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# The Needs of Parents and Caregivers of Young Children with Disabilities / Interventions for Low-income Families

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**The Needs of Parents and Caregivers of Young Children with Disabilities**

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**Interventions for Low-Income Families**

by

Jennifer Smart

Starred Papers

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Child and Family Studies

March, 2018

Starred Paper Committee:  
JoAnn Johnson, Chairperson  
Ming Chi Own  
Jerry Wellik

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## **Acknowledgements**

For my families, mine, and those that I work with.

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## **Chapter 1: Introduction**

Early Childhood Special Education (ECSE) teachers work with children in home and classroom settings. Additionally, ECSE teachers:

- Serve as mentors to parents, caregivers, and general education staff
- Coordinate efforts between agencies, including school districts, to provide services for children that best meet their needs and the needs of their families
- Provide direct and indirect services to children

ECSE teachers have a broad range of knowledge touching many disabilities. However, parents and caregivers are the experts on their individual child's disability and needs. This study reviews literature that explores multiple ways that parents and the resources available to them affect their child's learning.

### **Importance of the Study**

Parents and caregivers are a child's first teachers. They spend more time with the child than anyone else and are invested in their child's future for the duration of their life. The importance of this study is to demonstrate to school districts, the legislature, and the general public how resources available to parents/caregivers and classrooms affect a child's level of success and the child's impact on society for the entire life of that individual. Children of lower Socioeconomic Status (SES) whose parents/caregivers have fewer resources are at a disadvantage compared to children whose parents/caregivers have more resources.

### **Research Question**

This study explores what the needs of families are. Identifying the needs of families will help school districts provide better support to all families. The research question is: "What are

the needs of families?” In exploring the needs of families, the study looks at the support families provide to their children and how it impacts learning. What resources are necessary for families to be able to support their child so that the child may someday be a contributing member of society?

### **Literature Search Description**

This research used the St. Cloud State electronic library to locate several peer-reviewed articles from 2012 and later. Search terms included: parents, support, special education, preschool, and early childhood special education. This research also explored resources available to families in low-income areas, toxic stress, and Adverse Childhood Experiences (ACEs). These studies have been included because many children throughout the United States experience ACEs, which impacts their abilities to learn. Many studies are specific to Native American Communities and historical trauma. What we learn from the historical trauma experienced by Native Americans can be used to help other groups who have also experienced historical trauma.

### **Defined Terms**

*ACES*: Adverse Childhood Experiences, negative experiences that happen in childhood that affect an individual’s development for the many years.

*ASD*: Autism Spectrum Disorder, a sensory processing disorder.

*Befriender*: a parent of a child with a disability who is trained to be a friend to new parents of children with disabilities.

*Early Head Start*: Early Head Start is similar to Head Start, the difference being that it targets younger children aged six weeks to 3 years of age.

*Face2Face*: a program in England that connects new parents with experienced parents (both of whom have a child with a disability).

*Head Start*: The National Head Start Association (NHSA) is a nonprofit organization committed to the belief that every child, regardless of circumstances at birth, can succeed in life (National Head Start Association, n.d.).

*Historical Trauma*: Historical trauma is the cross-generational transmission of a cumulative emotional and psychological trauma of cultural genocide. A coordinated plan of different actions aiming at the destruction of the essential foundation of a cultural group (Ross, Dion, Cantinottie, Collin-Vezina, & Paquette, 2015).

*Macroaggressions*: brief, commonplace, and subtle indignities used in place of overtly racist acts and language (Curry, 2010).

*Precocious reader (PR)*: a preschool child who can read and understand what he/she reads.

*SES*: Socioeconomic status is the social standing or class of an individual or group. It is a combination of education, income, and occupation.

*Social Support*: organic support in the form of family and friends.

*Social Services*: services provided to families through an agency, generally a government or a nonprofit agency.

*Toxic stress*: a condition of frequent, intense, or prolonged activation of the stress management system resulting from chronic, uncontrollable negative events or circumstances (Sciaraffa, Zeanah, & Zeanah, 2017).



This paper examined a recent interpretation of Maslow's Hierarchy of Needs. This interpretation is then used as a lens to examine the findings of the literature review. Research articles will be grouped depending on their association with the hierarchy of needs. Families fall on different levels of the hierarchy of needs depending on their SES. The last section of the paper examines children and how support given to them by their families impacts their learning.

## **Chapter 2: Review of Literature**

Coste (2010-2018) provided parent-friendly information on Maslow's Hierarchy of Needs, a brief description of his life, and his theory. Abraham Maslow was born on April 1, 1908, in Brooklyn, New York. He lived until June 8, 1970. "Maslow believed that everyone is born with basic innate needs which motivate and direct behavior; but while the needs are biological, the behavior is learned." His hierarchy of needs pyramid consists of five steps; physiological, security, social needs, esteem needs, and self-actualization needs. Physiological needs are basic needs such as the need for food, water, air, and sleep. Security needs include such things as stability, safety, and protection. Social needs include needs for friendship and family. Esteem needs include the need for self-respect, self-worth, and to respond to others. Self-actualization is using one's abilities to one's full potential. Requirements at the lower levels of the hierarchy must be met or partially met before the individual moves to the next higher level.

### **Families on the Upper Tiers of Maslow's Hierarchy of Needs**

Stoner and Stoner (2016) conducted a study of eight families who met the following criteria: had a child with Autism Spectrum Disorder (ASD), were married, both parents had a college degree, and lived within a 250-mile radius. They wanted to know the impact that having a child with a disability would have on a parent's career and how parents who become primary caregivers handle the disruption to their careers. These families were able to make the decision for one parent to disrupt their career to care for their child. Taking a break from a career path allowed one parent to take the child to appointments once diagnosed. Obtaining a diagnosis was often time-consuming and difficult. One parent reported making 30 phone calls a day. Couples

made the decision on who was to stay home based on the flexibility of work, health benefits, and finances. Parents who left their career expressed a sense of loss of a career and a sense of isolation and underutilization. Caregivers found three possible sources of support once leaving their careers: parental partner, extended family, and parent support groups. Participants rarely received support from all three sources. Even as the children in the study aged, and the caregiver was able to return to work, they required jobs with the flexibility to respond to their child's needs. All members of the family were impacted by the presence of a child with ASD. The parent who had a disrupted career in these families sometimes went on to become an advocate for children with Autism, placing them on Maslow's hierarchy at a step where they use their skills to help others (Stoner & Stoner, 2016).

### **Families who May be Near the Middle of Maslow's Hierarchy**

These families have food, shelter, and security. However, they lack connections to other parents of children with disabilities.

Douglas, Redley, and Ottmann (2016) conducted a qualitative study of families in Victoria, Australia, of the social supports that families of children with intellectual disabilities used and found helpful in their first year. They wanted to identify the support needs of families. They identified three core areas of support needed; emotional support for parents adjusting to having a child with a disability, informational support and support to help connect families to peer networks. Many of the parents experienced poor interactions with health professionals when their child was diagnosed and inconsistent referral to counseling and services. Parents who were linked to peer support early benefited significantly from the psychosocial support and the experiential knowledge regarding services (Douglas et al., 2016).

Shilling, Bailey, Logan, and Morris (2015) conducted a qualitative study of the Face2Face one-to-one befriending service in Devon and Cornwall, England. The study lasted 12 months. Twelve parents, 23 befrienders, and 10 professionals took part in the study. All but one of the befriending families had a child with a disability. The befrienders were trained to provide support to new parents in the home. It was noted that the befrienders benefited socially from giving aid to other families of children with disabilities. The training increased the confidence of the befrienders. They felt bonds with not only the parents but also with each other. The families receiving support reported feeling reduced isolation and personal growth. It helped to be able to talk about issues in parenting children with disabilities and to know that their feelings were normal. The researchers had a concern for the befrienders. This group needs to be able to draw a line so that they do not get too involved in a family's problems and burn out (Shilling et al., 2015).

