

# Chapter 11

## Early Childhood Experiences and Their Link to the Life Trajectories of Children

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### Introduction

The span of early childhood, birth through age 8 (NAEYC), represents a momentous time for growth and development in children. This time can significantly impact children's future trajectories in life. This is particularly true in the areas of health, care, and education.

The early childhood years are foundational in these areas, and children are at the mercy of their circumstances during these early years. Opportunities, experiences, access to high-quality healthcare, childcare, and education come with a price in the United States. Access and affordability in regard to all three are uneven across socioeconomic boundaries leading to those who have and those who have not in the most crucial years of development.

### Health

The health of children in the early childhood age span actually begins in utero. Prenatal care is important to assist mothers and families in working through pregnancy, subsequent delivery, and the early months of an infant's life. The value of prenatal care cannot be underestimated in helping new mothers understand the growing child inside and the changes that occur during the gestational period. Proper nutrition, rest, exercise, and stress reduction are all components of prenatal

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care, as well as regularly monitoring the growth and development of the baby prior to delivery.

However, not all mothers receive prenatal care due to lack of capacity in communities, lack of health insurance, or other causes. Families living in poverty may lack the necessary resources during pregnancy, such as prenatal care and adequate nutrition; they may experience stress and “the physiological stress response operates prior to birth and directly influences infant and child biological, psychological, and social well-being” (Lefman & Combs-Orme, 2014, p. 577).

Although the avocation for adequate prenatal care continues to be at the forefront, Noonan, Corman, Schwartz-Soicher, and Reichman (2013) noted that their study of the effects of prenatal care on child health at age 5, as in “previous literature that has generally found small or no effects of prenatal care on infant health in developed countries” (p. 197). Nevertheless, they further mention that “health is a difficult construct to measure” (p. 197).

The American Congress of Obstetrics and Gynecologists, however, state:

Women are strongly advised to begin prenatal care as soon as they know they are pregnant. Prenatal care continues to be the primary way to identify problems during pregnancy, giving health providers a way to assess and manage risks for preterm labor and other threats to the health of the mother and her baby. Preterm labor can occur in any pregnancy without warning. Women who have little or no prenatal care, obese women, and those who have had preterm labor before are at increased risk (Martin, 2012, p. 5).

Risks can include, but are not limited to, premature labor and preterm birth. Preterm birth is costly and may result in death or disability to the infant, thus influencing the trajectory of life for the child and the child’s family. Multiple teratogens can influence a developing fetus leading to poorer outcomes after birth and throughout the child’s lifetime.

The health of the newborn is influenced by many things such as nutrition, care, and attachment to caregivers. Subsequent development in the early months of life is dependent on these things in addition to appropriate and loving interaction with family and others who care for the child. Limited stress, and needs being tended to, equate to a place for development to thrive.

Children living in poverty may experience multiple stressors. “Families and their children experience poverty when they are unable to achieve a minimum, decent standard of living that allows them to participate fully in mainstream society. One component of poverty is material hardship” (Cauthen & Fass, 2009, p. 1). Poverty may be static or it may transient. Nevertheless, the effects of poverty on childhood are far-reaching, even detrimental in the later adult years (Center on the Developing Child at Harvard University, 2010; Luo & Waite, 2005).

Furthermore,

Adverse events or experiences that occur early in childhood can have lifelong consequences for both physical and mental well-being. That is to say, developmental and biological disruptions during the prenatal period and earliest years of life may result in weakened physiological responses (e.g., in the immune system), vulnerabilities to later impairments in health (e.g., elevated blood pressure), and altered brain architecture (e.g., impaired neural circuits) (Center on the Developing Child at Harvard University, 2010, p. 2).

It can be said that early childhood is a time of vulnerability, and some children may be more vulnerable than others.

Vulnerable children and youth include those in chronic poverty and victims of domestic violence and community unrest for whom daily survival is the primary goal. They are the children whose families and homes are threatened by crushing economic circumstances beyond their control (Kochhar-Bryant & Heishman, 2010, p. 2).

Health, care, and education are all affected by such vulnerability contributing to the later outcomes of children. Braided together throughout the early childhood years, this trio of health, care, and education can provide the encircling services to meet the needs of young children. With access to these in quality ways, children can be provided the underpinnings of a healthy trajectory.

## Care

With many parents in the workforce, young children starting as early as infancy may be cared for by those other than their parents. In fact, “Nearly 11 million children under the age of 5 across the nation require child care services each week” (Childcare Aware, 2014, p. 6).

Childcare is expensive, and quality childcare is often prohibitive for the average parent and may be impossible for families in low SES settings. Although “Head Start promotes the school readiness of young children from low-income families through agencies in their local community” (Office of Head Start, 2015, p. 1), it has never been fully funded and not all children who qualify receive services. However, Head Start’s fundamental mission is one of quality and tends to the whole child.

