for children to play with and learn from each other.
- Teachers help children practice social skills and build friendships by helping them enter into, sustain, and enhance play.
- Teachers help children resolve conflicts by helping them identify feelings, describe problems, and try alternative solutions.
- Teachers help children talk about their own and others' emotions. They provide opportunities for children to explore a wide range of feelings and the different ways that they can be expressed.
- Teachers actively teach children social communication and emotional regulation.
- Teachers help children manage their behavior by guiding and supporting them to: 1) persist when frustrated; 2) play cooperatively with other children; 3) use language to communicate needs; 4) learn turn taking; 5) gain control of physical impulses; 6) express negative emotions in ways that do not harm others or themselves; 7) use problem-solving techniques; and 8) learn about themselves and others.

Source: National Association for the Education of Young Children (NAEYC). (2005). *NAEYC early childhood program standards and accreditation performance criteria*. Washington, DC: NAEYC <www.naeyc.org>.

Overall, the single most effective action that communities can take to help child care providers and teachers ensure that young children (including infants and toddlers) enter school ready to succeed socially, emotionally, and cognitively is to improve the quality of child care and early learning experiences for them. (See note below.) A second strategy is to implement intentional interventions designed to promote social and emotional competence. Below we highlight several examples of assessment tools and curricula to help caregivers and teachers create classroom environments that promote healthy development, using strength-based theories of development. But a cautionary note is in order. Most of these approaches have been tested and implemented primarily in center-based settings (e.g., Head Start, Early Head Start, and child care). Very little has been done or evaluated to improve unlicensed family child care or informal care.

Tools and Curricula

Devereux Early Childhood Assessment (DECA) Program

The Devereux Early Childhood Assessment (DECA) program is based on research on promoting resilience and reducing risks in young children. It helps teachers assess their classroom environment as well as individual children, and provides clear guidelines for what teachers can do to promote resilience in young children.[21] It has been used with white, African-American, Asian/Pacific Islander, and Native-American children aged 2 through 5. The DECA-Clinical* (DECA-C) behavior-rating scale is designed to support early intervention efforts to reduce or eliminate significant emotional and behavioral concerns in young children.

Approach

The DECA helps teachers assess and then change the classroom environment to promote relationships, self-control, and initiative taking as core tools for school readiness. It also helps teachers to identify behaviors that are not age-appropriate and to target explicit strategies to help individual children. The DECA is also parent-friendly. Teachers and parents:

• Collect information on current classroom practices (e.g., environment, daily activities, age-appropriate materials) and background information on each child (e.g., strengths, needs, culture, etc.).

• Administer the DECA tool to assess for attachment (e.g., During the past 4 weeks, how often did the child do things for himself?), self-control (e.g., During the past 4 weeks, how often did the child handle frustration well?), initiative (e.g., During the past 4 weeks, how often did the child ask adults to play with or read to her?), and behavioral concerns (e.g., During the past 4 weeks, how often did the child cooperate with others?).

• Review their ratings together and create an individual profile for the child; after each child has his or her own individual profile, the teacher can create a plan for the classroom.

• Develop and implement strategies for each child (if needed) as well as the entire classroom to better support children's strengths and devise protective factors.

———————

* The DECA-C was developed to meet the standards for assessments promulgated by both the American Psychological Association and the National Association for the Education of Young Children.

- Through observation, evaluate progress to see if the created plans are effective.

Training and technical assistance are available. Training sessions are flexible in length and can range from a 2-day (13-hour) training session to one that lasts from 4 to 6 weeks to allow for staff to practice with the materials and their new skills.

Evaluation

Although there have not been randomized, controlled, large-scale studies, a pilot study of 203 children in a Philadelphia preschool compared a target group (teachers and parents who used the DECA both to screen young children and to implement strategies) with a control group (teachers and parents who used the DECA to screen young children but not to implement strategies). Twice as many target children increased their protective factors and showed decreases in behavioral concerns compared with the control group children. The control group not only showed decreases in control and attachment, but also showed increases in behavioral concerns.[22]

Potential Partners/Funding

In many communities, local programs provide funds to implement the DECA; there has also been support through state and county funding.

For more information, see <www.devereuxearlychildhood.org> or the contact information in Appendix A

Tools of the Mind (TOM)

Tools of the Mind (TOM) is an integrated curriculum based on psychological research and theory about how young children organize and regulate their emotions and thoughts. It is designed to increase preschool-aged children's self-control and ability to stay with a task even when it is difficult, to reflect and think, to share and cooperate with others, and to act empathically towards peers. Although still in the demonstration phase, TOM has been used in low-income preschools with varying ethnicities (e.g., African American, Latino, white, and Asian) and with children learning English as a second language.

Box 7: Tools of the Mind in Action

"Jordan came from a very troubled home. Jordan's dad was in and out of prison, and his older brother (age 12) was attending an alternative school because of his violent behavior. When Jordan first entered the Head Start program, he had severe anger problems and could go from a zero level of aggression to a 10 in seconds. Jordan was also quite big for his age and intimidating when he was angry. The curriculum helped Jordan manage his anger. Although he still had some outbursts, the intensity and frequency had subsided. Jordan's mom was a good parent and very loving, but always expected bad reports about her son. When Jordan's mom came to a parent-teacher conference, she expected the worst, but when she saw his profile of play plans, [learned about] his writing skills, and heard the [positive] reports from Jordan's teacher, she burst into tears of joy."

– A Head Start Program implementing Tools of the Mind

Approach

Teachers who are trained in Tools of the Mind provide children with planned activities, playtime, reading, singing, talking, science and math activities, and a print-friendly environment. The TOM curriculum focuses on helping children manage and organize their feelings and thoughts:

- Children practice their interpersonal as well as language skills by socializing, greeting each other, talking about what they ate for breakfast or dinner, and carrying on other social talk.

- Children plan their play. Every day, each child chooses a play center—the art table, building blocks area, math area—and draws, writes symbols, lines, and/or letters about what he or she is going to do at the play center. The child then discusses the play plan with the teacher. The teacher helps the child write the sentence (e.g., "I am going to draw at the art center.") and talks about the pictures the child has drawn.

- Each week the children review their play plans and discuss what they accomplished over the past week.

- The play plans are kept throughout the year for teachers to assess each child's progress, strengths, and areas that might need improvement. Additionally, play plans are shared with parents to show them their child's improvement and work.

Evaluation

Although the program is still in the demonstration phase, small-scale evaluations are promising. In a series of quasi-experimental studies, children in Head Start programs using the TOM approach had higher scores in early literacy.[23] Preliminary results from a randomized control study are positive. Children have had gains in levels of self-regulation, literacy skills (oral language), and mathematics compared with the control group. Teachers trained in TOM scored higher in classroom management (e.g., using classroom time productively and having a higher rate of appropriate interactions that challenged children to learn at the next level).[24]

Potential Partners/Funding

In some communities, partners have been corporations as well as school districts.

For more information on Tools of the Mind, see the contact information in Appendix A.

Other Examples

There are many other curricula that are designed to promote "prosocial" behaviors and reduce the risks of poor social and emotional functioning in young children. For example, *I Can Solve Problems* is a preschool strategy that helps young children learn to resolve interpersonal problems and prevent antisocial behavior through games, stories, puppets, and role-playing. For more information, see <www.researchpress.com/scripts/product.asp?item=4628#4628> or the contact information in Appendix A.

Second Step is a violence prevention strategy for preschool-aged children that is designed to

teach young children to recognize and understand their own and their peers' feelings, to make positive and effective choices, and to keep anger from escalating into violence. For more information, see <www.cfchildren.org/ssf/ssf/ssindex/> or the contact information in Appendix A.

Preschool-PATHS (Providing Alternative Thinking Strategies) is a program designed to enhance and/or develop self-regulation, emotional awareness, and interpersonal problem-solving skills, and to promote peer relationships in preschool-aged children through circle time and group activities (e.g., art, music). For more information, see <www.prevention.psu.edu/projects/Preschool_PATHS.htm> or the contact information in Appendix A.

Al's Pals: Kids Making Healthy Choices has been designated a model program by the federal Substance Abuse and Mental Health Services Administration, as well as a promising and effective program by the U.S. Department of Education. Al's Pals is a resiliency-based early childhood curriculum and teacher-training program.[25] For more information, see <www.wingspanworks.com> or the contact information in Appendix A.

Another example of an assessment tool that has been used effectively in low-income communities is *ABLE (Attention, Behavior, Learning, and Emotions),* a two-step screening that also involves parents and teachers and does not disproportionately identify children of color as having problems. For more information, see the contact information in Appendix A.

What Other Strategies Can Help?

Early Childhood Mental Health Consultation Strategies

Although this guide emphasizes resources that others have developed and that are, in that sense, "ready-made," one key strategy that communities are implementing to help improve social and emotional outcomes for young children in child care settings involves consultants working, in a sustained way, with early childhood staff. The aim is to help child care providers and teachers promote social skills in all children and reduce problematic behaviors that are of concern. (See Box 8.) Unlike the resources just discussed, early childhood mental health consultants work with family and other care providers as well as with Head Start, Early Head Start, and child care centers.

Box 8: What Early Childhood Mental Health Consultants Do

Early childhood mental health consultants can play many different roles:

- Help the staff and families problem-solve about specific strategies that can reduce problematic behavior in young children and promote positive social and emotional skills.
- Organize training sessions to respond to specific circumstances or needs (e.g., when a diverse staff, serving children of many different ethnicities, disagree on discipline and nap practices).
- Help staff observe young children more closely and help them to understand why children behave as they do.
- Help staff decide whether outside referrals for children and families are necessary.
- Help staff see strengths in even the most challenged children and families.
- Help communities and programs sort out which types of resources identified in this guide are the most appropriate for specific circumstances.