### **Families whose Needs are Near the Base of the Hierarchy**

These families may have basic needs such as food, shelter, and then hopefully security met. Programs such as Head Start support families as they search for security. Not all families who attend Head Start have consistent shelter and food. These families may be at level one (survival) and level two (security) of Maslow's hierarchy.

Lee, Clinton, Rispoli, and Lee (2017) examined the association among Head Start attendance, Individual Education Plan (IEP), parental/caregiver behaviors, and child outcomes in a sample of 570, 3- and 4-year-olds with disabilities. Parents/caregivers of children with disabilities who have a lower socioeconomic status (SES) tend to use social supports less than parents of children with disabilities with a high SES. Having an IEP/IFSP (Individual Family

Service Plan) and attending Head Start or Early Head Start appeared to increase parents/caregivers use of social services. The increase in the use of services could be due to IEP/IFSP teams helping parents/caregivers locate services. Head Start staff may be connecting families with social services. Lower SES families that use Head Start appeared to have more social supports and social services than families that do not attend Head Start. “They may gain more social supports from the family activities provided by Head Start which create opportunities for parents to meet other parents.” “Families with more social support benefited from reducing parenting stress, lower blood pressure, and a greater sense of wellbeing” (Lee et al., 2017, p. 1001).

### **Families at the Base of Maslow’s Hierarchy of Needs**

The literature on Historical Trauma as a result of attending Indian boarding schools is growing. Ross et al. (2015) stated that “the reason for the growing research may be due to 37,963 requests for compensation because of serious physical or sexual abuse in a residential school in Canada” (p. 184). The last residential school in Quebec closed in 1980. Conflicting literature reports the last residential school in Quebec closed in 1996. Mortality rates at residential boarding schools in Quebec were between 11% and 50%. Enoch and Albaugh (2017) reported there are currently 567 federally recognized American Indian/Alaskan Native (AI/AN) tribes in the United States. Historical Trauma is the cross-generational transmission of a cumulative emotional and psychological trauma of cultural genocide. “A coordinated plan of different actions aiming at the destruction of the essential foundation of a cultural group” (p. 642). In 1880, the United State Congress passed legislation outlawing Indian religions, this law was in place until 1936. In 1883, the U.S. Federal Government took over the entire

educational responsibility of American Indian children with the establishment of off-reservation boarding schools. These schools were modeled after Carlisle Indian School, which was modeled after the prison system. It was not until 1978 that the Indian Child Welfare Act allowed American Indian/Alaskan Native (AI/AN) tribes and parents to determine where their children would go to school.

There is a connection between childhood trauma for AI/AN women and their later substance use disorders (Enoch & Albaugh, 2017). In a study by Stevens, Andrade, Korchmaros, and Sharron (2015) which compared trauma and substance abuse among three groups, Native American, Latina, and White mothers, a higher number of Native American women did not graduate from high school. Children removed from their homes experience loss with higher levels of mental health problems (Stevens et al., 2015). The life expectancy of Native Americans is 5.2 years less than the overall population (Stevens et al., 2015). An individual with a history of Historic Trauma interacts with current stressors which influences well-being and the risk associated with Indian Residential Schools may accumulate across generations (Bombay, Matheson, & Anisman, 2014).

A search was made for information on Historical Trauma in relation to African Americans in an attempt to identify that more than one group of people has experienced historical trauma. Curry (2010) wrote an article titled “Addressing the Spiritual Need of African American Students: Implication for School Counselors.” Curry identified that historically, public schools were designed to service predominantly White, Protestant populations. Institutional racism and disparate treatment of students of color have been noted in the areas of gifted education and special education. As a result of the exclusion, African Americans have

experienced lower graduation rates than their White counterparts. Many White Americans have been taught not to display overly racist acts and language. However, this has led to an adoption of other behaviors that are subversive and been shown to be equally damaging. These behaviors are known as macroaggressions. Macroaggressions are brief, commonplace, and subtle indignities. Curry gives an example several students are in a waiting area. The school counselor ignores the African American student while acknowledging the White students.

### **Support Children May Need**

Aram and Besser-Biron (2017) conducted a study of 60 children completing a writing task with the aid of their parents in their homes. The duties, writing words, writing an invitation, and filling in the words for a story were videotaped and transcribed. Parents were told the researchers wanted to see how parents interacted with their children during a writing task. Forty of the children were selected from preschools. The study did not specify if they were private or public preschools or the SES status of the children. Twenty of the preschoolers were precocious readers, and 20 were typical readers of the same age. Twenty more children were selected who were older but had the same reading ability as the precocious readers. Parents were not explicitly told that the researchers were observing how much social/emotional support parents gave to their children. The sessions were transcribed, and the following social supports were rated: reinforcements, suggestions, and responsiveness. No differences were found between the social supports given to precocious readers and their same-aged peers. The children who read at the same level as the precocious readers but were older received fewer social supports from their parents (Aram & Besser-Biron, 2017).

Lee et al. (2017) have identified a greater need for social services to students in EHS and HS. Students in EHS and HS often experience poverty, violence, and trauma. Lee et al. also reported that children whose parents use more social supports in place of social services scored higher reading scores in Head Start. This study looked at children who had disabilities in the Head Start Impact Study. In 2015, 12% of the children in Head Start (HS) and Early Head Start (EHS) had Individual Education Plans (IEP) or Individual Family Service Plans (IFSP) (Lee et al., 2017). Results indicate that parents perceived the level of social support was associated with favorable reading outcomes for both Head Start and Non-Head Start groups in the study. A greater use of social services was associated with lower math and social-emotional outcomes for children.

Santos and Alfred (2016) examined the literacy support that single Latino fathers provide for their children. The children in this study were school-aged children. The research is relevant because it allows us to see what social supports a single father uses and how those supports help their children become better readers. It was clear that single fathers must work to support their children. They often work long hours and on weekends. The single fathers in the study relied on family, grandparents, and siblings to help them care for their children. Families supported by picking children up from school and caring for children during the gaps between when the children were at school, and the fathers could arrive home from work. One single father unwittingly helped his child to be a better reader by speaking Spanish in the home when English was taught at school. The majority of the reading materials found in the homes was informative and to help the fathers become better at their jobs. The fathers needed to be able to read to do their jobs. The support the fathers received from family and friends was vital to them to manage



the care of their children and facilitate literacy activities (Santos & Alfred, 2016). Children with disabilities such as ADHD and Autism often experience exclusion more often than their peers. Parker, Paget, Ford, and Gwernan-Jones (2016) interviewed parents of grade schoolers who suffered exclusion. We can use their answers to glean the social/emotional experiences of these children. Some exclusions were documented while others were not. Parents were sometimes advised to "keep their child home" for a day to give staff a break. Parents understood that their children sometimes posed safety concerns for their peers. Documented exclusions sometimes led to the identification of a disability and more appropriate services for the child. Undocumented exclusions might delay access to support for the child. Some parents felt exclusion was an ineffective tool to discipline and improve children's behavior. Many were frustrated with the amount of time the child spent in the hallway or with a teacher's assistant. They often felt the interaction with the teacher's assistance were reactive rather than proactive. This study did not interview students or teachers.

Adverse Early Childhood Experiences (ACEs) is a term used to describe types of abuse, neglect, and other traumatic childhood experiences (Sciaraffa et al., 2017). Long-term exposure to chronic stress and the absence of a caring adult can profoundly affect the developing brain (Sciaraffa et al., 2017). Children with at least three ACEs are three times more likely to experience an academic failure (Sciaraffa et al., 2017).

Mortensen and Barnett (2016) conducted a study on the role of childcare in supporting the emotion regulatory need of maltreated infants and toddlers. They stated that human infants have few cognitive, behavioral, or physical capacities to regulate their emotional arousal, making them extremely dependent on external forms of regulation. Maltreatment of infants and toddlers

has a negative effect on the development of the cognitive and behavioral strategies used to regulate emotions in part because of the dysfunctional parent-child interaction occurring in abusive and/or neglectful situations.

