

Emotional, Social and Behavioral Development:

Essential Building Blocks for a Child's Success

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"Striking disparities in what children know and can do are evident well before they enter kindergarten...Redressing these disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand that children be prepared to begin school, achieve academic success, and ultimately sustain economic independence and engage constructively with others as adult citizens."

> National Research Council and Institute of Medicine, From Neurons to Neighborhoods: The Science of Early Childhood Development

Each year in Western New York, hundreds of children enter their first years of schooling unprepared for the learning experience due to delayed emotional, social and behavioral development. Without appropriate intervention, they can fall further behind, become isolated in the classroom or ultimately be diagnosed with a disability. In scores of cases their behavior becomes so disruptive that schools have no other option than to suspend them from the classroom. As a result, many of the region's children start out their educational career from a deficit position, turning an opportunity for achieving potential into one of experiencing failure.

Such developmental delays are often tied to diagnosable disorders. However, socioeconomic factors such as poverty, gaps in parental care, poor nutrition or unsafe environments can contribute to lags in development. Screening and early intervention are critical to addressing these gaps in child health, although such services in Western New York are neither standardized nor comprehensively available, reflecting a nationwide challenge. Moreover, existing services are underused due to access barriers. There are several areas in need of further study to shed more light on causes and possible solutions, though national best-practice models can offer lessons for improving and expanding the region's screening and preventive services.

Figure 1 Socioeconomic Challenges Facing Children & Families in Western New York





Poor Foundations. Disadvantaged socioeconomic backgrounds can contribute to acting out and ageinappropriate behavior among young children, research has shown. From poverty and poor nutrition to language barriers and a lack of parental involvement, such factors form a faulty foundation for healthy social and emotional development. Many of these conditions are prevalent in Western New York, where educational leaders estimate 40 percent of children in the region enter kindergarten at risk for failure.¹

Children in Western New York experience poverty
to a greater extent than the overall population
(Figure 1). Nearly 23,000 children ages five and under, or 25 percent of this age group, live in poverty, compared to a 14-percent rate of poverty for the region. In turn, the impacts of poverty – poor nutrition, hunger and inadequate shelter – disproportionately affect the region's youngest.

Other Factors

Violence

Violence at home and in neighborhood impacts childhood development

Low-Quality Childcare

There is no mechanism in New York State to rate and compare childcare quality More than 1 in 4 homeless people in Buffalo and Erie County are children under age 18.² One in five households in the region with children under age 18 receives food stamps or public assistance income. In Buffalo, Lackawanna and Dunkirk, between six and seven out of every 10 children qualify for free school lunches, which for many may be their only daily nutritionally balanced meal. Notwithstanding limited financial resources, access to healthy food choices is limited by a dearth of grocery retailers in urban neighborhoods.

Parents experiencing challenging socioeconomic circumstances might struggle to provide home environments that foster healthy childhood development. About one in eight mothers in Western New York giving birth between 2005 and 2007 had less than a high school diploma. Moreover, 5 percent of new mothers in 2007 and 2008 were in their teens (ages 15 to 19). Compared to women who have children later in life, teen moms are more often poor, have lower educational levels and may be less physically available or emotionally engaged due to their own maturity level or underdeveloped capacity to be a primary caregiver.

Yet there are many other children that fall through their own maturity level or underdeveloped capacity to the cracks, their emotional or behavioral delays undiagnosed or simply not identified. These children are at an even greater disadvantage, Numerous other factors present development remaining in classrooms ill-equipped to address challenges for the region's young children. For the their needs and subsequently missing out on increasing numbers of parents who need to send evaluations or treatment that could enhance their their child to childcare centers while they work, capacity for academic and social success. In finding quality care can be difficult. Unlike in other hundreds of cases, their challenges escalate to a states, childcare centers in New York State are not level that requires suspension from the classroom, rated based on the quality of their programming, a problem that is particularly acute in the region's although they are monitored for safety according to urban centers. national standards. Also, violence in communities can

¹ As reported by Success by Six, a program of the United Way of Buffalo & Erie County
² Western New York Homeless Alliance, Buffalo and Erie County Annual Homelessness Profile 2008

create hostile environments for children, limiting outdoor activity or social engagement. Western New York's urban core has rates of violent crime that are among the highest in the state outside New York City. Finally, the region's non-English speaking children in ethnic and immigrant communities face challenges in social interaction as well as access to services due to language barriers.

Kicked out of Kindergarten. Once in the classroom, children with emotional, behavioral or social impairments could follow a range of different paths. In some cases, they are labeled "problem children" by teachers and administrators and are isolated or treated differently to limit classroom interruptions, further hampering the child's ability to catch up to his or her peers. Other students are diagnosed with disabilities, such as attention deficit disorder or autism, and then receive special education services.