Box 9: The Providence Center in Action

The Providence Center, with support from a Foundation for Learning federal grant, targets two neighborhoods near Providence, Rhode Island, and provides:

Outreach to Spanish-speaking daycare providers

- A bilingual consultant offers monthly training in the day care providers' homes, based on whatever questions they raise, creating both a learning experience and a problem-solving support group. Interest and attendance have been high. More than 50 other Spanish-speaking day care providers from nearby cities have heard about the training and have requested it too. However, because of limited resources, it has not been possible to provide training to additional providers.

- The program provides resources and materials to providers receiving on-site (in-home) consultation to support the social and emotional development and behavior management of young children.

Outreach to parents

- Bilingual parent-mentors offer home visits and support to parents.

- On-site consultation and education are made available to parents in community health centers; the WIC (Women, Infants, and Children) program; and domestic violence shelters.

Outreach to staff

- Staff from the Providence Center offer on-site training and coaching to child care, Head Start, and prekindergarten providers in target neighborhoods.

Outreach to the broad community

- Easy-to-read brochures are available in English, Spanish, and Portuguese about the social and emotional development of infants, toddlers, and preschoolers.

Referrals and treatment at the Providence Center, when necessary

- The staff have developed an "Early Alert" screening tool and have trained nearly 50 family child care providers how to use it.

Lessons Learned

- *Neighborhood means different things.* Some people live in the neighborhood but use day care or schools in other neighborhoods, and some people do the reverse. Therefore, the program needs to include outreach both to those who live outside the neighborhood but use the services (e.g., day care and health care) and to those who live there.

- *There are many effective points of entry.* The most effective points of entry include direct outreach to parents, the domestic violence shelter for women and children, the preschool special education department, pediatric and child health clinics, local day care centers, local kindergarten, and home day care providers.

- *Services need to be family-focused and flexible.* Effective services to families and caregivers facing multiple stresses and challenges need to be family focused and flexible. A parent may be much more concerned about lack of food, employment, domestic violence, or an older child than about dealing with a young child. These stresses, in turn, may be the real reasons a child is having a problem.

- *Building trusting relationships is time intensive.* Hiring neighborhood parents and day care providers known to be effective is key to being able to connect with the parents, children, and child care providers. Even so, there can be a lot of mistrust by parents, particularly those who are undocumented immigrants.

- *Funders need to give programs time to show promise.* Unless time is built into a grant to take into account the need to develop relationships, it is very difficult to implement outreach efforts.

There are many different approaches to early childhood mental health consultation. For example:

- In San Francisco, California, a network of early childhood mental health consultants serve ethnically diverse communities and families in both center-based and family settings. (The model has also been adapted for use in shelters for homeless families.)

- In Cleveland, Ohio, Day Care Plus provides consultation services to both center-based and family settings through teams from the Early Childhood Centers of the Positive Education Program (see next section) to prevent and reverse early behavioral challenges. Parents are part of the intervention team.

- In Providence, Rhode Island, the Providence Center reaches out to the Latino community to give family child care providers a chance to ask questions about young children's development and to request advice about handling difficult situations. The Providence Center consultants use these sessions as an opportunity to identify young children needing more help.

- In Vermont, early childhood mental health consultants facilitate peer support groups of child care providers, helping them think about how to collectively and individually deal with the stresses of the job and with the particular challenges posed by some children, families, and staff.

- Across the country, with support from the Center on the Social and Emotional Foundations for Early Learning, consultants are using positive behavioral support strategies to improve classroom functioning and address the problems of young children experiencing special challenges.

A Special Note

One key way to improve social and emotional outcomes for young children is through more general efforts to improve the quality of child care and early learning, such as promoting higher pay for child care providers, ensuring that child care providers have access to health insurance, and reducing staff child care ratios. Examples of comprehensive, high-quality programs are described in *Protecting Children by Strengthening Families: A Guidebook for Early Childhood Programs,* an initiative that promotes the use of early care and education programs to prevent child abuse and neglect.[26] The guidebook is a Strengthening Families Through Early Care and Education publication produced by the Center for the Study of Social Policy. For more information, see: <www.cssp.org/doris_duke/resources/index.html>.

Most of the approaches that have been identified thus far are easiest to implement in settings that serve children primarily in center-based child care and in Head Start and Early Head Start programs. Some, however, reach out to regulated family child care providers. Yet, the majority of young children are actually cared for by family/relatives, friends, and neighbors in informal care settings. These individuals play an important role in the care of young children. Trusted by families, they may take care of children for parents who work at odd hours. New efforts are under way to help these informal caregivers, who serve a critical role in low-income communities, to connect with one another through playgroups and mobile vans.[27] There is a need to ensure that these efforts include attention to promoting social and emotional skills as well as early literacy. Efforts to use "community ambassadors," mentors, promoters, and others who would be trusted by informal caregivers represent one possible way to build supports for school readiness among this group of young children.

Resources to Help Young Children and Families Facing Special Stresses

Eliza is now 2 years old and in foster care. Her mother has been in and out of treatment for 15 to 18 years, struggling with both substance abuse and a history of domestic violence. She was referred by the [local] Department of Social Services to the Nurturing Families Group. At first she did not understand how substance abuse and domestic violence affected her parenting, but through her work in the group she gradually gained more and more insight. With support from the group facilitator, she gained important new skills and perspectives about what to expect from her children and how to interact more positively with them. Over the course of the group sessions, she was able not only to continue her recovery and move out of the relationship with her abusive partner, but [to] improve her parenting skills so much that her child was returned to her.

—Reported by a facilitator for the Nurturing Curricula Substance Abuse Program

Three-year-old Brendan and his mother enrolled in the Regional Intervention Program (RIP) because of his unmanageable behavior, which included aggression toward his mother and peers, tantrums, mealtime and bedtime problems, noncompliance with adult instruction, separation problems, and destructive behavior. Brendan and his mother received services at the RIP program and consultation at his child care program. Through observations of Brendan's behavior at his child care program, the consultants, Brendan's teachers, and his mother were able to develop a behavioral intervention program. AmeriCorps RIP members were placed in Brendan's child care program to help the teachers implement the program. Brendan's aggressive behaviors decreased, and he and his mother successfully graduated from the RIP program.

—Reported by the Regional Intervention Program staff

The Challenge

In every community there is a group—often a large group—of young children and families facing especially daunting challenges in achieving age-appropriate social, emotional, and cognitive competencies. (See Box 10.) Frequently, the families of these young children are affected by circumstances that lead to poor parenting and, sometimes, to either the child's or the parent's removal from home. Typically, these are parents who themselves have been poorly parented. Many of them are too depressed to parent well, with problems compounded by domestic violence and substance abuse and, often, unaddressed childhood trauma.

As a group, the young children in these circumstances are especially likely to face severe hardship; to be in poor health; to move more frequently than other children; and to lack age-appropriate social, emotional, behavioral, and cognitive skills.[28] Box 10 illustrates the numbers of young children nationally exposed to parental circumstances that systematically increase the odds of poor school readiness outcomes. A similar assessment can and should be done within each community.

Statistically the odds are that these young children will succeed in school at a lower rate than those of their young peers not so burdened by a harsh start in life. But some will succeed, often because someone in their family or neighborhood reached out and encouraged and mentored them. However, there must also be program and community capacity to make sure that when they need more help, they get it.

There is also a group of young children in every community who, even when their parents are not in compromised circumstances, exhibit significant social, emotional and behavioral problems. Often these children are described as "behaviorally challenging," but, in fact, they have multiple diagnoses. Research now suggests that the rates of diagnosable mental health disorders in young children are about the same as the rates in older children.[29] To ensure that every young child develops social and emotional competencies that will help them overcome early challenges and enter school ready to succeed, communities also need to pay attention to these more vulnerable young children.

What Can Help?

We know that early intervention, a sustained healthy relationship with at least one adult, and the experience of high-quality child care can make a difference. Research and community experience also suggest that for young children and families facing more risks or exhibiting more extreme

behaviors, explicit strategies to promote healthier parent-child relationships, and, if necessary, interventions targeted to young children and/or to parental risk factors (i.e., depression) can reduce problems both in the short term and the longer term, leading to better school and life outcomes. These interventions can be located either in programs that serve a broader range of families, such as family resource centers, Early Head Start programs, or home visiting programs, or in more specialized settings, such as shelters or early intervention treatment programs).[30]

The complexity of the needs of young children at higher risk for early school failure, their families, and their other caregivers (especially grandparents raising children, or foster parents) necessitates providing supports and interventions that help not just the child, but parents and sometimes the extended family. It is also important that there be strategic planning *with the community* to engage in systematic outreach, screening, and risk reduction strategies. Merely waiting for the children to fail is not an acceptable alternative. Below we highlight resources and strategies that can serve as the building blocks for a community response to higher-risk young children and families.

Intensive Parenting Supports

Nurturing Father's Program

The Nurturing Father's Program is a national curriculum designed to increase the quality involvement and bonding of fathers and their children, especially babies and young children, through a group-based program that helps men reflect, experience, and practice the attitudes and skills that translate into nurturing behaviors. The program has been implemented in rural and urban communities, across incomes and cultures.

Approach

This 13-week, group-based program for 8 to 16 men provides counseling, a structured curriculum, learning tools, activities, and support for fathers to help them adopt nurturing behaviors. Each session lasts for 2½ hours, with dinner served midway. The aim is to help fathers:

• Reflect on the parenting of their own fathers/father figures, thinking about what was good, what was not so good, which behaviors to keep, which behaviors to eliminate, and what new skills they would like to develop.

• Learn new ways for dealing with feelings, communicating, disciplining positively, managing anger and resolving conflicts, fathering sons and daughters, using teamwork, and playing.

• Help each other solve problems, address barriers, and provide concrete support.

• Learn that there are two forms of power: "power-over," which is based on control and dominance, and "power-to," which is based on helping, collaboration, and encouragement.

Topics addressed include: The Roots of Fathering, Nurturing Ourselves/Our Children, Fathering Sons/Fathering Daughters, Discipline Without Violence, Playing with Children, Managing Anger/Resolving Conflict, Teamwork with Spouse/Partner, Balancing Work and Fathering, Communication and Problem Solving, Cultural Influences, Dealing with Feelings, and The

Father I Choose to Be. Through workbook activities, participants can document their personal growth in and outside the program. The workbook is also filled with useful information to refer to after the program ends. Two- to three-day training workshops are available.