This chapter reviewed Maslow's Theory of Needs. His theory was used as a lens to look at the needs of families. Families have different immediate needs depending on the resources available to them. Young children are entirely reliant on their caregiver to provide support and care. The chapter attempted to demonstrate how the support parents provide to children helps children be successful.

### **Chapter 3: Conclusions**

Families, regardless of Socioeconomic Status (SES), spend more time with their child than anyone else. Families provide support to children as they grow. The support a person receives as a young child will have an impact on their education and ultimately the individual as an adult. Families have many different SES statuses which provide many different levels of support to a child, which in turn impact learning throughout life.

ECSE teachers need to know the population they are working with and the needs of the families. An ECSE teacher that is trying to set up services for a family that does not have housing and is struggling to find food for their children needs to realize that though the parent loves the child every bit as much as the parent with more resources, their primary concern is keeping their child safe. Families are going to have different pressing concerns based on their SES and the resources available to them.

#### **Discussion of Parental Needs and Abilities**

The families in the study by Stoner and Stoner (2016), which contained parents who were married and had bachelor's degrees, had more resources to provide for their child than the families identified by Stevens et al. (2015). Families in Shilling et al. (2015) Face-to-Face study needed social supports from people who had a child with a similar disability. Similar results were found in the study by Douglas et al. (2016) in Victoria, Australia. The families from Victoria, Australia, were connected with other families of children with intellectual disabilities at the birth of their child. These families benefited from the social support and were able to be better parents as a result. The families that Stevens et al. (2015) studied had experienced Historical Trauma which was aimed at destroying the family support systems that had been in

place for generations. Stoner and Stoner (2016) worked with families that not only had stable housing and phones but the ability to make 30 phone calls a day in search of services for their children but were also married, possibly indicating the ability to maintain stable relationships over time. On the other end of the spectrum, the Native American families often did not have a phone and they lacked stable housing. Families were often single parent families. Children in these families were removed by social services at a higher rate because of dangerous environments. Even though children were removed from a home deemed dangerous, their trauma often continued as they felt a sense of loss of parent and family when placed in foster care. These families may have children with needs, but their number one concern is staying alive and keeping their children. Native Americans are not the only group in our country to have experienced Historical Trauma

The families in Stoner and Stoner's (2016) study expressed the loss of a career or a disruption in their career because one parent often had to become the caregiver for the child with the disability. This was necessary because child care is more difficult to find for a child with a disability and once the disability is identified the parents opted for services that required many appointments during the working day. This, in contrast to families of very low Socioeconomic Status. Families who lack a consistent phone number are not able to make 30 phone calls a day to find services for their child. If the family is fortunate enough to own a car, they may not have the gas money to get the child to appointments even if they are made. Or the car may not run consistently, creating the problem of, not only can the family not make it to appointments, but they can also not make it work to earn money.

American Indian/Alaskan Native families did not have the right to choose which schools their children would attend until 1978. We currently live in a time of school choice. Parents can open enroll their children to another school district, choose a charter school, or choose a private school. This right to determine where your child is educated is a new concept even more so to populations who have not had this choice in the past. Parents are now being asked to be a part of their child's individual planning meetings when previously parents were not even allowed to choose their school. This is progress, but parents are going to need support and information to help make the best decisions for their child.

The article by Curry (2010) was included to attempt to generalize the Historical Trauma that American Indians/Alaskan Natives have experienced to another group. African American families also experienced a disruption in family structure when slavery was legal, and people could be bought and sold, and individual family members were sold from one owner to another. This literature did not specifically identify Historical Trauma. It did identify behaviors that are continuing to happen in our public schools that make it less likely for children of color to graduate and become tax-paying members of society. ECSE teachers need to know about these cultural patterns, identified as macroaggressions, so that they can avoid the behaviors with children and parents.

Families of very low Socioeconomic Status (SES) who have Historical Trauma in their background are often reluctant to agree to an educational assessment or services. This contrasts significantly with the families of higher SES from the study by Stoner and Stoner (2016). The families in the Stoner and Stoner study sought out services. Families of very low SES often worry that their parenting will be deemed not good enough. Allowing service providers into the

home opens the family to the risk of being reported for abuse and neglect. ECSE teachers are mandated reporters, and if they suspect neglect, they are required to report it.

Lee et al. (2017) looked at families of children in Head Start and children not in Head Start. They found that children with IEPs in Head Start used more social services and had more social supports than families not in Head Start. This could be due to families receiving support and connections from Head Start. It could also be from families attending community building events sponsored by Head Start. It could also be due to families working with Head Start being exposed to experiential language. Experiential language is adults having conversations and interactions with children to exchange information.

It is difficult to assess students who do not have consistent housing because overnight a family can become homeless and drift from family to family until stable housing is located. This drifting sometimes takes children through many school districts. Families that do find stable housing often continue to lack consistent, reliable transportation and consistent phone service on a constant number. If a family's phone service is cut off and they can obtain phone service again with a different number, school districts may be unable to find the family as phones and mail are the primary ways schools contact parents. Special Education team meetings are sometimes held over speakerphone with the parent at home because the parent lacks the money to buy gas to get to school. This is not optimal, but it is better than holding the meeting without the parent. ECSE teachers have been asked to contact parents without phones, via Facebook. Using social media to reach parents puts ECSE teachers in an uncomfortable position of how much personal information to share with parents.

### **Support Given to Children**

Aram and Besser-Biron (2017) conducted a study where they compared the social support parents gave to preschoolers with typical reading levels, preschoolers who were precocious readers, and older children who read at the same level as the precocious readers. The older children reading at the same level as the younger children who were precocious readers received fewer social supports in a writing task completed with their parents. This means it may be possible that the additional social support given to the precocious readers helped them read above grade level.

Santos and Alfred (2016) studied single fathers and the supports they used to help raise their children. All the fathers in the study used either friends or family to help care for their child. The fathers needed help as there was often a space of time, they required childcare for which childcare providers or schools were not open. These fathers were able to parent their children and keep their jobs because they had an extended network of family and friends to help them. This indicates that all parents regardless of SES may need a support network of family and friends to provide support as they raise children.

Parker et al. (2016) interviewed families of children with disabilities who had been excluded from school. Parents were frustrated with the amount of time children were excluded from class and missed instruction. These children missed direct instruction, making school more difficult when they returned, which may have caused more behaviors, leading to more missed education.

Finally, Mortensen and Barnett (2016) stated that young infants and toddlers are incapable of regulating their own emotions. They need a stable adult to help them regulate their emotions.

### **Recommendations for Future Research**

ECSE teachers should determine not only the needs of all families but also how to meet those needs. How can ECSE teachers provide service to children in the poorest communities?

### **Implications for Practice**

Teachers need to be aware of a family's resources in order to provide services that will best help a child. Children of a lower SES may have more needs because their families do not have as many resources as children of higher SES. The legislature may need to provide more funding for high poverty areas in order to help break the cycle of poverty.

### **Summary**

All families have needs for their children that they need help meeting. Families of lower levels of SES have a greater need for social supports. The government may need to provide more support to families of lower SES. Educators need to find ways to provide support to all families, but the families they need to work hardest to support are those with the fewest resources.



## Chapter 4: Position Statement

Our government needs to do more to help families break the cycle of poverty so that they can better provide for their children. All children, regardless of ability or SES, have the potential to become contributing members of society. Children who do not receive the needed support from their parents and teachers are less likely to be successful in life. Our current education system allows for a great disparity of quality depending on the resources parents have. Children who become contributing members of society pay taxes into the system instead of using resources.

