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Interventions to Promote the Healthy Social and Emotional Development of Low-Income Children

Jane Knitzer, EdD

Columbia University, USA

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Introduction

There has been a recent explosion in knowledge about the importance of the earliest years of life in setting the stage for the development of social and emotional skills and capacities in young children. It is from these early experiences and relationships that children develop, or fail to develop, the ability to trust others, and to regulate emotions and social behaviours. In turn, these skills are related to success in school.

Both empirical evidence and anecdotal evidence suggests that young, low-income children in the United States are disproportionately likely to experience problems in mastering social and emotional skills. Nationally, about one-third of kindergartners experience one demographic risk factor, with 16% experiencing two or more. For minority and city-dwelling children the figures are much higher.[1] Research based on teacher reports suggests that about 10% of all young kindergarten children lack needed social and emotional skills. Research on low-income children

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suggests about one-quarter to one-third lack such skills. Reports by childcare teachers convey great concern regarding the behaviour of the children in their care. Reports from all over the United States also reveal that unknown numbers of children are actually asked to leave child care settings because of their behavioural problems. Young children in low-income environments also manifest clinical levels of disorder, with prevalence rates comparable to those of older children. Data like these, coupled with widespread concern among child care providers and kindergarten teachers about children's aggressive, withdrawn, or otherwise challenging behaviour have stimulated growing policy, and (to a lesser extent) research interest in the efficacy of interventions to help low-income families and other caregivers promote healthy social and emotional development in young children.

Problems

Although research paints a very clear and compelling picture about risk factors that are linked with poor social and emotional outcomes in young children (particularly parental risk factors, such as the use of harsh discipline, a lack of warmth, maternal depression, substance abuse and domestic violence), few resources have been allocated either to interventions or to research. There has been limited investment in funding for interventions to help low-income children whose development (especially social and emotional development) may be compromised by family or environmental risk factors that place them at risk of experiencing early school failure.[2] Funding for services to children with clinical levels of problems is also limited.[3,4]

The Research Context

Although the quality of research on this subject is mixed, there is a large body of research literature about general interventions that promote child and, often, family well-being through home visiting, child development, and family support programs.[5] However, these studies have included few, if any, analyses of the impact of general interventions on children who show specific signs of problematic behaviours, lack of social skills, or who are in families experiencing multiple risk factors. There is also research that shows that quality child care, in settings where teachers have warm, nurturing relationships with children, promotes better cognitive, linguistic, and social and emotional outcomes, although research also shows that low-income children are less likely to be in such settings than their more affluent counterparts.[6]

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More recently, a number of intervention studies (many of which are still in progress) have been funded to examine the impact of intentional strategies to address social and emotional issues. Generally these studies fall into one of three categories. The first set of studies tests the impact of specially designed classroom-based social and emotional skills curricula. The second set of studies is similar to the earlier generation of studies assessing more generic programs, but pays more attention to measures and outcomes related to social-emotional domains, involves interventions that are more explicitly designed to be relationship based, and includes more analysis of risk levels in sub populations. Examples include in-progress assessments of an intervention targeting all children and families (*Healthy Steps*[7]) or all low-income children (*Early Head Start*[8]). The third set of studies tests the impact of general case management/mental health interventions for identified children in child care and primary health care settings, and sometimes in settings serving more concentrated numbers of children at great risk, such as homeless shelters. A body of research is also emerging that explores in greater depth the ways in which social and emotional behaviours impact school success or failure.[9]

Key Research Questions

The research questions in this current round of intervention research focus largely on assessing the short-term effects of a specific intervention on child outcomes, particularly those related to school readiness and early success in school. To a lesser extent, some efforts have been made to track reductions in parental depression, utilization of services (such as substance abuse) and changes in parental disciplinary practices. Efforts to assess the impact of intentional interventions, such as mental health consultation strategies on non-parental caregivers, are more limited, although many field investments concern these strategies.

Recent Research Results

This section briefly summarizes the research findings from the studies referred to above. Although promising, the research on social skills curricula for young children generally involves very small samples, and lacks longitudinal follow-up. Whether recommended provisions are robust enough to deal with the levels of risk that many low-income children experience is questionable. More promising in this area are social skills experiences that include parents and teachers as well as children.[10] Some research on interventions also combines social, emotional, and academic interventions. Research on more generic strategies with a focus on the higher-risk children shows more promising results. Research on *Early Head Start*, for example, finds positive

changes in both parental behaviour and child cognitive and behavioural measures at age 3. However, needy, vulnerable, high-risk families still do not achieve the desired outcomes. Multi-site interventions based on principles of strength-based family support and case management are also promising. The *Starting Early Starting Smart*[11] research, for example, showed more improved behaviours and language development in the children in the intervention group than in the control group. Also prevalent was the pronounced use of parental services for substance abuse.

Conclusions

The very limited body of research in this area makes it difficult to draw conclusions with great certainty, and many results are not yet published. However, a few things do seem clear, namely:

1. Careful studies of interventions show reductions in problematic child behaviour for at least six months to a year after the intervention.[12]
2. For infants and toddlers, home visiting programs have not shown the anticipated impacts, and there is some concern that the most vulnerable families are the ones least likely to remain in such programs.
3. For preschoolers, the most promising interventions involve both families and caregivers who use the same strategies.
4. Despite the high level of maternal depression in low-income populations, interventions that show changes in parental practices and/or child outcomes do not usually show changes in maternal depression levels. (This fact is troubling since the negative impact of maternal depression has been substantiated with clear evidence, not only with regard to social and emotional behaviours, but also cognitive behaviour).
5. Although evidence-based interventions to guide practitioners are limited, practitioners, by necessity, are inventing new approaches to respond to the social and emotional challenges of the children and families they serve. For example, in some communities, *Early Head Start* programs are building in more intensive interventions for highly vulnerable families (eg, those who have been incarcerated for substance abuse). However, such efforts are rarely evaluated on a formal basis.

Implications

The clearest implication of current developmental research is that it is important to invest in efforts to promote healthy relationships and social and emotional development in young children. Failure to do so is costly to both children and to society. A second implication is that there is a need for a coherent research agenda in this area, including the development and testing of theory-based interventions to address relationship-based problems experienced by infants, toddlers, and preschoolers in the context of their families, and in out-of-home experiences. A third implication is that research is required to more closely examine the nexus between social and emotional development and success in school, given the importance of success in school for low-income children. Equal attention must also be paid to the quality of preschool and early school experiences, particularly in helping teachers deal with children with challenging behaviour.

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