Evaluation

A national study of 500 programs found that 78 percent of the program participants graduated from the program, with an average improvement rate of 82 percent as measured by an index of five parenting risk behaviors. About 300 fathers with children from birth to age 5 were separately studied; 78 percent of them completed the program, with an 83 percent improvement rate.[31]

Potential Partners/Funding

Depending on the target group of fathers, partners vary and include correctional facilities, the Private Industry Council, Prevent Child Abuse, Head Start, and Early Head Start. Funding sources also vary and include community foundations, the Child Support Incentive Fund, and child abuse prevention trust funds.

For more information, see <www.nurturingfathers.com> or the contact information in Appendix A.

Nurturing Program for Families in Substance Abuse Treatment and Recovery

The Nurturing Program for Families in Substance Abuse Treatment and Recovery is a group-based experiential and didactic learning approach for parents in substance abuse recovery treatment programs.

Approach

The Nurturing Program for Families in Substance Abuse Treatment and Recovery is a 17-week intervention that supports and assists parents in developing self-awareness and nurturing skills, exploring the effects of substance abuse on themselves and their families, building skills to strengthen their recovery, exploring their own development as adults in recovery (understanding recovery as a process), understanding child development, and exploring and celebrating culture. This curriculum has been implemented primarily with women who have children from birth through age 5.[32] It is currently being adapted to address the needs of parents with both mental health as well as substance abuse issues.

Parents learn from:

- Peer-to-peer discussions and support that help build hope for themselves and their children, that explore cultural values and rituals and the themes and tasks of human development, and that emphasize the parallel tracks of recovery and of parenting

- Games and art to explore various ways of identifying and expressing feelings, with emphasis on helping children identify and express their feelings

- Information about the building blocks of self-esteem and its importance both for themselves and for their children

- Activities that promote communication, problem-solving, stress management, and setting boundaries, schedules, and routines

- Activities that promote healthy parenting (e.g., ensuring safety and protecting children, praising children, teaching children how to manage their feelings)

- Opportunities to explore parental values, to come to terms with and to recognize losses related to substance abuse, and to recognize the importance of play and fun in recovery and in family life

Adaptations of the program have been used for agencies serving Latina women, for shorter-term residential treatment programs, for addressing child welfare concerns for older children, and for a third program (currently in its pilot stage) for the co-occurrence of mental illness and substance abuse. Nationally the program has been selected as a promising prevention program by the federal Substance Abuse and Mental Health Services Administration and is being used by a number of SAMHSA grantees in the Family Strengthening program of the Center for Substance Abuse Prevention.

Evaluation

Preliminary data are promising and show increased understanding of parent-child roles and empathy for children.[33]

Potential Partners/Funding

Funded by the Bureau of Substance Abuse Services of the Massachusetts Department of Public Health, the project targets women with children. Agencies implementing the project in-

clude residential settings serving women, substance abuse treatment shelters serving families, and community housing programs for families that incorporate substance abuse treatment.

For more information, see <www.healthrecovery.org/prod/prod.html> or the contact information in Appendix A.

Multidimensional Treatment Foster Care-Preschool (MTFC-P)

The Multidimensional Treatment Foster Care–Preschool (MTFC-P) is an evidence-based intervention for children between the ages of 3 and 6 who have been removed from the care of their parents. It provides these children with foster parents and permanent placement families who support and encourage positive behaviors, set clear and consistent limits, respond to children's cues and needs, and provide close supervision of children.

Approach

MTFC-P is a team approach (e.g., program supervisor, foster parent consultant, family therapist, individual therapist, foster parent recruiter, foster family, adoptive or biological family, and psychiatrist) providing intensive support and behavioral training to the child, foster parents, and permanent placement family, whether comprised of biological, related, or unrelated individuals. (MTFC-P foster placements last from 6 to 12 months, depending on the treatment plan.)

- Foster families are considered the frontline treatment agents and receive 2 days (12 hours) of training prior to receiving their foster child, as well as ongoing support and supervision, including weekly home visitation, daily phone calls, and weekly support group meetings from a foster parent consultant.

- Children are screened and, if necessary, connected with appropriate services for any developmental delays they may have. They also participate in a weekly therapeutic playgroup. If necessary, a consulting psychiatrist provides medication management to address symptoms of attention deficit hyperactivity disorder (ADHD), anxiety, and other disorders.

- Once long-term permanency plans have been developed, biological or adoptive parents are provided with the same skills training and support foster parents have received to ensure consistency and a smooth transition and to link families with additional community supports to maintain the gains.

National training is available and includes a year of consultation, intensive training, a web data program, and weekly telephone consultation.

Evaluation

Research comparing preschoolers in foster care receiving foster care as usual with those receiving the MTFC-P intervention found that:

- Both of the groups entered permanent placements at around the same rate; however, 36 percent of the permanent placements in the regular foster care group failed (nine chil-

dren), while only 10 percent of the permanent placements in the MTFC-P group failed (three children).

- The intervention was effective in reducing problem behavior in the children.

- Success rates for long-term placement outcomes (reunification with birth families, placements with relatives, and adoptions) were significantly better for children in the MTFC-P program than for children in regular foster care. In one study, success rates were as high as 90 percent (26 children).[34]

Potential Partners/Funding

Potential partners and funders include Medicaid, mental health services, early childhood special education, and the child welfare system. Potential sources of funding include state and local grants.

For more information, see: <www.mtfc.com> or the contact information in Appendix A.

Using Early Head Start and Home Visiting Programs to Build Family and Early Childhood Treatment Partnerships

Because families trust early childhood programs and staff, bringing more intensive services into known early childhood programs for families facing more stress is, in general, a preferred strategy to referring families to other agencies. Over and over again, communities report that these referrals do not work. Therefore, there are growing efforts to build targeted prevention and treatment efforts into early childhood programs.

For example, Early Head Start is emerging as a laboratory for testing new approaches to helping the most vulnerable young children and their families.

- A demonstration project is under way linking child welfare and Early Head Start programs to focus special attention on the needs of infants and toddlers in or at risk for foster care placement. Children served are born drug addicted or drug impacted or are suffering in other ways from child abuse or neglect. Children receive comprehensive child and family development services (e.g., assessment, therapy, nutrition, and health services) and home visitation.[35]

- Early Head Start programs are partnering with substance abuse and correctional agencies to develop more intensive supports for parents who have infants and toddlers and who are pregnant/postpartum substance abusers or who are incarcerated or returning from prison.[36]

- A new research and demonstration effort is designed to support parents with depression to positively engage their children and their Head Start or Early Head Start staff. The program provides training and consultation for staff to help parents who struggle with depression build the necessary skills for engaging with their children. In addition, the program sponsors psychoeducational groups that provide information and skill development support for parents, classroom consultation, and special on-site interventions to promote children's social competence and interaction. Home-based services are also provided, including home visitation, outreach to more vulnerable parents, and community resource networking and referral services.[37]

Similarly, some home visiting programs provide cognitive behavioral therapy for depressed mothers.[38] While many of these therapeutic approaches involve formal research and evaluation, communities can adapt these therapies and in the process build local partnerships among systems, programs, and agencies that may not typically collaborate (e.g., adult and child mental health services). For more information about these strategies, see forthcoming NCCP issue briefs focused on infants and toddlers who are more vulnerable and more at risk than their peers.

Regional Intervention Program (RIP) and the Early Childhood Centers (ECC)

RIP is a behavior skills training program for groups of parents with preschool-aged children with severe aggressive and antisocial behaviors. Parents learn parenting skills and techniques to support their children and improve their children's behaviors. The Early Childhood Center (ECC) uses similar techniques in a center-based program and, through Day Care Plus, reaches out to family child care providers.

Approach

The Regional Intervention Program and The Early Childhood Center (ECC) of the Positive Education Program in Cleveland, Ohio, are based on a philosophy called "Re-Ed," or Re-Education, which argues that the best way to help "troubled and troubling children"[39] is to teach them and their caregivers new coping skills. Both programs embed the best principles of behavioral learning.

Program components include:

- Teaching parents new ways of responding to and collecting data about their own children, using other parents and staff as coaches.

- Family support discussion groups, treatment sessions, and instruction videotapes for parents and other primary caregivers.

- Preschool classroom participation, which promotes peer-to-peer socialization and explicit social skills building for the preschool-aged children.

- Parental participation in RIP/ECC preschool programs, which provide an opportunity for parents to learn from other parents and staff mentors.

- Child care–based intervention for children who are experiencing significant problems in a community-based program. Coordinators observe the child in the community-based settings, consult with classroom teachers, and, if necessary, collaborate in the design and implementation of behavioral interventions. AmeriCorps RIP volunteers provide direct assistance.

- Liaison follow-up services for families who have completed the program (including help in finding school and child care programs and consultation about problems at home and school).

National training is available.

Evaluation

Results from an RIP study in 2001 found that gains are maintained for 3 to 9 years, based on direct observational assessments in school and home settings. Children who began earlier experienced more favorable outcomes. Effects hold across different cohorts of staff.[40] Preliminary results of a longitudinal study of the early childhood project comparing children who received the intervention suggest a payoff through middle school.[41]

Potential Partners/Funding

Both public and private funding sources are used.

For more information, see <www.ripnetwork.org> or the contact information in Appendix A.

Positive Behavior Support (PBS)

Positive Behavior Support is a collaborative approach with families and other caregivers that uses functional behavioral assessment to reduce young children's challenging behaviors, while increasing their social and communication skills.[42]

Approach

Through the collaboration/partnership of caregivers (e.g., parents, preschool teachers, and other relative caregivers) and paraprofessionals in the classroom, the PBS consultant assists in a functional behavioral assessment that becomes the basis for an intervention plan. The PBS consultant tries to find out what is the purpose of the child's behavior: to get attention? to avoid an activity? The emphasis is on making environmental changes to support positive changes (e.g., change the seating arrangement during circle time, provide an activity before playtime, create individualized schedules with reinforcements).