I believe this because I see in my own life that families who have more resources and more social connections are able to provide more for their children's education. These families can afford occupation therapy and speech therapy outside of the school district services. They are also able to provide children with private music lessons, martial arts, dance lessons, and sports camps to help their children do better in school and in life. Other families I see have little girls who long for dance lessons their family cannot afford. Many preschools are available on a sliding fee scale, but families with few resources often cannot afford even the sliding fee. Children are impacted and grow up feeling they cannot have these experiences because their family cannot afford them. Families that have experienced Historical Trauma often no longer have extended family to offer support and guidance. Family structures that have not been destroyed offer support to parents. Extended family is often able to provide emergency childcare if someone needs to visit the doctor because of an injury or illness. Extended family is also often able to provide financial assistance, emergency shelter, and a feeling of belonging.

I believe it is unfair that some children have so many more options than other children in a nation where anything is supposed to be possible. I learned in school growing up that anyone could grow up to be president, should they so choose. This seems unlikely for a child whose parents lack gas money and a working car to get said child to an occupational therapy appointment.

I need to identify exactly what to do to provide support to parents. It maybe I need to advocate for more funding for my students or smaller caseloads for ECSE teachers. I will need to study Maslow's theory to more thoroughly understand it, and I will need to access information on how to provide services to families of lower SES.

My research had three lines of thought: (1) Maslow's theory, (2) supports for parents, and (3) supports for children. Each line of thinking is separate, but all are interconnected to the others. Understanding Maslow's Hierarchy of Needs helps us to understand parents and children. Understanding where parents and children are helps us to know what support the family needs. The review of Maslow's theory helped me to understand why some parents are not interested in services for their child. Parents who are worried about a roof over their head and staying alive are not ready to think about special education services their child may need.

It was fascinating to read about the impact families have on their children. I was shocked at the study by Stoner and Stoner (2016) which used only families of higher SES. My work has been primarily with families of lower SES. It was enlightening to see how having a child with a disability impacts the lives of families of higher SES. However, it drove home the even greater need of families of children of lower SES. ECSE teachers who work directly with families of lower SES need to know the communities of the families they work with so that when families

move back in, the teacher can identify the student and update their IEP/IFSP as soon as possible. They need to know the resources in the community and be able to provide families with phone numbers for services they may qualify for. They need to know where to buy inexpensive and affordable food so that they can pass this information along to families. They need to know which churches offer food and shelter so that they can provide this information to families. ECSE teachers also need to be a listening ear and respect families regardless of SES. Children who experience trauma and are worried about a safe place to sleep and getting enough food are not going to be interested in learning. Children need to know they are safe before they can be ready to learn.

In closing, I set out to determine if parental resources affect a child's learning. I also looked at Maslow's theory. I read many qualitative studies on the needs of parents of children with disabilities. I also found information on ACE's as they directly affect a child's ability to learn. I have come to understand that all parents, regardless of SES, need additional support when a child with a disability enters the family. Parents of higher SES are often able to find the support and services their child needs. Parents with very few resources need more supports than parents that have access to many resources. ECSE teachers provide direct and indirect services in the home and classroom. They work with parents and other professionals to identify present levels of performance and goals for children. ECSE teachers working with families of lower SES will also need to help parents connect to services outside the school district that may be able to provide support. They will need to hold meetings in creative locations and be creative in contacting parents. They also need to know their community and be on the lookout for families

who may qualify for services as they move in and out of school districts to prevent gaps in education.

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**Interventions for Low-Income Families**

by

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For my families, mine, and those that I work with.

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## **Chapter 1: Introduction**

Early Childhood Special Education (ECSE) teachers work with students from all SES levels and with varying levels of special education needs. Parents spend more time with students than licensed educators and thus need support and guidance in educating their child at home and in their communities. When parents raise children, they are modeling to the children how to parent. This is positive if parents have excellent parenting skills. Young parents or parents raised in homes without desirable circumstances, may not have the necessary parenting skills and thus be learning on the job. Families with fewer resources are not able to provide the same level of care and support for their children as families with more resources. The term “soccer mom” has been sometimes used to describe a parent who can spend all their time driving their child to events to help the child grow and develop. Families of lower SES often lack both the skills and the resources to provide this kind of soccer mom support to their child. This research utilizes Abraham Maslow's Hierarchy of Needs to help understand family's needs. It explores the reasons schools fail low-income students. Studies of schools and programs that have been successful have been examined to help determine what ECSE teachers can do to help low-income families provide a good education for their children.

### **Importance of Literature Review**

ECSE teachers are often the first point of contact with the public school system for many families. Parents often ask ECSE teachers: “What can you do to help my child, he/she is just a baby?” ECSE teachers need to be able to answer this question in a competent manner if they want to help parents and students. Parents who have fewer resources have needs that differ from those of high SES. ECSE teachers need to provide parents with a positive school experience in a

home-based or preschool setting, as it the child's first experience with education. It may set a precedent for the child's education through grade 12 and on into adulthood.

### **Research Question**

This paper explores what can be done by ECSE teachers and school staff to help underprivileged families so that they, in turn, can more adequately support their child with a disability. The research question is "What can ECSE teachers do to support underprivileged families?" In exploring what ECSE teachers can do to support underprivileged families, the research examines what successful programs have done differently than traditional programs and schools. The research also examines Abraham Maslow's theory of motivation.

### **Literature Search Description**

The research used the St. Cloud State University electronic library to locate a number of peer-reviewed articles from 2012 or later. It was necessary to expand the search of information to include Maslow's original work, "A Theory of Human Motivation," and articles from the professional journal "Zero to Three" (Fragassi & Bora, 2018). Zero to Three provides up-to-date articles specific to the field of Early Childhood Special Education. The book *Teaching with Poverty in Mind* by Eric Jensen (2009) was included because it contains reviews of several articles that contained information about how to break the cycle of poverty and help parents and students succeed.

### **Definition of Terms**

*SES*: Socioeconomic status is the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation (Garrity, Longstreth, & Linder, 2017).

*Cultural Nearing Center:* A place individuals can go to learn more about their culture and form relationships with others in their culture.

*Social Services:* Social services are services provided by the government or non-profit organizations to help families.

*Social Supports:* Social supports are organic supports that families have that are built into their culture. Social supports include family and friends who can help a family and offer emotional support.

*Neuropsychological Functioning:* The study of the structure and function of the brain as they relate to specific psychological processes and behaviors (Garrity et al., 2017).

*Externalizing Problems:* When individuals deal with problems with behaviors we can see physiological and psychological mechanisms.

*Looping:* Keeping the same group of students together from one grade to the next.

*Head Start and Early Head Start:* Federally funded programs that provide comprehensive programming to young children free of charge.

*Guardian Ad Litem:* A person the court appoints as a guardian for child who searches for what is in the best interests of the child.

*Voluntary Pre-Kindergarten:* Pre-school programming provided in public schools free of charge to families.

*School Readiness and School Readiness Plus:* Preschool offered in public schools on a sliding fee scale to families.

## Chapter 2: Review of Literature

### Maslow

Abraham Maslow (1943) proposed a hierarchy of needs in his paper “A theory of Motivation.” These needs are physiological needs, safety needs, love needs, esteem needs, and the need for self- actualization.

Physiological needs are the most fundamental of all requirements. What this means is that in the person who is missing everything in life, most likely the principal motivation would be physiological needs rather than any other. A person who is lacking food, safety, love, and esteem, would most likely feel hunger for food more strongly than for anything else. For the adult or child who is hungry to the point of starvation, nothing but food can hold their interest. They think and dream only about food. These individuals believe that if they can be guaranteed food for the rest of their lives, they will never want anything else ever again. All other needs are deemed unimportant.

Once the physiological needs are gratified, there emerges a new set of needs, safety needs. A child shows his or her need for safety by showing a preference for a predictable routine. Children seem to thrive more in a predictable setting. Young children thrive better in a setting with a predictable schedule in which they can count on certain events happening at certain times. “Just as a sated man no longer feels hungry, a safe man no longer feels endangered” (Maslow, 1943, p. 7).