Head Start and Early Head Start programs support the mental, social, and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social, and other services. Head Start services are responsive to each child and family’s ethnic, cultural, and linguistic heritage (Office of Head Start, 2015, p. 2). This kind of wrap-around care emphasizes the pivotal role of parents, links them to necessary screening and services while emphasizing school readiness in five commonly identified domains approached in developmentally appropriate ways:

- Language and Literacy
- Cognition and General Knowledge
- Approaches to Learning
- Physical Development and Health
- Social and Emotional Development (Office of Head Start, 2015, p. 8)

The above domains are central elements in quality care environments. They dictate the kinds of experiences that are planned for children, the types of environments that are built, and the ongoing assessment of children’s progress.

Quality early care environments have been accentuated since the Perry School Project, as well as other, in the early 1960s and beyond.

From 1962 to 1967, at ages 3 and 4, the subjects were randomly divided into a program group that received a high-quality preschool program based on HighScope's participatory learning approach and a comparison group who received no preschool program. In the study's most recent phase, 97 % of the study participants still living were interviewed at age 40. (Schweinhart et al., 2005, High Scope Perry Preschool Study, p. 2)

Studied longitudinally,

the study found that adults at age 40 who had the preschool program had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool. (p. 3)

Quality care is considered key in this landmark study with emphasis on the environment and interactions within that environment. But, quality is expensive and the outcomes may take years to notice leading some to refer to this as "wait capital" (author unknown). Nevertheless, these outcomes have been calculated by leading economists who believe the return on investment from quality early childhood endeavors is substantial (Grunewald & Rolnick, 2005; Heckman, 2012).

This type of care is the exception, not the norm, in the United States. Quality initiatives have been a part of the landscape for several decades (North Carolina Smart Start; Arizona First Things First, 2006), but implementation takes time and still, not all children have access to quality environments. Affordability continues to be problematic, especially where existing subsidies have been reduced or eliminated.

Universal preschool is gaining momentum across the United States. Voluntary in nature, this opportunity is an investment that some states make in an attempt to improve child outcomes. Although many industrialized nations across the world already have highly developed quality preschool systems with opportunities for all children, the United States has not implemented such with cost being the main factor along with skepticism around the true benefits of preschool.

Care, though, goes beyond keeping children safe and fed. Quality care provides rich environments and interactions with caring adults who know how to engage children in meaningful ways to embrace and facilitate learning. This is carried out through developmentally appropriate practices (DAP) that take into consideration the developmental stages of children. Specifically:

- Developmentally appropriate practice requires both meeting children where they are—which means that teachers must get to know them well—and enabling them to reach goals that are both challenging and achievable.
- All teaching practices should be appropriate to children's age and developmental status, attuned to them as unique individuals, and responsive to the social and cultural contexts in which they live.
- Developmentally appropriate practice does not mean making things easier for children. Rather, it means ensuring that goals and experiences are suited to their learning and development *and* challenging enough to promote their progress and interest.

- Best practice is based on knowledge—not on assumptions—of how children learn and develop. The research base yields major principles in human development and learning (this position statement articulates 12 such principles). Those principles, along with evidence about curriculum and teaching effectiveness, form a solid basis for decision-making in early care and education (Copple & Bredekamp, 2009; NAEYC Position Statement, p. 2).

This intentional way of meeting children in their individualized learning spaces makes safe the need and desire to learn. It capitalizes on the curiosities of children and honors them where they are. This is in stark contrast to the deficit model often perpetuated in some environments. The academic escalation (Shepard & Smith, 1989) and “shove down” often means children are asked to do things that they may not be prepared to do. This could mean that children have not had the experiences in order to meet demands in their places of care. They may not have the nutrition it takes to remain attentive and ready to embrace the offerings of the care environment. Some children may not have their basic needs met; therefore, they are unable to engage effectively. This may be particularly true of children living in poverty.

A deficit model blames the child and his environment rather than meeting the child where he/she is and inviting the child to grow from that point. A deficit model puts emphasis on what the child cannot do rather than capitalizing on the strengths of the child and respecting the richness he/she brings to the environment. This deficit model inhibits rather than expand the child’s vista.

## The Role of Caregivers

The National Governor’s Association in conjunction with Sarah LeMoine (2010) indicated that “The knowledge, skills, and practices of early childhood care providers and teachers are critical factors in their delivery of high-quality developmental and educational experiences to young children” (p. 2). They further found that impediments in the field occur due to several factors including: “A lack of consistent professional development policies; A lack of research-based professional development standards; A need for increased access to professional development opportunities; and a lack of consistently collected and analyzed data” (p. 3).

