FUTURE DIRECTIONS

Early childhood is a time of great opportunity and considerable risk (Shonkoff & Fisher, 2013). According to Shonkoff and Fisher, the impact of early childhood programs for vulnerable young children has been small to moderate due to the child returning to homes where there is a high level of stress, overall chaos in the home environment, and the presence of toxic elements. Children who experience toxic stress are less able to benefit from quality early childhood education programs because of impairments in their developing brain circuitry.

According to Shonkoff and Fisher (2013), protecting children from the impacts of toxic stress requires capacity building for their parents. Provision of information and support will not be sufficient to promote resilience. Of the many potential domains for consideration, Shonkoff and Fisher highlight three: 1) development of executive functioning and self-regulation skills; 2) strengthening caregiver mental health; 3) enhancing family economic security.

Development of executive functioning begins in early childhood and continues through early adulthood. Capacities such as working memory, ability to inhibit, and cognitive flexibility are components of executive functioning. Also included are focusing and sustaining attention, goal-setting and making plans, following rules, problem-solving, self-monitoring, being able to decide when to shift course, and deferring gratification. These skills enable adults to care for themselves and their children, manage households, seek and maintain employment, and achieve stability. Teaching executive functioning skills to both parent and child is a promising focus.

Serious mental illness such as major depression or mood regulation disorders can negatively and seriously impact parenting. Interested readers can refer to VCPN, volumes 56 and 59 for detailed...
information. A seamlessly integrated approach to mental health support for both parents and child care staff is currently under-addressed. While Shonkoff and Fisher (2013) do not address substance abuse, addiction or misuse of substances is a significant detractor to adequate parenting. More recently the opioid epidemic has impacted vulnerable families of all socio-economic levels. Interested readers are referred to VCPN volumes 53, 79 and 106 for more information on substance use and parenting.

Economic instability can impact what concrete resources a parent can provide. The ability to offer children sound nutrition, age-appropriate toys and experiences, higher quality child care and other material benefits can impact health and mental health of children. Lack of financial resources can also make it difficult for parents to create and maintain a well-regulated environment and daily routines. Low-income housing can be in environments of over-crowding, high noise level, high-violence, and fewer safe areas for children to play. Strengthening neighborhood-level resources could be a buffer or a protective factor.

Shonkoff and Fisher maintain that simply linking adult services and services to children is insufficient to be a two-generational approach. Rather, hybridized strategies that address both adults and children with receptive, community-based systems, fully aligned with coordinated policies and funding streams are the preferred model.

An example of a community-based system approach is Strong Communities for Children (Kimbrough-Melton & Melton, 2015; McDonell, Ben-Arie & Melton, 2015). This initiative was derived from recommendations of the U. S. Advisory Board on Child Abuse and Neglect in 1993. The initiative strove to keep children safe by strengthening participating communities so that every child and every parent knows that if they have reason to celebrate, worry, or grieve, someone will notice and someone will care. Strong Communities involves the whole community through voluntary assistance of neighbors,
and especially targets families with young children. Help is built into the community structure with the concept ‘leave no family outside.’

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Gary Melton, Ph.D., of the Kempe Center for Prevention and Treatment of Child Abuse and Neglect, University of Colorado School of Medicine and Colorado School of Public Health, talked with VCPN staff about Strong Communities. “Although the goal is increasing safety for children, the focus is giving help to parents,” explained Dr. Melton. “Strong Communities may have wider application than simply child safety, given the strong evidence that it can improve family and community well-being.”

The approach uses outreach workers to partner with community leaders to develop action plans for improving child safety and enhancing needed services for families. The outreach workers link with ministers, property managers, public safety (police, fire and rescue) first responders, small business owners, and civic leaders. Parents are recruited to help with working groups to develop priorities and community action plans. Special events are hosted (such as family fun days, bicycle rodeos, baby fairs, health fairs) to attract families and offer enrollment in the effort. Volunteers are recruited.

Action plans may include a specific public education campaign (such as ‘Never Shake a Baby’) or a car seat safety check station. There can be plans for family activity nights (such as a movie night) or the establishment of a toy library system. Play groups may be established.

Family Activity Centers are established by community organizations. In addition to activities, they can offer career counseling, financial education and planning. Some centers have ESL classes or clubs for immigrant families. GED classes may be available.
Some house a community health center or specialized treatment groups such as a domestic violence support group. Efforts are made to support families with the greatest need. Volunteer networks can provide support. For example, if a parent is hospitalized or incarcerated and care is needed for children, a family in the Strong Communities network might step up to temporarily offer housing and care to the child or children.

Dr. Melton notes that Strong Communities is a relatively inexpensive intervention because of its focus on the whole community and use of volunteers with only a few paid staff. Older children obtained experience by volunteering to assist with the community events. Although there was no particular effort to recruit youth, one in eight volunteers was a teen.

Strong Communities was implemented in a diverse urban, suburban and rural area in parts of two counties in South Carolina. The area covered about 200 square miles and contained approximately 125,000 people. There were 35,137 families in the target area and 13.4% had children under the age of six. In the pilot, research determined that Strong Communities met its outcome goals. Child maltreatment rates lowered. Parents of young children showed less isolation and increased social support. Parents increased use of safety devices and were more attentive and less neglecting of children. Parent stress decreased and family and community well-being improved, especially in the lower-resourced communities.

Dr. Melton comments that the model of Strong Communities allows programs and activities to be tailored to the local context. “Having local planning and input increase the ownership of the initiative,” he said.

“Over time, support for children and families and the norms, values, and action to protect children from harm become embedded in the social fabric of the community. They are then a part of the everyday life for the community’s residents and that leads to long-standing improvements in family well-being and
child safety.” He adds, “Our research findings affirm the value of broadly engaging community residents, organization and institutions in efforts to support families with young children and protect them from harm.”

Dr. Melton notes that engaging many people in the community in building resources for families has benefit on its own. Conditions that promote healthy development impact many areas of family functioning for the better. “Community-building creates the conditions that sustain families,” he concludes.

More information about **Strong Communities** is available from Dr. Gary Melton, (434) 812-2172 or E-mail: gary.melton@ucdenver.edu

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Boots (2015) discusses ways to advance two-generation approaches. She mentions several advances that can move efforts forward:

- **Data and Technology Advancements** - Combined data systems have the potential to create a better understanding of the needs of low-income families. According to Boots, nonprofits are becoming increasingly savvy about creating data agreements to allow shared data across organizations and are linking data systems across programs to funding streams.

- **Rethinking Face-to-Face Contacts** - Using the internet to apply for benefits and services, phone apps for outreach and education, and text messaging to help families manage appointments are all examples of direct applications of technology to human services.
- **Use of Coaching and Motivational Interviewing**: Old case management models have not been as effective as necessary in supporting families and sustaining behavioral change that is critical to a pathway out of poverty. The focus is helping families set goals, create plans with incremental steps, anticipate setbacks and navigate.

- **Creating True Bipartisan Support**: Programs will only be successful if they have support from policy-makers from both major parties.