If both physiological needs and the safety needs are almost entirely achieved, then the need for love, affection, and belongingness will materialize. The person who had not previously felt lonely may now feel the absence of friends, family and community.

All people in our society have a need for a lasting firmly based high view of themselves. By firmly based self-esteem, we mean that which is soundly based upon the capacity, achievement, and respect of others, as well as one's self. Satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability, and adequacy.

The highest need is self-actualization. Even if all these needs are met, we may still (if not always) expect a new discomfort, and disquiet will soon develop unless an individual is doing what he or she is fitted for. "A musician must make music, an artist must paint, and a poet must write if he is to be ultimately happy. What a man can be, he must be" (Maslow, 1943, p. 7).

The degree of firmness of the hierarchy of basic needs is not as exact as implied. There are some people for whom self-esteem seems to be more important than love. To some creative people, the drive to create seems more important than any other need. In some people, the level of aspiration may be permanently impaired. For example, chronic unemployment or underemployment may result in a person being satisfied for the rest of his or her life if he or she can only get enough food.

### **Attendance in School and Services**

Eric Jensen wrote: "*Teaching with Poverty in Mind, What Being Poor Does to Kids' Brains and What Schools Can Do About It*" in 2009. Schools can help turn children's lives around, and break the cycle of poverty, but only if the children show. Attendance problems often indicate a negative attitude toward school from parents. Parents who were unsuccessful in school may have a negative attitude toward school and in an effort to protect their children may discourage their children from attending school. These parents are often reluctant to get involved in school events or participate in parent-teacher conferences. Poor children are more



likely than well-off children to attend ineffectively maintained school with less-qualified staff.

Daycare facilities if available are less acceptable.

### **Setting Families Up with Social Supports and Social Services**

Shilling, Bailey, Logan, and Morris (2015) conducted a qualitative study of a Face2Face, one-to-one befriending service in Devon and Cornwall, England. The study lasted 12 months. Twelve parents, 23 befrienders, and 10 professionals took part in the study. All but one of the befriending families had a child with a disability. The befrienders were trained to provide support to new parents in the home. It was noted that the befrienders benefited socially from providing support to other families of children with disabilities. The training increased their confidence. They felt bonds with not only the parents but with each other. The families receiving support reported feeling reduced isolation and personal growth. It helped to be able to talk about issues in parenting children with disabilities and to know that their feelings were normal. The researchers were concerned the befrienders would suffer in offering support, but this was not the case. The befriender group did need to be able to draw a line so that they did not get too drawn into a family's problems and burn out (Shilling et al., 2015)

Lee, Clinton, Rispoli, and Lee (2017) conducted a study of families with disabilities which included children attending and not attending Head Start. They discovered that families with more social support benefited by reducing parenting stress, lower blood pressure, and a greater sense of wellbeing. Parents of children with disabilities who have a lower SES (socioeconomic status) tend to use social supports less than parents of children with disabilities with a higher SES. Having an IEP/IFSP (Individual Education Plan/Individual Family Service Plan) and attending HS (Head Start) or EHS (Early Head Start) appear to increase parents' use of

social services. This could be due to IEP/IFSP teams helping parents locate services. HS staff may be connecting families with social services. Families with few financial resources that use Head Start appear to have more of both social supports and social services. They may gain more social supports from the family activities provided by Head Start which create opportunities for parents to meet other parents (Lee et al., 2017). Social services are services provided by the government to help families. Social supports are organic supports that families have that are built into their culture and include family and friends who can help a family and offer emotional support.

Douglas, Redley, and Ottmann (2016) conducted a qualitative study of families in Victoria, Australia, of the social supports that families of children with intellectual disabilities used and found helpful in the child's first year of life. They wanted to identify the support needs of families. They recognized three core areas of support needed: emotional support for parents adjusting to having a child with a disability, information support, and support to help connect families to peer networks. Many of the parents experienced poor interaction with health professionals when their child was diagnosed and inconsistent referral to counseling and services. They received practical support for experiences such as breastfeeding. Parents who were linked to peer support early benefited (Douglas et al., 2016).

### **Services that May Help Families Provide Better for Their Children**

Stevens, Andrade, Korchmaros and Sharron (2015) identified many factors that could help families to be better able to provide for their children. It is easier for parents to find work if they have a high school diploma. Computer workstations and flash drives, to store homework,

resumes and job application information are critical to helping parents provide for their families (Stevens et al., 2015).

Structural changes to the child support system may help children remain with their parents. Native American women also benefit from a cultural nearing center that emphasizes a holistic approach to wellness (Stevens et al., 2015).

The adverse effect of cumulative risk, high levels of stress, high levels of parental stress and conditions of extreme deprivation are reduced substantially by secure attachments (Sciaraffa, Zeanah, & Zeanah, 2017). Three core protectors for children have been identified: the child's individual capabilities, attachment to a nurturing caregiver, and a sense of belonging (Sciaraffa et al., 2017). We cannot control a child's innate abilities, but we can help parents and child care providers form attachments with children and help children feel they belong. Bronfenbrenner proposed that for a child to become resilient, he/she needs at least one adult who genuinely cares for him/her and provides support (Sciaraffa et al., 2017).

### **System for Child Care**

Scott, Looby, Hipp, and Frost (2017) have identified three childcare systems in the United States. Early Interventionists can use these systems as pathways to providing support to parents and children with disabilities. These systems are: 1) market-based system subsidized by federal block grants; 2) Early Head Start and Head Start; and 3) Pre-Kindergarten state-funded programs. In Indian Country, Tribal Nations have the authority to write and enforce laws and regulations. How a tribe defines its setting impacts providers' ability to receive funding and training (Scott et al., 2017).

Mortensen and Barnett (2016) conducted a qualitative study to determine the role of child care in supporting the emotional regulatory needs of maltreated infants and toddlers. Mortensen and Barnett used child care literature to consider opportunities or child care centers. Programs such as Early Head Start and Head Start give priority to children living in foster care regardless of other eligibility requirements. The publicly funded child care welfare system has different funding streams, leaving many high-risk children unable to access services. The developmental goals of child care better assess the needs of maltreated infants and toddlers than some social services. Quality child care is positioned to serve as a developmental asset for abused children. Many families at risk for maltreatment may be eligible to participate in existing public programs for socioeconomically disadvantaged families, including child care subsidies, Early Head Start, and other early care programs (Mortensen & Barnett, 2016).

Teacher-child relationships are an essential driver of emotional development and a powerful element of child care. The quality of these relationships is markedly crucial if both the child care and the home are of low quality, placing a child in double jeopardy. Human infants have limited ability to regulate their cognitive behaviors, physical capacities and emotional arousal. This makes children extremely dependent on a caregiver to help them regulate their emotions. Maltreatment under the age of 3 is associated with compromised neuropsychological functioning in preschool regarding sensory-motor, visual processing, memory and language ability.

High-quality childcare can help maltreated children by the relationship between the teacher and the child. The teacher helps the child learn to regulate his/her emotions. Quality programs have structure, small class sizes and trained staff. Quality programs can help children

process emotions. Teacher-child relationships and teacher-child attachment are associated with fluctuations in children's cortisol levels and have implications for developing regulatory systems. Teachers promote emotional regulation in infants and toddlers through setting limits, watching for infant cues and bids for attention, and using verbal reinforcement to encourage positive emotional expression. Teachers can help children work through negative emotions. Child care programs have been shown to have a substantial effect on children whose mothers have a low level of education. Close teacher-child relationships may be especially important for reducing externalizing problems for children who have been victimized.