This said caregivers play a crucial role in the lives of young children. Their preparation for this vocation is also critical. Caregivers who do not understand the concept of DAP, for example, may expect too much...or too little of children. They may not be able to gently encourage the child’s intellectual growth through questioning and interchange. The caregiver, or teacher, in early childhood environments is a catalyst so proper development of skills for this caregiver is needed.

However,

Unlike the K-12 system, most positions in early childhood do not require a degree and may expect little education. In most states, a high school degree or GED is needed for teaching positions and a minimum age of 18, and for aide positions, an age requirement of 16. This is not true for all, however, with Head Start being an excellent example of ongoing professional development and a push toward degreed teachers.

Although there are organizations, such as the National Association for the Education of Young Children (NAEYC, 2009), which have highly defined standards for programs which prepare professionals and a code of ethical conduct for those who work with young children, there is no body which provides oversight as in the K-12 system. This is slowly changing as many more early childhood workers are becoming degreed. To the extent that preprofessionals can be evaluated for dispositions, content knowledge, and pedagogical knowledge, colleges, and universities can provide some supervision and guidance, but this includes only those who are in the process of becoming degreed. Also, this may only include professionals who work or will work in environments which require certification (Powell, 2011, p. 4).

Preparing the “workforce” for early childhood care is fraught with barriers. The cost of education is great and the return on investment for teachers, especially in birth to age 4 settings, is severely lopsided. Wages are low, benefits are scant, and so early care teachers may often dip in and out of the profession and have low levels of education in regard to appropriate care and ways to deliver developmentally appropriate guidance to children. It is also important to note that childcare is often leveraged on the backs of caregivers. Childcare is indeed subsidized by and through the low wages of teachers and caregivers.

## Education

Early childhood care and health cannot be separated from one another, nor can they be separated from education. Unlike the rote “lessons” that some may think of in formal schooling, the child is always learning in all early childhood settings. They are observing, feeling, testing, and hypothesizing.

From the moment the infant opens her eyes, she is learning. Mantras such as “getting children ready to learn” seem meaningless in the early childhood years, as children are always learning and are always ready to learn. Education in the early years, though, does not have to and should not resemble formal schooling. Infant parent/caregiver interactions provide the foundation for later trust and learning. Good nutrition and appropriate, loving care enable learning across multiple environments.

Children learn through their relationships, so the multiple environments of the child need to be populated by those who are familiar with and attentive to the needs of the child. Rapid growth across all the domains requires caregivers to understand child development and how they can promote the growth and curiosity of the child’s intellect.

The National Association for the Education of Young Children recognizes ten standards “or early childhood programs that can help families make the right choice when they are looking for a child care center, preschool, or kindergarten” (NAEYC, 2015, p. 1). They include: “relationships, curriculum, teaching, assessment of child progress, health, teachers, families, community relationships, physical environment, leadership and management” (p. 4).

The aforementioned standards recognize the whole child. That is, they note the importance of relationships in learning processes, the vital role of assessment to determine where children are in order to provide opportunities to take them where we want them to be, and the importance of teaching through DAP, and by providing rich-learning environments. It recognizes the pivotal role of families and community, as well as the need to have highly qualified leaders/directors within these learning spaces.

Academic escalation in kindergarten has been noted for almost 30 years (Shepard & Smith, 1989). This “shove-down” of academics purports to use curriculum that is intended for later stages and ages of children. Introducing things earlier may be developmentally appropriate for some children, but it is not for all. The danger in escalating curriculum is that it may deem more children “unready” for subsequent environments. It may frustrate the child leading to undesirable outcomes. Frustrated children may act out these frustrations in multiple ways. Better then, to focus on that which is developmentally appropriate for the individual child.

This escalation may be particularly problematic for children living in poverty. For example, one factor related to education and poverty is grade retention. Mandated at third grade in multiple states for children not meeting the mark in third grade reading, concern for retention is warranted.

There are certain classifications of children for whom retention is greater. These include poor and minority students, males and younger or smaller children (Foster, 1993). Byrd and Weitzman (1994) also indicate the following factors in reference to circumstances related to retention: poverty, gender, hearing and speech impairments, low birth weight, enuresis and exposure to household smoking. (Powell, 2005, p. 32)

Grade retention is a later correlate to subsequent dropout. This is particularly worrisome for children living in poverty.

One of the most reported consequences of student retention is its correlation with subsequent dropout. Children that are retained have a higher incidence of drop out (Grissom & Shepard, 1989; Roderick, 1994; Rumberger, 1995). Anderson, Whipple, and Jimerson (2002) found “retention to be one of the most powerful predictors of high school dropout, with retained students 2–11 times more likely to drop out of high school than promoted students” (Anderson et al., 2002, p. 2). Rumberger (1995) indicates that it is the strongest predictor of subsequent drop out (Powell, 2005). If grade retention is a high correlate to drop out, and drop out is an indicator of lower income potential over the life trajectory, then poverty may become generational. This practice, potentially keeps a poverty cycle in place.