Positive behavior support for individual children has been implemented in conjunction with broad, program-based training (e.g., through a Head Start program). It has also been embedded as part of self-help parent advocacy into special family support strategies for parents of young children with serious problems. (See Box 12.)

National training is available.

Evaluation

There is a compelling body of research supporting the use of PBS for older children, and an emerging body of positive research supporting its use for younger ones. For example, studies of preschool-aged children have found increased engagement in age-appropriate activities and reductions in challenging behaviors.[43] In children who did not receive the PBS approach, minor problems escalated into more serious problem behaviors compared with children in a group experiencing PBS. The PBS approach clearly helps to prevent these minor problem behaviors from escalating.[44]

> **Box 12: Positive Behavior Support in Action**
>
> **Pyramid Parent Training Community Parent Resource Center: Operation Positive Change**
>
> Pyramid Parent Training Community Center is located in a very low-income part of Louisiana. It was started by two local parents of a son with a severe disability. They used their education backgrounds to help bring an insulated set of parents together to build an advocacy voice called Operation Positive Change (OPC). OPC is a curriculum and train-the-trainer model based on positive behavior support (PBS). It provides families with a support network to help them talk about and think about their own disciplining habits, including what they learned from their parents. It also helps them express positive things about their children and change their focus from crisis management mode to positive engagement with their children. Positive behavior support is incorporated into OPC in ways that make sense to families dealing with the challenges of poverty, substandard housing, unemployment, racism, and other barriers. Pyramid offers workshops, informal roundtables, support groups, best practice luncheons, leadership development, and one-to-one advocacy. A comprehensive training manual is available.
>
> For more information, see the contact information in Appendix A.

Potential Partners/Funding

Funding can come from a variety of public sources, including targeted Medicaid or mental health dollars, or Head Start. (See *Spending Smarter* for funding ideas using federal and state programs.)

For more information, see <www.pbis.org/main.htm> or the contact information in Appendix A.

Informal Family Support Strategies to Help More Stressed Families

The same principles of peer-to-peer support, sharing expertise, and problem-solving that help other parents and primary caregivers also apply to parents facing unusually high stress and challenge levels. Below are highlighted two examples of parent support groups targeted to those facing greater stress.

Raising Our Children's Kids (R.O.C.K.)

Raising Our Children's Kids (R.O.C.K.) is a support group for grandparents and other relatives raising children. It provides peer-to-peer support and counseling, crisis assistance, referrals to other social services and support programs, access to a small library of resources, and peer-to-peer interactions to decrease feelings of isolation by identifying with others who are having similar experiences. It was started by a local community mental health center.

Approach

The aim is to provide caregivers with fun educational activities, including field trips; a place to vent, socialize with other grandparents/caregivers, and have open discussions; assistance with access to needed resources (e.g., respite care, school supplies); and needed information from local community guest speakers.

A typical R.O.C.K. agenda includes the following:

- *Social time,* during which caregivers can talk with each other, catch up, and snack

- *Time to vent,* during which caregivers talk about their "soar" and "sore" spots

- *Guided discussion,* in which the leader prepares a topic and a guest speaker can discuss the topic and answer questions (e.g., legal guardianship or benefits)

- *Open discussion,* for members to bring their own topics to the group

- *Wrap-up,* to discuss plans for the next meeting.

Training is not available for this strategy.

Evaluation

Currently, there is no formal evaluation data.

Potential Partners/Funding

Local mental health centers, the area agency on aging, and community centers are potential partners and funding sources.

For more information, see the contact information in Appendix A.

Expanding Existing Family Support Strategies

Family Ties of Westchester, Inc. Network

In Westchester County in New York state, children's mental health has a long history of working in partnership with the family organization, Family Ties, to improve services to families with children and youth experiencing serious emotional and behavioral problems. Over the past three years, the county has expanded its reach to include families with young children. Building on successful community organization and parent support and parent training strategies, the county, working with Family Ties, has focused increasing attention on strategies to support families with young children who are experiencing mental health crises.

For example, in response to data showing that young children under age 6 were being placed in psychiatric hospitals, the county and Family Ties worked with a community mental health agency, Family Services of Westchester, to develop the "Family Strengthening Team." That team, which includes a parent or a grandparent actually raising a young child as a resource, goes into the home of a family when there is a crisis that threatens to result in the removal of a child from home.

In response to evidence that many parents who are involved in the adult mental health system have no place to turn to for support in their role as parents, the county's adult and children's service systems and Family Ties have formed the Family Network to reach out to these parents, including those with young children, offering them services from both systems,

> **Box 13: Family Ties Network in Action**
>
> John, soon to be 5 years of age, was in a psychiatric hospital for the second time in 3 months because of his very aggressive and dangerous behaviors. His mother, Mary, had for most of her life struggled with her own frequent psychiatric hospitalizations and, more recently, she was dealing with her conflict-ridden relationship with John's father. There was a history of severe domestic violence. Mary was receiving services from the adult mental health system, including individual therapy and medication monitoring and supportive housing; she also has very supportive parents.
>
> The social worker from the hospital contacted the county individual identified as the point person for scheduling family network meetings, and, within a few days, with Mary's help, they pulled together an early childhood network meeting. Both of Mary's parents, John's preschool program teacher, his treatment team at the hospital, representatives from the child and the adult serving systems, and a family advocate from Family Ties came to the meeting.
>
> The meeting focused on family strengths and supports, identifying goals Mary had for herself and her child, as well as their needs; and the development of a preliminary service plan. Mary's goals included: wanting to learn to drive because of her fear of using public transportation, going to school, and having her son succeed in school. The plan included ensuring that John receive appropriate outpatient mental health services, that Mary go to a vocational program interview, and that she, whenever possible, attend a Family Ties support group for parents in the community. The meeting concluded with a follow-up date for a meeting and a list of others to invite who could expand the "Circle of Support" for Mary and John.
>
> Two weeks later, at the follow-up support circle meeting, Mary proudly went through the plan that had been put together at the previous meeting, checking off all that she had accomplished. She will be learning how to drive as an outcome of her vocational program meeting; John is doing well in school and at home; Mary and John are spending more time with her parents; she has been in regular contact with Family Ties; she has been in touch with a program in the community to help her deal with her former partner and the domestic violence; and she is feeling more in control of her life. The support team created around Mary and John will continue to meet on a regular basis. The team's composition will change, depending on who is identified as a support or as a possible support to Mary and John; and soon Mary herself will be leading the meetings.
>
> For more information, see <www.westchestercommunitynetwork.com/Family_Ties/FamTiesAboutUs/famtiesaboutus.html> or the contact information in Appendix A.

as well as support from Family Ties through parent support groups and trainings that include parents or grandparents raising young children (see below). In addition, building on the core county approach to improving mental health services for children and adolescents with serious emotional and behavioral problems, the county has also established Early Childhood Networks that meet at Family Ties Resource Centers in two communities.

Westchester County organizes its children's mental health services around three levels of networks: 1) networks that bring service providers, families, and sometimes children and youth and others who are part of the family's "circle of support" team together to develop and monitor plans to improve child and family outcomes (see below); 2) networks that are linked to community organizations within a particular community that are charged to address community-level issues that arise from the barriers and experiences of individual families; and 3) a countywide network that is made up of an advisory council and planning groups that are charged to address infrastructure, policy, and program issues based on input from the other networks. The county system is now part of a state structure in New York that was written into law in 2001. Members of Family Ties play key roles at all levels.

Connecting Community Assets: Building Partnerships Across Major Agencies and Funding Streams for High-Risk Young Children and Families

What Communities Can Do

Even the most challenged community has natural leaders and access to some services through, for example, WIC offices, well-child clinics, or shelters. One question for communities to ask is how to connect these resources for families Does the early intervention program systematically screen young children in shelters? Is the WIC office a good place to locate a parenting support strategy? Sometimes just connecting the services that do exist in new ways can make it possible to reach more families. Do staff in school-based or after-school–based programs serving teen mothers know about WIC and home visiting programs that can strengthen good parenting practices?

One new opportunity that every community has (and is now required by new federal legislation) is to screen, and, as necessary, evaluate and provide early intervention services to infants and toddlers who have been abused or neglected.

In 2003, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA) to require that children under age 3 who are confirmed victims of child abuse or neglect be referred to early intervention services funded under the Individuals with Disabilities Education Improvement Act (IDEA) Part C. Communities can develop a systematic approach to referral and assessment of young children at risk who have experienced abuse or neglect and/or witnessed domestic violence and/or been placed in kinship or nonrelative foster care. A statewide effort to see that young children who have been abused get needed help to thrive is highlighted below.

Massachusetts Early Childhood Linkage Initiative

The Massachusetts Early Childhood Linkage Initiative (MECLI) is designed to maximize early identification and intervention for young children with substantiated abuse and neglect who are at heightened risk for serious developmental problems.

Approach

MECLI links the Massachusetts Department of Social Services (DSS) to Early Intervention (EI) services to ensure that children under the age of 3 who are involved in newly opened child abuse and neglect cases are routinely offered referrals to EI programs to assess their developmental status and provide services as needed. In Massachusetts, in 2003, there were 5,000 new cases of children under 3 years old with substantiated abuse and neglect.

Evaluation

Across the three pilot sites, DSS reported that two-thirds of families have been offered referrals, and two-thirds have accepted the referrals, while EI reported that about three-quarters of those evaluated are eligible for EI services. Fifty-two percent of evaluated children had developmental delays including language (41 percent), adaptive/self-help (25 percent), gross motor (24 percent),

fine motor (23 percent), cognitive (21 percent), social-emotional (16 percent); on average, a child with a delay had delays in three different domains. Forty-six percent of children were under age 1, 29 percent were 1 year old, and 26 percent were 2 years old. Data show that children referred are getting fewer hours of services and cost less to serve than children with no indication of child welfare involvement.[45]

Partners/Funding

MECLI is a demonstration project. The Massachusetts Department of Social Services, Early Intervention programs (fee for service), and the Department of Public Health (DPH), the lead agency for Part C, have all participated in the project as part of their ongoing work. The MECLI team at the Heller School at Brandeis University has been funded for project and pilot site facilitation, as well as for data gathering and analyses, by private foundations and the federal government.