Teachers working with high-risk families should have complete knowledge of the physiological and psychological mechanisms underlying the emotions and behaviors of infants and toddlers. Children in Early Head Start are more closely monitored than the control children according to the study by Mortenson and Barnett (2016). Neglect was more likely to go unnoticed in the control group. Child care programs may have the potential to reduce the likelihood of childhood victimization with the incorporation of services that help parents engage in appropriate parenting behaviors and improve their own lives while fostering a community of support with others, parents, and staff. Mortenson and Barnett pointed out that there are limits to the level of care that can be provided to families in child care. Child care providers are not able to offer advanced-level mental health care.

Jensen (2009) stated one of the most successful ways to build strong peer relationships is to implement "looping." Looping is keeping the same group of students together from one grade to the next. The carryover loop is helpful in that in the second-year students do not have to start from scratch and may gain up to 6 weeks of instructional time.

## **Early Childhood Services in Minnesota**

Voluntary Prekindergarten was established by Governor Dayton and the 2016 Minnesota Legislature for the purpose of preparing children for success as they enter kindergarten the following year. The funding allows districts, charter schools with recognized early learning programs, or a combination thereof, to incorporate a Voluntary Pre-K program into their E-12 system.

A child who is four years old as of September 1 in the calendar year in which the school year begins is eligible to participate in Voluntary Prekindergarten program free of charge. Each eligible child must complete a health and developmental screening within 90 days of program enrollment and provide documentation of required immunizations.

School districts, Head Starts, charter schools and community-based early learning providers are encouraged to pursue mixed-delivery partnerships. These partnerships ensure parents in communities have a variety of choices in the type of early learning environment that best fits the needs of their child. (Minnesota Department of Education, n.d.)

Public schools in Minnesota can obtain funding through three programs; School Readiness, School Readiness Plus, and Voluntary Pre-Kindergarten. School Readiness and School Readiness Plus funding allow children to participate free of charge if the child has a demonstrated hardship. Voluntary Pre-Kindergarten does not require children to have a hardship to attend free of charge. There is no minimum number of hours the school must provide services for school readiness programs. However, School Readiness Plus and Voluntary Pre-Kindergarten require the program offer at least 350 hours of programming per year. All three programs require a ratio of 1 adult to 10 children with no class having more than 20 students. Children with IEP's are counted in the ratio and the group size. A sliding fee scale must be developed for School Readiness and School Readiness Plus. No fees may be charged for Voluntary Pre-Kindergarten.

Head Start and Voluntary Pre-Kindergarten have similarities and differences. Voluntary Pre-Kindergarten must align with state early learning standards and kindergarten through grade 3. Head Start must select and implement a curriculum that is evidence-based and linked to ongoing assessment. Salaries for voluntary pre-kindergarten teachers are comparable to local kindergarten through grade 12 instructional staff. Head Start requires wage and fringe benefit comparability surveys to ensure wages do not exceed what other employers are paying. Voluntary Pre-Kindergarten program may have as many as 20 children. Head Start states when the majority of the children are 3, they may have no more than 17 children. A Head Start class which services the majority aged 4 and 5, may serve no more than 20 (Minnesota Department of Education).

### **Meeting the Cultural and Spiritual Needs of Families**

Steven et al. (2015) stated that family resilience surfaces when families face hardships and refers to qualities that enable a family to remain in equilibrium when they come into contact with hard time and trauma. In all families, including Native American families, resilience may be increased by influential factors such as those related to a heightened sense of spirituality and an emphasis on community over the individual, as well as a close connection to one's cultural roots and engagement in rituals and ceremony (Stevens et al., 2015). Families that use Head Start used more services than families that did not use Head Start services (Pratt, Lipscomb, & Schmitt, 2015).

In Curry's (2010) article "Addressing the Spiritual Needs of African American Students: Implications for School Counselors," she quoted, "When individuals are not permitted to participate in processes that influence their lives, they often lose a sense of control. This can

result in a loss of hope.” Curry suggested that when providing services, the recipient should not be a passive participant but rather an active voice in determining their own needs, goals, and progress.

Curry (2010) stated religion and spirituality may be essential to promote meaning-making about difficult circumstances or other stressful life events. African Americans who identified as highly religious were less likely to rely on negative coping strategies.

### **Staff Needs**

Jensen (2009) stated that “you cannot afford to let disadvantaged kids receive substandard teaching.” One study of his found that if you divided teachers by skill into the thirds, the most skilled third would produce six times as much learning as the bottom third. Those students taught by the least competent teachers made little or no growth in reading and some students lost skills in math. Jensen stated that one mistake schools make is putting kids first and staff last. Teacher quality does matter. Teachers need logistical support (classroom supplies) and development (training). Curry (2010) stated that ongoing training about the importance of cultural understanding and supporting holistic development would be beneficial to faculty in-service.

### **Wrap-Around Care for High Needs Families**

Fragassi and Bora (2018) wrote an article published in *Zero to Three* to identify the gaps in care of families affected by opiate abuse and review the Mother and Child Dependency Program at Metro Health System in Cleveland, Ohio. This article highlights the need for multidisciplinary programs that offer comprehensive and structured treatment for the mother-



child dyad and describes the roles of obstetricians, neonatologists, primary care doctors, social workers, psychologists, and care coordinators.

Opiate use during pregnancy is under-reported by women during pregnancy due to concerns of social stigmatization, punitive action, and fear of losing their children. Twenty-four states, including Ohio, consider substance abuse during pregnancy child abuse, and three states consider it to be grounds for civil commitment. The Federal Child Abuse Prevention and Treatment act initiated in 1974 and reapproved in 2010 mandates health care providers to notify child welfare agencies of any newborns with prenatal exposure. Laws such as these make it difficult to engage pregnant women in care. Women stated that legal action would discourage them from seeking prenatal care, drug testing, and opioid replacement therapy. Women indicated they would “go underground” to avoid incarceration and losing their children.

Health care providers within the system who harbor negative views of patients with substance abuse are also a barrier to receiving services. Health care providers may lack the training and support needed to care adequately for mothers addicted to opioids.

Fragassi and Bora (2018) have identified factors that help infants born exposed to opioids after birth. Mother and child staying in the same room at the hospital decreased the average length of hospital stay from 16.9 days to 12.3 days. Methadone or buprenorphine should be used by mother in withdrawal because these drugs appear in minimal amounts in breast milk. Breastfeeding was found to decrease infant NAS (Neonatal Abstinence Syndrome) severity and thus should be encouraged for children born exposed to toxic substances. Lower doses of morphine were needed for breastfed children and they had shorter hospital stays. Not all hospitals have written procedures for pharmacological treatment. Those with written procedures

tend to have shorter stays for children than those whose systems are not structured and written down.

Fragassi and Bora (2018) studied Metro-Health a long-time leader in childbirth and addiction treatment. Metro-Health has a multidisciplinary approach which includes:

- High-risk obstetricians
- Addiction psychiatrists for psychiatric evaluation and care,
- Neonatologist for prenatal counseling
- Infectious disease specialist with a focus on hepatitis C, HIV
- Pediatric health care services
- Behaviors pediatrician
- Social worker and care coordinator (p. 32)

Metro-Health organizes community “baby showers” which are arranged to donate baby care goods. These goods are distributed to mothers who successfully remain sober after delivery. The purpose is to help mothers feel positive about the pregnancy and baby, obtain needed baby care items, and build support and awareness in the community. A mother in the program is offered opportunities to meet with a neonatal, newborn specialist to discuss what to expect when the baby is born.

Metro-Health also provides education and contraception to patients who wish to delay future pregnancies. All children in the program receive regular developmental testing during their first 3 years. The following community resources can be crucial to the child’s development:

- Project DAWN (Deaths Avoided with Naloxone)
- Help Me Grow Services
- Partnerships with maintenance treatment clinics and social services agencies

The show rate for children in the study for well-child clinic appointments was significantly higher (84% vs. 68%) than babies at other clinics. Developmental testing was performed in 82% of the study babies versus 62% at other clinics. Metro-Health program is successful because it incorporated prenatal care, opioid replacement therapy, substance abuse counseling, case management services, preparation for parenting, delivery related services, management of NAS and primary care for the family with attention to the ongoing developmental care of the child.