Quality education in the early years, though, can also assist children in learning self-regulatory behaviors under the umbrella of executive functioning. These behaviors can assist in positive lifelong traits. Gallinsky (2010) promoted seven essential life skills within this framework: “focus and self control; perspective-taking; communicating; making connections; critical thinking; taking on challenges; and self-directed, engaged learning” (pp. 5–10). These skills can be intentionally and naturally instructed. In fact, “the most powerful way teachers can help children learn self-regulation is by modeling and scaffolding it during ordinary activities” (Florez, 2011, p. 46).

Education of the young child is constant. Whether at home, in family, friend, or neighbor care, in a center, or in a school, education does not cease. Children’s access

to quality environments is important to their later achievement, thus influencing their life trajectories.

Quality early learning environments may hold the potential to break cycles, to set children on a track to success across a lifetime. These environments take thought, commitment, and money.

## Conclusions

Children living in poverty do not have the same access to quality healthcare, child-care, and educational opportunities in the early years. Their mothers may not have ready access to quality prenatal care. Children and families may not have access to a medical home. Quality care of children outside the home may be unregulated and caregivers may not have the skills and knowledge to create optimal environments for the growing child. Educational opportunities, then, may be less than or children from more affluent backgrounds.

The oft-cited study by Hart and Risley (2003) found:

Simply in words heard, the average child on welfare was having half as much experience per hour (616 words per hour) as the average working-class child (1251 words per hour) and less than one-third that of the average child in a professional family (2153 words per hour). (p. 116)

This results in enormous gaps in vocabulary experience in words heard. Furthermore,

We learned from the longitudinal data that the problem of skill differences among children at the time of school entry is bigger, more intractable, and more important than we had thought. So much is happening to children during their first three years at home, at a time when they are especially malleable and uniquely dependent on the family for virtually all their experience, that by age 3, an intervention must address not just a lack of knowledge or skill, but also an entire general approach to experience. (Hart & Risley, 2003, p. 117)

If we currently know the effects of poverty on the health, care, and education of children, if life trajectories can be predicted based on the lack of quality in any of the three outlined areas, is it not our moral imperative to act? Just as science was used to affect policy in the nineteenth century in regard to child labor (Perera, 2014), so it is today that research must be used to drive policy in conjunction with the importance of the early childhood years. Further generations must not be kept in the same socioeconomic stratification through lack of opportunity for children or substandard means of health, care, and education. Are we not mandated in our preamble to the constitution to “promote the general welfare?” Does this not apply to all, especially our most treasured resource, our children?



## Key Instructional Practices and Strategies

### 1. Developmentally Appropriate Practice (DAP)

“Developmentally Appropriate Practice means teaching children in ways that meet children where they are, as individuals and as a group; and help each child reach challenging and achievable goals that contribute to his or her ongoing development and learning” (Copple & Bredekamp, 2006, p. 3).

### 2. Building on the diverse strengths of children

Acknowledging that all children bring a multitude of gifts to learning environments, capitalizing on these strengths reinforces previous and unique knowledge sets and supports the overall learning community.

### 3. Intentionality

Teachers and caregivers make intentional choices of what and why they do what they do in terms of introducing content in multiple contexts to young children. This is further supported when it is tied to current research in the field.

### 4. Remember the value of play

Play is important at all ages. It is particularly crucial in the early years and supports all domains of learning.

### 5. Question best practices

Best practice has become a term with many meanings. Best practice, like DAP, is dependent on the context. What is a best practice for some may not be for all.

### 6. Honor the learner

Meet the learner where he/she is. Assess in multiple ways in order to determine where the child is, so that multiple strategies can be employed in order to maximize growth of the child.

## Multimedia References

### 1. Arizona First Things First

<http://www.azftf.gov/Pages/default3.aspx>

“First Things First is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health, and early education of all Arizona’s children birth through age five” (Mission Statement).

### 2. Center on the Developing Child at Harvard University

<http://developingchild.harvard.edu/>

“Our goal is meaningful change in policy and practice that produces substantially larger impacts on the learning capacity, health, and economic and social mobility of vulnerable young children” (Mission Statement).

### 3. Heckman Equation

<http://heckmanequation.org/heckman-equation>

This site offers information on the importance of investing early to build human capital.

### 4. National Association for the Education of Young Children (NAEYC)

<http://www.naeyc.org/>

“NAEYC promotes high-quality early learning for all children, birth through age 8, by connecting practice, policy, and research” (NAEYC Mission Statement).

### 5. Office of Head Start

<http://www.acf.hhs.gov/programs/ohs>

Head Start and Early Head Start programs support the mental, social, and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social, and other services. Head Start services are responsive to each child and family’s ethnic, cultural, and linguistic heritage (2015, p. 2).

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