For more information, see the contact information in Appendix A.

For other examples of using state and federal programs to support healthy relationships and parenting, see *Improving the Odds for the Healthy Development of Young Children in Foster Care* (2002)[46] and *Pathways to Early School Success: Helping the Most Stressed Infants, Toddlers, and Families* (Forthcoming 2005)[47] at www.nccp.org.

Community Planning Strategies to Reduce Community Risks for Young Children

Given the knowledge about how risks, such as incarcerated parents, foster care, and exposure to abuse, neglect, and domestic violence take a toll on young children's school readiness and health, some communities are developing strategic community-based outreach approaches to proactively support these young children and their caregivers, as well as provide, when needed, more intensive family-focused interventions.

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities

Free to Grow is a strength-based, organizational, capacity-building approach that aims to help Head Start and other early childhood programs strengthen the capacity of individual programs to address the needs of higher-risk families and build larger community leadership and collaborations to reduce environmental risks to young children, particularly related to substance abuse and maltreatment.

Approach[48]

Free to Grow national staff provide consultation and create and/or identify tools to help Head Start and other early childhood programs build community engagement and a family-focused response to high-risk families, as well as more strategic and preventive community responses.

For higher-risk young children and families, Free to Grow strategies include:

- Enhanced family-assessment protocols and procedures to "triage" families.
- Staff reorganization to promote intensive case management and smaller caseloads for the higher-risk families and revise jobs.
- Dedicated substance abuse and mental health partnerships. For example, one Free to Grow site hosts Narcotics Anonymous meetings, while another site works with a group called Friends of Recovery.
- Training staff in special techniques, for example, motivational interviewing and working with staff to encourage reflection on their own experiences with substance abuse.
- Family-to-family mentoring strategies to supplement on-going family support and education strategies embedded in Head Start.

To promote community proactive leadership and organizing to reduce risks, Free to Grow works with programs and community leaders to:

- Help communities assess the status of current partnerships.
- Help communities promote broad engagement in strategic assessment and action, including law enforcement, substance abuse treatment agencies, as well as schools, resulting, for example, in community policing strategies and neighborhood advisory groups.
- Promote leadership development and networking among Head Start and other parents.
- Implement strategic action plans.

A national training office provides technical assistance and resources.

Evaluation

A national evaluation of the model development sites is in progress.

Potential Partners/Funding

This demonstration effort has been funded by the National Head Start Bureau; private foundations, including the Robert Wood Johnson Foundation and The Doris Duke Charitable Trust; and the Office of Juvenile Justice and Prevention.

For more information, see <www.freetogrow.org> or the Contact information in Appendix A.

The Pima County Prevention Partnership

The Pima County Prevention Partnership in Tucson, Arizona, is designed to prevent future delinquency and conduct disorders in young children at special risk through community partnership and planning, training, screenings, and support services.

Approach

Drawing on research linking early risks to later delinquency and conduct disorders, Pima

County Prevention Partnership identified four different populations at highest risk: 1) young children exposed to violence in the home; 2) children involved with both child welfare and juvenile delinquency; 3) aggressive preschoolers; and 4) children with incarcerated parents. In response, the partnership developed a strategic plan, and as resources permit, is developing collaborations targeted to these children.

For young children, the partnership has implemented:

- Training for police officers to ask if there are children, where are they, and how old are they when they make arrests or are called to homes.

- Mandated behavioral screenings for young children exposed to trauma (e.g., arrest of a parent or domestic violence).

- Second Step curriculum in early education programs.

Other strategies include new partnerships among police, public health nurses, and child welfare services; partnership for children exposed to domestic violence (from relatives); support for and education on available services and rights; and training for providers on the developmental risks of childhood trauma, the effects of exposure to domestic violence and incarceration, and the comorbidity of substance abuse and homelessness.

Evaluation

There are no evaluation data at this time.
Potential Partners/Funding

There have been many funders and partners for this initiative, including county and state departments, such as Law Enforcement, Juvenile Corrections, Child Protective Services, Probation, and Division of Youth, Family and Neighborhood Reinvestment; foundations; and federal grant programs.

For more information, see the contact information in Appendix A.

SECTION III
Toward a Community Response

Community leaders and agencies working together can form powerful coalitions for promoting school readiness in young children to ensure that all young children, even those in the most compromised circumstances, have the social and emotional competencies to succeed in school.[49]

Experience from communities organizing on behalf of young children suggests there are four key steps:

- *Identify leadership and organize:* Bring as many voices to the table as possible: families, providers, kindergarten teachers, preschool and child care teachers, mental health and substance abuse providers, police, school leaders, and small business leaders. Make sure that all understand how social and emotional school readiness is related to academic success.

- *Gather information:* 1) Take a snapshot to profile the social and emotional status of young children (numbers expelled from child care, numbers in high-risk circumstances); 2) Find out what parents, caregivers, and teachers think is needed; 3) Identify the existing resources (e.g., training, consultations, parenting curricula, etc.) to help families, caregivers, and others better promote social and emotional health and school readiness in all young children, and match them against what families and the community want; and 4) Assess the health of existing community partnerships and collaborations.

- *Take action:* Identify two or three *doable* action steps to better use existing resources and community assets, and to strategically supplement what exists.

- *Track impacts:* Identify indicators to track progress (e.g., kindergarten assessments and special surveys).

Step 1: Identify Leadership and Organize

Finding the right leader or leaders is the first step in building community capacity to ensure that even the most vulnerable young children enter school ready to succeed. For example, some communities have school readiness coordinators who can take the lead in organizing around this group of young children and families. In other communities, there may be groups already mobilized and focused on improving early childhood programs and supports, or on fostering school readiness more broadly. Adding a special focus on social and emotional development could enhance the impact of these efforts. In some states, there are statewide leadership groups; communities might develop community counterparts of these groups, focusing, for example, on maternal and child health. Although leadership can come from many different types of individuals and groups, the most important step is to ensure a strong family voice. (See Box 14.) Be sure to include attention to the most highly stressed young children and families.

Step 2: Gather Information

Communities can use three approaches to information-gathering. They can:

- *Use community data teams.* School readiness coordinators, child care councils, and parent leaders can form a "data squad" to get a better sense of the actual numbers of young children at special risk. Using the questions from the Community Assessment Tool at the end of this section, or questions the group can develop, the team can be assigned different individuals to interview. It is always a good idea to start a process like this with a practice session, giving the group a chance to rehearse and role-play. Pay special attention to unique community characteristics and needs. For example, in communities with major housing problems, homeless children may make up the majority of young children at risk; in others, there may be high rates of substance abuse. (See Box 15.)

- *Use providers.* Another way to gather data is for a community agency or government official (e.g., the Youth Bureau or the local city agency) working with community leaders to convene an interagency group to put together existing information from their own data that could inform the Taking Action phase (Step 3). This strategy may work best for larger communities.

- *Use consultants.* A third way to gather data is to hire someone to compile the information and report it back to the individual responsible for working on school readiness issues (e.g., a school readiness coordinator). While using consultants is in some ways very efficient for gathering data, it may not be as useful for building community commitment for the Take Action phase.

**Box 15: Promoting Social and Emotional Health and School Readiness—
Questions for Communities to Ask**

Children and Families

- How do those working most closely with young children feel the children are doing? Are there any more formal community indicators in place?

Numbers

- How many grandparents are raising young children?

- How many young children are being placed in foster care? Are homeless? Are in shelters? Are being served through Early Intervention programs? Are abused or neglected? Have incarcerated parents?

- How widespread are substance abuse and domestic violence problems in families with young children? Are these problems confined to one locality, or have they spread throughout the community?

Services and Supports

Helping Parents

- What are the most effective parenting (including foster and adoptive as well as biological) curricula for infants and toddlers? For preschoolers? How many curricula are in use across programs? Should these be consolidated? What do grandparents raising young children need or want?

- What kinds of informal parent support groups exist? Should these be expanded? What kinds of families are not served?

- Where can parents get respite care? How safe are the playgrounds?

Helping Child Care Providers, Teachers, and Home Visitors

- What are the social and emotional issues that most concern child care providers? Head Start and prekindergarten teachers? Pediatricians? Home visitors?

- What supports are available to pediatricians and health settings to identify maternal depression and to help young children with emotional and behavioral challenges?

- How are training dollars used to promote social and emotional competence? Does each agency decide? Are funds pooled and communitywide trainings organized?

Helping Higher-Risk Families

- What intensive family-focused services are available to higher-risk families in Head Start, Early Head Start, and home visiting programs?

- What informal support groups exist for grandparents raising children? For parents with depression?

- What supports are in place for frontline workers reaching out to help higher-risk families (e.g., in shelters, in child care programs, etc.)?

- What specific outreach activities exist for higher-risk families (e.g., routine assessments of young children entering foster care or of children with incarcerated parents)?

- What specialized resources exist in the community to help families that have young children with serious emotional and behavioral disorders?

Aggregate Community Risk Factors

- What is the community profile of young children facing extreme risks to healthy development? (See Box 10 for risk factors.)

- How are these risks distributed? Evenly across all risks, or with concentrations (e.g., high rates of domestic violence in families with one parent incarcerated, low rates of foster care placement)?

- What kinds of communitywide preventive strategies could be put in place to address the three most common high-risk factors?

Partnerships and Collaborations

- What partnerships and collaborations (e.g., among church leaders, mothers, agencies, and policy initiatives) are in place to provide leadership to ensure social and emotional school readiness among young children as well as early success in school? How effective are these partnerships? Is there no collaboration, limited collaboration, or a strong community mechanism? (For more questions to consider, see the Partnership Tool <www.partnershiptool.net>).