Casanueva, Harris, Carr, Burfeind, and Smith (2018) published an article titled “Helping Young Maltreated Children and Their Families Outcomes Among Families at Safe Babies Court Team Sites” in *Zero to Three* (Fragassi & Bora, 2018). They provided technical assistance to 10 sites across four states participating in the Safe Babies Court Team. The Safe Babies Court team is a community engagement and systems-change approach focused on improving how courts, child welfare agencies, and related child-serving organizations work together, share information and expedited services for young children.

Results were gathered from 251 families. Sites were only used if at least 10 cases were at a location to protect family confidentiality. Data collected included child background, reasons child was removed, placement status, child service needs, monthly service detail, parent-child visitation, child care status, number and frequency of hearings, placement and permanency,

safety, and number and types of referral services provided. Technical assistance and training were offered to sites depending on needs or requests. Technical Assistance included:

- New ways to prepare and increase the number of court hearings
- Support parents and space for their voice during hearings and family team meetings
- Focus on the quality of placements
- Address the cause for safety concerns
- Close monitoring to support safety outcomes
- Improve parent-child relationships
- Establish strength-based family team meetings
- Pre and post removal meetings
- Use a trauma-based approach with parents and children

Technical assistance at family meetings focused on modeling respect towards parents and on how to approach conflicts while creating a safe space for issues. All child placement decisions need to consider:

- Can the parent keep the child safe?
- Does the parent exhibit stable mental health and not abuse substances?
- Does the parent have stable, safe housing?
- Can the parent provide “good enough” parenting?
- Can the parent attend to the child’s daily needs? and
- Can the parent implement a consistent routine despite other pressures in life?

Of the children in the study, 71.4% of children had one or more areas of concern based on the Ages and Stages Questionnaire. More than half (57.4%) of the children at the Safe Babies Court Team sites had four or more ACEs (Adverse Childhood Experiences). Of the 251 families in the study, recurrence of maltreatment was 1.2% in contrast with 9.1% over 12 months in the following 12 months. Addressing the cause of the problem as well as close monitoring was critical to the lower rate of maltreatment.

The Safe Babies Court Team had a higher rate of children placed in foster care. Most children had two or fewer placements in foster care regardless of race.

A change in practice was to hold frequent meetings and court hearings from biweekly to every 2 months or less. More than two-thirds of families had parent-child contact, either daily or several times a week. There were no statistically significant differences by race/ethnicity across sites.

The Safe Babies Court Team suggests the following changes are needed for positive outcomes for children:

- Strong judicial leadership is required as judges are valued by all agencies
- A community coordinator with experiences working with vulnerable families and communities provides the glue to establishing and maintaining partnerships
- An active court team that values the Safe Babies Court Team approach

These teams work best when all three components are in place. The teams can function if one element is absent, but the process takes a more extended period of time.

Jensen (2009) also proposed that to support the student, schools need to support the whole child with wrap around support that allows the student to stop dwelling on problems and limitations and start focusing on education. Jensen stated that to understand this, we must go back to Maslow's (1943) Hierarchy of Needs which asserts that students cannot be expected to function at a high academic level when basic needs for food, shelter, medical care, safety, family, and friendship are unmet. Schools that successfully educate low income families incorporate a 360-degree wraparound support system. Many administrators build political alliances and work to gain school board and district support. Preuss School in La Jolla, California, is a public charter school in which 100% of the students receive free or reduced-price lunch. Its graduation rates are high and 95% of graduates are accepted to college. The wrap around care at Preuss offers:

- Health care (from a partnership with the University of California San Diego)
- Full-time resource specialists
- A district psychologist for testing and counseling
- Teachers who regularly participate in problem-solving with families and students
- Tutoring from qualified university tutors
- On-campus internships for students

The literature review examined Maslow's Hierarchy of Needs. This was used because, in order to provide support, we must understand individual needs. The literature examined many needs children and families have such as the need to attend school, the need for health care, the

need for food and shelter, the need for social supports, the need for child care, and the need for spiritual fulfillment. The literature also examined childcare options and schools who were successful in helping families break the cycle of poverty. The needs of staff working with families was also included.

### **Chapter 3: Conclusions**

This paper explores what ECSE teachers can do to provide services to parents of children with disabilities. The research shows that parents need support as they spend the most amount of time with their children. This research included journal articles from the St. Cloud State digital library, the professional journal *Zero to Three* (Fragassi & Bora, 2018), the book *Teaching with Poverty in Mind* (Jensen, 2009), and Maslow's (1943) original work "A Theory of Motivation." The research looked for what supports ECSE teachers can provide, at what successful schools have done, and at what early intervention programs that work with families of lower SES are doing to support families. The research also examined Maslow's theory as it was originally written.

#### **Breaking the Cycle of Poverty**

The book *Teaching with Poverty in Mind* by Jensen (2009) is essential because it identifies many of the needs of families living in poverty and has solutions for breaking the cycle of poverty. Jensen recognized that many parents of lower SES had negative experiences in school and are less likely to send the children they love to school consistently if they feel their children will have similar negative experiences. We cannot teach or help children who are not in school or whose parents decline evaluations to determine if their children are eligible for services. If children learn from their parents that a school is a place where they experience adverse events and the schools support this by continuing to be a negative place and setting, we are extending the cycle of poverty. When teachers have children in their care, it is essential to make sure children feel safe and included so that when the children grow up and have children, they will have positive and supportive feelings about education.



ECSE teachers who enter homes have the opportunity to act as ambassadors for the school system. A skilled ECSE teacher can help parents understand their rights regarding special education evaluations and services. Many times, parents express distrust of the school system, citing experiences where a child began receiving special education services and was never able to get out of special education. A skilled ECSE teacher can explain that permission for evaluation only allows the school to determine if a child is eligible for services and the parent makes the decision to accept or decline services once eligibility is determined. A skilled ECSE teacher can also help parents understand they may end services at any time should they decide they do not want services. An ECSE teacher who has provided parents with this information will be more likely to make sure parents give input for goals and objectives in an IEP/IFSP. This is also addressed in the article by Curry (2010) in which she indicates that services will be more meaningful to the receiver if the receiver has some say in what services they are receiving. It is important to include parents in the decision-making process for their children.

### **Social Supports**

Multiple studies provided parents with social connections to other parents who had children with similar disabilities. Both families giving and offering social support were seen to gain from these connections. Public programs that provide early interventions and preschool services can help connect parents by sponsoring family events and offering parenting classes. ECSE teachers can help parents by being aware of events in their community and sharing the information with families and offering to attend with families that are nervous about new situations.

Parents may not be interested in social support if they are struggling to put food on the table. They may need help in the form of finding employment and housing. We can connect families with agencies that provide support for families. Stevens et al. (2015) suggested helping parents by storing important documents such as resumes and birth certificates on zip drives for families. I would recommend assisting families to set up Google Docs and scanning essential documents for them to save to a PDF (Portable Document Format) in Google Docs. Many families without working phones seem to have a device that they can use to access free internet where it is available at local schools, community centers, and libraries. They will also need access to public computers to fully use the free services provided by a G-mail account. These could include guardianship papers, IEPs/IFSPs, and education evaluations. Google accounts can be accessed at public computers at public libraries. Some areas, such as the area I currently live in, do not have easily accessible public libraries. These families may benefit from a program in which people donate devices they no longer need or use to the greater good to be used by families without devices to access the internet where free Wi-Fi is available in schools and community buildings.

Stevens et al. (2015) also indicated that Native American women need a cultural nearing center that emphasizes a holistic approach to wellness. A community needs survey could help determine the cultural needs of individual communities. If we go back to Maslow's theory, one of the needs he identifies is the need to belong to a group. Learning the local culture, regardless of where one is working, will help to determine the cultural and spiritual needs of families.