- How strong is the family voice in these partnerships?

- What agencies/voices are not at the table that should be? Does the table include Temporary Assistance for Needy Families (TANF) as well as health, child welfare, substance abuse, and mental health agencies?

Data gathering should have six overarching purposes:

- *Paint a "big" picture of the social and emotional health and school readiness of infants, toddlers, and preschoolers in a particular location.* Do families feel that 3-year-olds are out of control? Do child care providers feel that most of the children are headed for success in school, and that only a few need special help? Or are many providers concerned about the behaviors and social skills of the children they work with? If there is a local child care resource and referral agency, they may have very concrete examples of the kinds of questions they are asked.

- *Map existing assets and resources in the community.* What kinds of parenting programs are implemented? Which are most successful? How much training supports the facilitators? Are parents coleaders? Is there a communitywide mental health consultation program? Are there any curricula in use in center-based programs? Could they be adapted for family child care providers?

- *Listen to what parents and those who work most closely with them and their children think would help.* Have parents been asked what they need? What about child care providers, Head Start staff, and schools? How can their ideas shape new community responses?

- *Inventory the special circumstances facing young children who are most at risk for early school failure.* Inventories will vary from community to community and can inform choices about subsequent steps to take. For example, in some communities, the expulsion of young children from child care settings is a major problem. Other communities face high rates of infants and toddlers entering foster care. In still other communities, the high rate of homelessness among parents with young children is the major concern. Each of these problems suggests a different community action focus.

- *Identify existing early childhood collaborative partnerships.* Are families involved in meaningful ways, not just token ways? Are health agencies, child welfare agencies, and early childhood agencies connected? How are schools perceived? How can schools be effectively engaged in these efforts?

- *Identify ways to link investments and services for infants, toddlers, and preschoolers with how well third and fourth graders are doing.* The research suggests that helping young children will pay off in greater academic success and less delinquency.[50] In some communities, it is fourth grade reading scores that have spurred communities to action; in others, the recognition of the situation by policy and law enforcement agencies.

Data-gathering strategies could include a review of statistics, focus groups with families and with child care providers, convening community forums, and key informant interviews. For the kinds of questions to ask, see Box 15.

Step 3: Take Action

To succeed in school, every young child needs a family to provide for him or her economically; to provide emotional nurturing; and to provide quality child care, early learning, and, when necessary, access to more specialized supports, preferably in the context of normal everyday settings. Using the data gathered from within the community as well as information about options for interventions that match the needs, the community leadership group can identify three places to start.

When undertaking a community planning process, there are usually so many needs and so few resources that it is often hard to know where to begin. But what matters is starting somewhere, basing the course of action on an actual needs assessment. Expanding partnerships

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Box 16: Ten Principles for Community Action

1. Build an inclusive community vision: Every child shall enter school ready to succeed.

2. Build partnerships that include as many voices as possible beyond the early childhood community. Include families and community leaders, but also include the pediatrician who manages the health clinic, school principals, leaders of the community development corporation—in short, all those in a leadership role who directly come into contact with young children and/or their families. Their voices stand for school readiness for every child and can send an important message.

3. Just because young children are in low-income situations, do not assume that they have problems. Screen, offer early intervention, and mobilize with more intensive services only when these services are needed.

4. When more intensive services are needed, emphasize relationship-based, family-focused, formal, and informal strategies that help children and adults. Make sure these services are offered in settings comfortable to the families.

5. Invest in training and "reflective" supervision that help those working directly with families reflect on what they are doing and how their own experiences affect how they help families. Do not ask child care providers, home visitors, family support workers, and others to do more without giving them the know-how and the back-up support that they need.

6. Connect the dots among existing services, and organize services in ways that make sense. For example, if there are three home visiting programs, consider refocusing one to specialize in helping parents of babies and toddlers facing the most risks.

7. Draw on what other communities have done; it is not necessary to invent all solutions. There are many national resources, including this set of documents, that can be helpful.

8. Build on community resources; parents who have been there are an especially important resource. For example, parents in recovery can be powerful mentors and coaches for other parents going through the recovery process. Parents of young children whose children are successful in the early grades of school and who are involved with the schools can mentor other parents.

9. Use school readiness indicators to track the aggregate improvement (or decline) in how well young children, including those facing special risks, do as they transition to kindergarten and manage the first three grades of school.

10. Start small. Sometimes parents and community leaders feel overwhelmed at the scope of the challenge. "One step at a time, one day at a time" is a good motto.

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and collaborations, even in the face of limited resources, can result in improved outcomes for young children and their families. Reorganizing services, pooling money that is targeted for multiple trainings and rechanneling it into communitywide trainings, building better links across services, and strategically implementing evidence-based practices can all make a difference in building a community of support around young children and their families.

Step 4: Track Impacts

The most important question is this: Do the changes that are implemented in the community make a difference in the lives of young children and families, and particularly in their early school success? There is no silver bullet, of course, and focusing only on infancy, toddlerhood, and preschool is not enough. The schools must also be ready for young children and their families. But building in indicators to track the status of young children as they enter school can make a big difference. In some communities, the impetus to develop more coherent early childhood strategies has been the frequent failure of young children in the first and second grades, or their failure to read at grade level in the fourth grade. Indicators matter. They can be used both to help support effective initiatives and to mobilize support for new ones. For more information on indicators, see <www.Gettingready.org>.

CONCLUSION

This resource guide is intended to be a starting point for programs to collaborate with other existing services, for programs and community leaders to implement new strategies within existing programs, and for community leaders to provide a circle of informal and formal support to all families with young children, especially those living with multiple environmental and other risks.

The strategies we describe in this guide are examples of what communities can do, and are doing, to support young children and their families. They emphasize the importance of not targeting the child as the "problem," but rather changing the environment by reducing community risks and strengthening the capacity of parents, child care providers, teachers, and others who, on a daily basis, interact with children to promote healthy social and emotional relationships and school readiness. Using this framework, communities—especially low-income communities—will be in a stronger position to promote early school success on behalf of all young children, regardless of where they live or what hurdles they face.

Copies of this guide can be downloaded from the web site of the National Center for Children in Poverty <**www.nccp.org**>, along with other materials that can be helpful resources.

ENDNOTES

1. For more information, see National Governors' Association (2005). *Final report of the NGA Task Force on School Readiness. Building the foundation for Bright Futures.* Washington, DC: National Governors' Association <www.nga.org/cda/files/0501TASKFORCEREADINESS.pdf>.

2. Raver, C. C. & Knitzer, J. (2003). *Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children* (Promoting the Emotional Well-being of Children and Families Policy Paper 3). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health <www.nccp.org/pub_pew02c.html>.

3. Institute of Medicine; Shonkoff, J. P. & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press <www.nap.edu/books/0309069882/html/>.

4. Harlem Children's Zone. (2002). *A look inside, 1*(1) <www.hcz.or/downloads/lookinside3.pdf Ibid>.

5. Ibid.

6. Ibid.

7. Brazelton, T. B. & Lunt, T. A. (2004). *Summary of research, evaluation, and other related findings supporting the efficacy and impact of the Brazelton Touchpoints approach.* Boston, MA: Brazelton Touchpoints Center.

8. Ibid.

9. See: Wisconsin Center for Education Research at <www.wceruw.org>.

10. See: Gross, D.; Fogg, D.; Webster-Stratton, C.; Garvey, C.; Jullion, W.; & Grady, J. (paper accepted for publication). Parent training with multi-ethnic families of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology*; Reid, M. J.; Webster-Stratton, C.; & Baydar, N. (2004). Halting the development of conduct problems in Head Start children: the effects of parent training. *Journal of Clinical Child and Adolescent Psychology, 33*(2), pp. 279-291.

11. Miller-Heyl, J.; MacPhee, D.; & Fritz, J. J. (1998). DARE to be You: A family support, early prevention program. *The Journal of Primary Prevention, 18*(3), pp. 257-285; Miller-Heyl, J.; MacPhee, D.; & Fritz, J. J. (undated). DARE to be You Program power point presentation.

12. See Parent Services Project, Evaluation and Research at <www.parentservicesproject.org>. Also, see Families and Centers Empowered Together in Thomas, D.; Leicht, C.; Hughes, C.; Madigan, A.; & Dowell, K. (2003). *Emerging practices in the prevention of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. <nccanch.acf.hhs.gov/topics/prevention/emerging/report.pdf>.

13. Focus on a Trainer: Jackie Miller talks with Cathy Wiley, MD. (2004). *Reach Out and Read National Center Newsletter*, Fall, p. 4 <www.reachoutandread.org/downloads/11_09_04-ror_news.pd>.

14. A story illustrated and written by Nancy Tafuri about a mother duck (along with the rest of her ducklings) searching for her missing duckling. Along the way, she asks all different kinds of animals that live near the pond if they have seen her baby duckling. The catch to the story is the baby duckling is always hidden on each page, so the child and parent reading the story can search for the missing duckling.

15. See Focus on a Trainer in endnote 13.

16. Minnesota Humanities Commission. (1995) and (2001). *Motheread®/Fatheread® program evaluation.* St. Paul, MN: Wilder Research Center.

17. Reading is Fundamental (RIF) is a national early literacy program for children from birth to age 8 who are at risk for educational failure. RIF is used in a variety of locations, including libraries, child care centers, and often Head Start programs. For more information, see <www.rif.org>.

18. PNC Foundation grant testimonials from Chester County Head Start teachers.

19. National Association for the Education of Young Children. (2003). Strengthening teachers, strengthening families. *Beyond the Journal: Young Children on the Web,* May, pp. 1-2; see also Raver & Knitzer in endnote 2.

20. Gilliam, W. S. (2005). *Prekindergartens left behind: Expulsion rates in state prekindergarten programs* (FCD Policy Brief 3). New York, NY: Foundation for Child Development <www.fcd-us.org/PDFs/NationalPreKExpulsionPaper03.02_new.pdf>.