Families are also often difficult to reach due to the lack of phones. However, many families have a smartphone that can access free Wi-Fi. These families use free messaging

services in place of phones. I was once told if I needed to reach a parent, I needed to Facebook message the parent. Schools may need to set up school social media pages that can be used to contact parents without phone services. Great care will need to be taken when using free messaging services and teachers will need to communicate only non-sensitive information.

Mille Lacs Early Education, where I currently work, attempts to meet the needs of Native American families by providing cultural activities and opportunities for families to interact with each other at special school events. These include using the Ojibwe language whenever possible, hosting monthly pow-wows, hosting monthly Pipe ceremonies, having elders visit the classroom weekly to work with children, and training for staff so that the staff know specifics about the culture. These needs will vary from school to school and community to community.

Regardless of where we are assigned as Early Interventionists, we are going to need to become familiar with the local culture. Families within the same culture will have different interpretations of what is healing and helpful, and what is not required. It is essential to learn what matters to our families and help them know that they are part of something bigger than themselves. We can do this by learning their language and their customs and providing support.

### **Child Care**

Child care and center-based Head Start have been identified as places children of low SES can receive high-quality care when parents are unable to provide a stable environment at home. Mortenson and Barnett (2016) identified teacher-child relationships as a driver for emotional development. Quality child care has structure, small class sizes and highly trained staff. This demonstrates that it is important to provide staff with ongoing training relevant to the population they are working with. There is an association for children who experience

maltreatment under the age of 3 and compromised neuropsychological functioning. This would support the reason for schools to intervene and offer services to maltreated children.

I believe that staff working with students who have undergone trauma will need support and training. Working with high needs students requires more energy and can be disheartening for staff. Mortenson and Barnett (2016) stated that child care workers may not be able to provide advanced-level mental health care. Child care workers and ECSE teachers working with families are often responding to the effects of trauma in their practice.

### **Looping**

Jensen (2009) identified “looping” a process of keeping children with the same children and teacher from year to year, as a successful strategy for older children. Looping can be used in Head Start and Early Head Start classrooms. Keeping children with other children they know and the same teacher from year to year helps children particularly in the second or third year as they have social relations already established with other children and teachers.

### **Preschool Options in Minnesota**

Voluntary Pre-Kindergarten was established in Minnesota in 2016 by Governor Mark Dayton. This is changing the landscape of how children access preschool services. Voluntary Pre-Kindergarten is the first program to offer preschool free of charge to qualifying school districts regardless of a parent’s income. Head Start and Early Head Start programs are free, but children must meet entrance criteria to attend. School Readiness programs are free to some children while a sliding fee is in place for other children. I believe that the result of children attending the same preschool regardless of their family’s income is a step toward equity in education for all children.

## **Teacher Needs**

Teachers in public schools are compensated similarly to other kindergarten through grade 12 teachers. Head Start programs are required to conduct a survey to ensure they are not overpaying teachers. This may make working for a public-school system more desirable than working for Head Start or a child care center. Jensen (2009) stated that we cannot afford to let disadvantaged children receive poor teaching. I believe this means if we want our children to succeed, we need to attract skilled teachers. Maslow's theory does not apply to just the families ECSE teachers work with but also to the teachers themselves. He argued a poet must write, and an artist must paint. It must also be true that if a teacher is a self-actualizing person, a teacher must teach. Maslow argued that most people need to have basic needs met before showing a desire to grow and learn. Not every individual is capable of becoming a self-actualized person. I believe this because we see many successful individuals whose needs are met, yet they do not attempt to help others. I believe that in order to be a truly self-actualized person, a person must show through their actions that they are willing to help our world become a better place. I am not seeing this in all our leaders whose needs appear to be met. However, if our goal is to have teachers who may be self-actualizing, we need to make sure that all teachers' needs are met. A teacher will be better able to help families and children if he/she is not worried about making sure their own families have enough to eat. Child care providers, teachers and others working with families in need should be compensated for their time in a manner that allows them to focus on the work they are doing.

Fragassi and Bora (2018) identified that health care providers who harbor negative feelings for mothers addicted to opioids hinder health care. Similarly, teachers need ongoing

education to understand the complex problems families face. Teachers need to address negative feelings they may be harboring towards parents with substance abuse issues. Parents and children will pick up on these feelings, and it will affect teacher-family relationships.

### **Wrap-Around Care**

Three articles highlighted wrap around care for high needs families as critical for supporting families. Wrap around care requires different agencies to work together to provide a net of support for families. These services may include court systems, health care, social workers, and teachers. This indicates that to be successful, schools must collaborate with other agencies when working with families. The Safe Babies Courts team often met with families, sometimes bi-weekly. ECSE teachers are only required to develop new IEPs/IFSPs once a year. ECSE teachers may need to hold meetings with other agencies more often to see greater progress in children's education.

### **Future Research**

Different states have different strategies for providing Early Intervention Services. Some states offer Early Intervention through public services agencies while others provide Early Intervention through the school systems. It appears that when Early Intervention is provided through the school system, it may be more difficult for ECSE teachers to work with and share information with public health workers and social workers due to confidentiality laws. Future research is needed to determine which methods of delivering Early Intervention are most effective.

## **Implications for Practice**

ECSE teachers need to work more closely with county public service workers when working with families with limited resources. ECSE teachers need to develop relationships with social workers and public health workers to provide better services for students and their families. ECSE teachers need to know how to reach both families and all the services providers that work with a family. ECSE teachers also need to understand the various government and health service agencies that support families in the communities in which they operate and help connect families within those agencies.

This review of literature was enlightening. The ECSE teacher is a small but essential part of helping children with disabilities learn and succeed in school. The research set out to understand what ECSE teachers can do to help families. It revealed that there are many successful programs in place, but the programs are not universal. If a child meets the criteria for Special Education Services, the ECSE teacher may act as a service coordinator for all the services a child may need. However, the child may also have another service coordinator in another agency. It would benefit the child if the two coordinators worked more closely together to make sure there are no gaps or duplication of services.

#### Chapter 4: Position Statement

I believe there is a disparity between the public education of children when one compares the services lower income children receive compared to children whose families have more resources. This difference makes it difficult for children to escape the cycle of poverty. Public health, social services, the court system, and the school system need to work together to provide wraparound care for students of lower SES. If students can break out of the cycle of poverty, they will potentially be tax-paying members of society. If we do not support families to break out of the cycle, we risk children growing up to also rely on social services and create a drain on public resources rather than contributing to public funds.

I have reached this conclusion because I believe that all families, regardless of SES, love and want to protect their children. The successful schools cited in *Teaching with Poverty in Mind* cite wrap-around care as the reason their students succeed. The Safe Babies Courts team also provided wrap-around care, and more children were able to attend well-child checkups and be reunited with their families. When children are thriving and able to live with their families, it is a sign education is working.

I would like to continue to learn about the resources in my community. Many families that I work with have few resources. Some families can care for their own children; however, many families are not able to safely care for their children, and many children are placed in the foster care system. The foster care system is complicated and involves many agencies. Each child in foster care may have a county service worker, a Mille Lacs Band worker, a guardian ad litem and parents. Children who receive social security may have more people involved in their



education. I intend to continue to learn about the culture of the families I work with regardless of where I work.

This research helped me to understand many programs and services already in place that I knew of but did not completely understand. The community I work in collects diapers, books, and baby items for families in need. There are places to go that people know they can go to if they need items for survival.

The research was surprising in that education services alone cannot help break the cycle of poverty. Health services, child protection, and courts must work with educators to ensure that children's needs are met in order for them to learn. Educating children who are low income requires more services than schools can offer on their own.

The research supported the need to support both families and teachers. I was not searching for information to help teachers. Parents and children need skilled teachers. In order to have a competent teacher, teachers need to be adequately compensated and receive ongoing training.

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