21. Devereux Early Childhood Initiative. (1999). Pilot study of the Devereau Early Childhood Assessment Program - Year 1 (1999-2000). *Research Bulletin No. 1*, pp. 1-2 <www.devereuxearlychildhood.org/pdfs/pilotstudy-year1.pdf>. Resilience factors are a child's ability to be a self-starter, a comfort seeker, a leader, adventurous, a problem solver, optimistic, hopeful, autonomous, and creative. More and more research is showing that protective factors can buffer the negative effects of stress for at-risk children.

22. Ibid.

23. Bodrova, E. & Leong, D. J. (2001). *Tools of the mind: A case study of implementing the Vygotskian approach in American early childhood and primary classrooms* (UNESCO Innodata Monographs: Educational Innovations in Action No. 7). Geneva, Switzerland: UNESCO, International Bureau of Education <www.ibe.unesco.org/International/Publications/INNODATAMonograph/inno07.pdf>.

24. Conversation with Dr. Deborah Leong, Research Fellow, National Institute for Early Education Research (NIEER), and Professor of Psychology, Metropolitan State College at Denver, on January 13, 2005.

25. See federal Substance Abuse and Mental Health Services Administration model programs at <modelprograms.samhsa.gov>.

26. The Center for the Study of Social Policy. (2004). *Protecting children by strengthening families: A guidebook for early childhood programs.* Washington, DC: Center for the Study of Social Policy <www.cssp.org>.

27. See Sparking Connections at <familiesandwork.org/sparking/home.htm>.

28. Dicker, S.; Gordon, E.; & Knitzer, J. (2002). *Improving the odds for the healthy development of young children in foster care* (Promoting the Emotional Well-being of Children and Families Policy Paper 2). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health <www.nccp.org/pub_pew02b.html>.

29. Angold, A.; Egger, H. L.; Erkanli, A.; & Keeler, G. (submitted). Prevalence and comorbidity of psychiatric disorders in preschoolers attending a large pediatric service.

30. Knitzer, J. (2000). *Promoting resilience: Helping young children and parents affected by substance abuse, domestic violence, and depression in the context of welfare reform* (Promoting the Emotional Well-being of Children and Families Policy Paper Reprint). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health <www.nccp.org/pub_cwr00h.html>.

31. The following data was gathered by the Nurturing Dad's Initiative/Children First via Mark Perlman. For further information, please contact Mark Perlman or go to the Nurturing Dad's Initiative web site at <www.children-first.net/Nurturing_Dads_Initiative.cfm>.

32. Bogage, T.; Finklestein, N.; & Donald, T. (2003). Integrating parenting into substance abuse treatment for various populations. *The Source [The National Abandoned Infants Assistance Resource Center], 12*(2), pp. 6-10.

33. Unless otherwise noted, the following data comes from a study by Jane Moore and Norma Finkelstein. See Moore, J. & Finkelstein, N. (2001). Parenting services for families affected by substance abuse. *Child Welfare, 80*(2), pp. 221-238.

34. Fisher, P.; Burraston, B.; & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment, 10*(1), pp. 61-71.

35. See Community Services for Children, Inc.'s Early Head Start program at <www.cscinc.org>.

36. See People's Equal Action and Community Effort, Inc. (P.E.A.C.E., Inc.) at <www.peace-caa.org>

37. For more information, contact Dr. William R. Beardslee, Adjunct Lecturer on Education, Harvard Graduate School of Education and Academic Chair, Department of Psychiatry, Children's Hospital, Boston, MA at: <hugse9.harvard.edu/gsedata/Resource_pkg.profile?vperson_id=233>.

38. Ammerman, R. T.; Putnam, F. W.; Stevens, J.; Holleb, L. J.; Novak, A. L.; & Van Ginkel, J. B. (2005). In-home cognitive behavior therapy for depression: an adapted treatment for first-time mothers in home visitation. *Best Practices in Mental Health, 1*(1), pp. 1-14 <lyceumbooks.com/pdf/BestPractices/Chapter01.pdf>.

39. Hobbs, N. (1994). *The troubled and troubling child: Re-education in mental health, education, and human services programs for children and youth.* Cleveland OH: American Re-ED Association.

40. Strain, P. & Timm, M. (2001). Remediation and prevention of aggression: An evaluation of the Regional Intervention Program over a quarter century. *Behavioral Disorders, 26*(4), pp. 297-313.

41. Formal communication with Dr. Kimberly Kendziora, Senior Research Analyst, American Institutes for Research, Washington, DC.

42. See Warger, C. (2000). *Positive behavioral support and functional assessment* (ERIC/OSEP Digest No. 580; ERIC Document Reproduction Service No. ED 434 437). Reston, VA: Eric Clearing House on Disabilities and Gifted Education and Council for Exceptional Children.

The 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) requires the IEP team to consider using PBS to address behavior that impedes the child's learning and/or the learning of others [Section 614 (d)(3)(B)]. In addition, IDEA requires that a functional behavioral assessment be conducted for a student either before or not later than 10 days after a disciplinary action [Section 615 (k)(1)(B)(l)]. A functional behavioral assessment ensures that the student's behavioral intervention plan is designed to meet that child's unique needs.

43. Duda, M. S.; Dunlap, G.; Fox, L.; Lentini, R.; & Clarke, S. (2004). An experimental evaluation of positive behavior support in a community preschool program. *Topics in Early Childhood Special Education, 24*(3), pp. 143-155.

44. Reeve, C. E. & Carr, E. G. (2000). Prevention of severe behavior problems in children with developmental disorders. *Journal of Positive Behavior Interventions, 2*, pp. 144-160 <www.apbs.org/Files/prevention_brief.pdf>.

45. Massachusetts Early Childhood Linkage Initiative. (2005). *The MECLI report: May 2005.* Waltham, MA: Brandeis University, Heller School for Social Policy and Management.

46. See Dicker, Gordon, & Knitzer in endnote 28.

47. Knitzer, J. & Lefkowitz, J. (2005). *Pathways to early school success: Helping the most stressed infants, toddlers, and families.* New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

48. See Levine, L.; Sparks, M.; & Speer, P. (2005). *Building leadership for community development: A training curriculum to support Free to Grow program implementation.* New York, NY: Free to Grow, Columbia University Mailman School of Public Health <www.freetogrow.org>.

49. See Knitzer in endnote 30.

50. See Raver & Knitzer in endnote 2.

APPENDIX A
Contact Information for Resources

Al's Pals
Wingspan LLC
Susan R. Geller
4196-A Innslake Drive
Glen Allen, VA 23060
804-967-9002
sgeller@wingspanworks.com
www.wingspanworks.com

Attention, Behavior, Learning, and Emotions (ABLE)
Dr. Oscar Barbarin
L. Richardson and Emily Preyer Bicentennial
Distinguished Professor for Strengthening Families
University of North Carolina School of Social Work
Chapel Hill, NC 27599-3550
919-962-6405
barbarin@email.unc.edu

Baby College
Harlem Children's Zone
Marilyn Joseph
2039 7th Avenue
New York, NY 10027
212-665-9832
mjoseph@hcz.org
www.hcz.org

Baby FAST
Marilyn McDonald Ph.D., ACSW (FAST Program Founder)
Wisconsin Center for Education Research
University of Wisconsin-Madison
1025 W. Johnson Street
Madison, WI 53706
mrmcdona@facstaff.wisc.edu
www.wcer.wisc.edu/fast/how/Baby_FAST

Brownstone Work Release
Nurturing Fatherhood
Jim Gants
223 S. Browne Avenue
Spokane, WA 99201
509-456-4056
jrgants@DOC1.WA.GOV
www.doc.wa.gov/facilities/BROWNSTONEWRdescription.htm

Children's Futures
Melinda Green
28 W. State Street
Trenton, NJ 08608
609-695-1977
mgreen@childrensfutures.org
www.childrensfutures.org

Dare To Be You
Jan Miller-Heyl, M.S.
Colorado State University
Cooperative Extension
215 N. Linden
Cortez, CO 91321
970-565-3606
darecort@coop.ext.colostate.edu
www.coopext.colostate.edu/DTBY

Devereux Early Childhood Assessment
Linda Likins
444 Devereux Drive
Villanova, PA 19085
610-542-3109 or 866-TRAINUS
DECA@Devereux.org
www.devereuxearlychildhood.org

Effective Black Parenting
Kerby T. Alvy, Ph.D.,
Center for the Improvement of Child Caring
11331 Ventura Boulevard, Suite 103
Studio City, CA 91604-3147
800-325-2422
cicc@flash.net
www.ciccparenting.org/

Families Ties of Westchester, Inc.
Carol Hardesty
150 Grand Street, 6th floor
White Plains, NY 10601
(914) 995-5219
wpfamties@aol.com
www.westchestercommunitynetwork.com/Family_Ties/FamTiesAboutUs/famtiesaboutus.html

Free to Grow
Lori Levine
Mailman School of Public Health
Columbia University
722 W. 168th Street, 8th floor
New York, NY 10032
212-305-8120
info@freetogrow.org
www.freetogrow.org

Hi I Na Ohana (Embrace the Family)/
The Nurturing Fathers Project
Waiawa Correctional Facility
Amy Cardamone
33 South King Street, #200
Honolulu, HI 96813
808-531-5502
acc@goodbeginnings.org
www.goodbeginnings.org/skip.htm

I Can Problem Solve (ICPS)
Myrna Shure, Ph.D.
Department of Psychology, Drexel University
245 N. 15th Street, MS 626
Philadelphia, PA 19102
800-519-2707
mshure@drexel.edu
www.researchpress.com/product/item4628

Massachusetts Early Childhood Linkage Institute
John Lippitt, Ph.D.
Heller School for Social Policy and Management
Brandeis University
415 South Street, MS 035
Waltham, MA 02454-9110
781-736-3843
lippitt@brandeis.edu
www.heller.brandeis.edu/welcome/research_family_child_center.asp

Motheread/Fatheread
Nancye Gaj
Motheread, Inc.
3924 Browning Place, Suite 7
Raleigh, NC 27609
919-781-3488
motheread@earthlink.net
www.motheread.org

Multidimensional Treatment Foster Care-Preschool
Gerard Bouwman
TFC Consultants, Inc.
1163 Olive Street
Eugene, OR 97401
541-343-2388
gerardb@mtfc.com
www.mtfc.com

Nurturing Father's Program
Center for Growth and Development, Inc.
3277 Fruitville Road, #1D
Sarasota, FL 34237
Mark Perlman
mcperl@verizon.net
www.nurturingfathers.com

Nurturing Program for Families in Substance Abuse and Treatment Recovery
Norma Finkelstein, Ph.D.
Institute for Health and Recovery (IHR)
349 Broadway
Cambridge, MA 02139
617-661-3991
IHR@healthrecovery.org
www.healthrecovery.org

Parent Services Project
Ethel Seiderman
79 Belvedere Street, Suite 101
San Rafael, CA 94901
415-454-1870
family@parentservicesproject.org
www.parentservicesproject.or

Parents As Teachers
Parents as Teachers National Center, Inc.
2228 Ball Drive
St. Louis, MO 63146
866-728-4968
info@parentsasteachers.org
www.parentsasteachers.org

Pima County Prevention Partnership
Claire Scheuren
2525 East Broadway Boulevard, Suite 100
Tucson, AZ 85716-5398
(520) 624-5800 x1201
cscheuren@thepartnership.us
www.thepartnership.us

Positive Behavior Support
61 Children's Research Center
51 Gerty Drive
University of Illinois at Urbana-Champaign
Champaign, IL 61820
877-275-3227
csefel@uiuc.edu
http://csefel.uiuc.edu

Powerful Families
Margaret Hunt
Casey Family Programs
1300 Dexter Avenue North, Floor 3
Seattle, WA 98109-3542
206-352-4241
MHunt@casey.org
www.casey.org

Prenatal-to-Three Initiative
Mary Hansell
225 37th Avenue
San Mateo, CA 94403
650-573-2316
mhansell@co.sanmateo.ca.us
www.co.sanmateo.ca.us/smc/department/home/0,,1954_194745_194736,00.html

Preschool PATHS
Prevention Research Center
Pennsylvania State University
S109 Henderson Building
University Park, PA 16802
814-865-2616
cxd130@psu.edu
www.prevention.psu.edu/projects/Preschool_PATHS.htm

Pyramid Parent Training Community Resource Center
Operation Positive Change
Ursula and D.J. Markey
4120 Eve Street
New Orleans, LA 70125
504-827-0610
dmarkey404@aol.com

Raising a Reader
Center for Venture Philanthropy
2730 Sand Hill Road, Suite 250
Menlo Park, California 94025
1-866-BOOKBAG
inquiry@cvp.pcf.org
www.raisingareader.org

Raising Our Children's Kids (R.O.C.K.)
Michelle Moreno
4701 N. Keystone Avenue, Suite 150
Indianapolis, IN 46205
mmoreno@kidwrap.org

Reach Out and Read
Jackie Miller
29 Mystic Avenue
Somerville, MA 02145-1302
617-629-8042
Jackie.Miller@Reachoutandread.org
www.reachoutandread.org

Regional Intervention Program
Matthew Timm
Tennessee Voices for Children
1315 8th Avenue South
Nashville, TN 37203
800-670-9882
MTimm@TNVoices.org
www.ripnetwork.org/

Second Step
Committee for Children
568 First Avenue South, Suite 600
Seattle, WA 98104-2804
800-634-4449 ext. 6223
clientsupport@cfchildren.org
www.cfchildren.org

Strengthening Multi-Ethnic Families and Communities
Marilyn L. Steele, Ph.D.
1220 S. Sierra Bonita Avenue
Los Angeles, CA 90019-2552
323-936-0343
dr_mls@earthlink.net

The Incredible Years
Lisa St. George
1411 8th Avenue West
Seattle, WA 98119
888-506-3562
LisaStGeorge@Incredibleyears.com
www.incredibleyears.com

The Spirit of Excellence Parent Empowerment Project
202-833-2222 or
moreinfo@nbcdi.org
www.nbcdi.org

Tools of the Mind
Deborah Leong, Ph.D.
Metropolitan State College at Denver, Department of Psychology
P. O. Box 173362
Campus Box 054
Denver, CO 80217
303-556-4440
leongd@mscd.edu

Touchpoints™
Terry Ann Lunt, M.P.A.
Brazelton Touchpoints Center
1295 Boylston Street, Suite 320
Boston, MA 02215
617-355-6947
touchpoints@childrens.harvard.edu
www.touchpoints.org

APPENDIX B
Other Resources Available from the National Center for Children in Poverty

Dicker, S.; Gordon, E.; & Knitzer, J. (2002). *Improving the Odds for the Health Development of Young children in Foster Care.*
</www.nccp.org/pub_pew02b.html>

Gershoff, E. T. (2003). *Low Income and the Development America's Kindergartners.*
<www.nccp.org/pub_lat03d.html>

Johnson, K.; Knitzer, J.; & Kaufmann, R. (2002). *Making Dollars Follow Sense: Financing Early Childhood Mental Health Services to Promote Health Social and Emotional Development in Young Children.*
<www.nccp.org/pub_pew02d.html>

Knitzer, J. (Ed.). (2002). Promoting the Emotional Well-Being of Children and Families Series.
<www.nccp.org/pub_pew.html>

Johnson, K. & Knitzer, J. (2005). *Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness.*

Knitzer, J., & Lefkowitz, J. (2005) *Pathways to Early School Success: Helping the Most Stressed Infants, Toddlers, and Families*

Lawrence, S.; Chau, M.; & Lennon, M.C. (2004). *Depression, Substance Abuse, and Domestic Violence: Little is Known About Co-Occurrence and Combined Effects of Low-Income Families.*
<www.nccp.org/pub_dvs04.html>

Mahler, K.; Kreader, J. L.; Godber, Y.; Knitzer, J.; & Douglas-Hall, A. (2002). *Promoting the Well-Being of Infants, Toddlers, and Their Families: Innovative Community and State Strategies.*
<www.nccp.org/it_index.html>

Raver, C. C. & Knitzer, J. (2002). *Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children.*
<www.nccp.org/pub_pew02c.html>

APPENDIX C
Other Useful National Organizations and Resources

Center for Evidence Based Practices
Bridges the gap between research and practice (e.g. early intervention, early childhood education, parent and family support, and family centered practices). Includes downloadable tool kits and activities of research and evidence based practices for young children and their caregivers and families such as, pre-literacy and literacy activites, parent-child relationships activities, parent and child lap games, strengthening positive child behavior activities; downloadable articles and videos on early childhood intervention research and activities; and links to other information on early childhood education, promissing practices, improving community linkages, practice evaluation.
www.evidencebasedpractices.org

Center for Substance Abuse Prevention
The Center for Substance Abuse Prevention (CSAP) includes Prevention Pathways, a resource of model prevention programs, resources to help plan and implement prevention programs, technical assistance for evaluation, free online prevention courses, and other sources of information.
prevention.samhsa.gov

Center on the Social and Emotional Foundations for Early Learning
The Center on the Social and Emotional Foundations for Early Learning issues What Works Briefs, a series of short "how to" packets that describe evidence based practices, strategies, and interventions. Training Modules are also available which provide evidence based training guides to help early childhood educators promote children's social and emotional development while also addressing challenging behaviors.
csefel.uiuc.edu

Georgetown University Center for Child and Human Development
Supports the development of early childhood programs and services through technical assistance, training and ongoing support to state and community leaders building systems of care; direct community-based services and supports including developmental screening; clinical services for young children and their families; and consultation and support for early childhood programs assessing the impact/effectiveness of programs serving young children and their families.
gucchd.georgetown.edu

National Association for the Education of Young Children
NAEYC focuses on the quality of educational and developmental services for all children from birth through age 8. The NAEYC web site is filled with fact sheets on critical issues for early education and young children, publications, videos, short articles entitled Early Years Are Learning Years (designed for parents and others involved with children on a daily basis) that talk about singing as a teaching tool, helping toddlers become problem solvers, learning through water play, and others; journals, research and links to other resources.
www.naeyc.org

National Black Child Development Institute
Provides and supports programs, workshops, and resources for African-American children, their parents and communities in early health and education; health; elementary and secondary education; child welfare; and parenting. NBCDI has also partnered with the National Council of La Raza in The Cross Cultural Partnership Project to strengthen and promote partnerships between African American and Latino communities around early childhood education.
www.nbcdi.org

National Center for Children in Poverty
Provides a research-based statistics and syntheses of information on early care and learning, family stability, and economic security with particular attention to the broader early childhood perspective and on social and emotional competencies, school readiness, and challenging behaviors. The Promoting the Emotional Well-Being of Children and Families Policy Paper Series documents effective strategies and highlights policy opportunities to promote the emotional health of young children and families. (For more NCCP publications see Appendix B.)
www.nccp.org

National Child Care Information Center
National clearinghouse and technical assistance (including some culturally based information) center of curricula and teaching approaches for early care and education; examples of state initiatives to support school readiness/prekindergarten; workforce and professional development; information on child development, children with disabilities; literacy initiatives and activities (e.g., culturally and linguistically responsive teaching); creating and maintaining private-public partnerships; and other information to help early education programs.
www.nccic.org

National Council of La Raza
National organization for Hispanic Americans providing capacity-building assistance for Hispanic communities and research, policy analysis, and advocacy. The Early Care and Education Team provides technical assistance in organizational and program development, service delivery, and policy/advocacy to members of its Affiliate Network. Currently, La Raza is in the process of developing a national agenda around Latino babies and toddlers.
www.nclr.org

Zero to Three
Special expertise in infant and toddler mental health. Zero to Three provides parents with a series of parenting tips (Parenting from A to Z), easy to read information on brain development, and child development. Professionals can find information on training and consultation, fellowship programs, public policy initiatives, annual conferences, and the Zero to Three journal.
www.zerotothree.org