The Cities of Buffalo and Niagara Falls saw 468 students removed from the kindergarten classroom between the 2005-2006 and 2007-2008 school years, an average of 156 students a year, or about 5 percent of kindergarteners enrolled in these districts (Figure 2). Problem behaviors are even surfacing in pre-kindergarten classrooms – 45 students at this level were suspended over the past three school years in these urban districts, an average of 15 students a year and 1 percent of total pre-K students in the districts.

Unchecked behavioral problems in children do not appear to resolve on their own but rather worsen as the child ages. The three-year total for first

graders suspended in the two city school districts climbs to 864, or an annual average of 288 and 9 percent of total first graders enrolled. Over the course of their school years, these students are at a greater risk for ultimately dropping out of school, presenting lifelong educational and economic disadvantages.

Timely Interventions. Early screening and program interventions are fundamental to addressing developmental delays before the child reaches school age. However, timely intervention in Western New York is lacking. New York State, like most states, has no standardized program to screen children or connect parents with early support services. Under the current system, a child is evaluated generally only after a parent, childcare



provider or pediatrician expresses concern about that child's development.

Several recently developed and pending programs are working to fill screening and intervention gaps. For instance, Child and Family Clinic-Plus, sponsored by the New York State Office of Mental Health, provides screening, assessment and support services through early interventions. Enhancing public access to these services, screenings are conducted at 11 different community settings across the region, including schools, Head Start programs, early childhood programs and foster care sites, among others. Yet data show the age group for which screenings are most critical infants to three-year-olds – represents less than 10 percent of those evaluated by this state program. Most evaluations do not occur until a child has

The City of Buffalo School District plans to screen 800 children registering for pre-K and kindergarten

Another program serving as a one-stop shop for parents, caretakers and teachers is the Early Childhood entered the school system (Figure 3). Direction Center, which provides consultation, early intervention, medical care, financial assistance and transportation services. Since opening in 2003, the center has served nearly 2,500 new families. The program is modeled after the highly successful Help Figure 3 Me Grow program in Connecticut, a statewide model Child and Family Clinic-Plus Screenings for early identification and referral, developed by in WNY, April 2007-December 2008 pediatrician Dr. Paul H. Dworkin, physician-in-chief % OF TOTAL for Connecticut Children's Medical Center.



Source: Buffalo City and Niagara Falls City School Districts

Source: New York State Department of Mental Health

this summer to connect at-risk children with support services before they enter the classroom for the 2009-2010 school year. However, parents may have difficulties in obtaining recommended intervention strategies, with just a few months between the screening and the start of school. The region's growing number of Universal Pre-K (UPK) programs, part of a statewide initiative to provide quality preschooling to all, can provide additional screening opportunities for fouryear-olds. New York funds school districts, childcare centers and other programs interested in implementing the voluntary program, which requires licensed teachers. In Western New York, UPK is available in the Buffalo and Niagara Falls school districts, where kindergarten suspension rates are highest.³

Also building on the Help Me Grow model is a pilot project funded by the Community Health Foundation of Western & Central New York. The Early Childhood Connections Pilot Program will provide convenient access to comprehensive screening services starting in spring 2009. Developed in collaboration with the Early Childhood Direction Center and six pediatric health practices across Erie and Niagara Counties, the program will implement a standardized, 10-question PEDS (Parents' Evaluation of Developmental Status) screening tool in doctors' offices to identify children, from infancy to age five, at risk for developmentalbehavioral delays.

Figure 4

Gaps in awareness of and access to existing programs also hamper interventions once a parent or other caregiver suspects a problem with their child's emotional and social development.

Many of the same factors that put a child's emotional and social well being at risk can impede parents in obtaining the support services necessary for their children. Access barriers include:

- low education levels and high illiteracy rates among parents
- difficulty in scheduling appointments around work hours
- dependency on public transportation

Issues of qualification and cost also pose barriers to program participation.

Insurance coverage for counseling or related services to address developmental delays can be difficult to obtain without a classified condition.

Vocational and Educational Services for Individuals with Disabilities (VESID), a state-sponsored program, requires children be diagnosed with a significant physical or mental disability before they qualify for services.

Additional programs in the region provide parenting support, especially for first-time mothers and fathers, to facilitate healthy development for children. Such programs highlight warning signs and provide information on where parents or other caregivers with concern can turn for guidance, though obtaining this support is hampered by several access challenges (**Figure 4**).

Ready, Set, Parent!, developed by the Buffalobased Every Person Influences Children (EPIC), reaches out to new parents while they are still in the hospital. A majority of children whose parents complete this program score above-average for several different measures, including personal and social interactions. Rates of participation drop off significantly, however, through the course of the program. After 8,000 initial hospital visits annually in Erie County, only 3,000 parents attend newborn classes offered on their hospital floor, and 350 to 400 attend a series of parenting workshops in the community (**Figure 5**). EPIC also offers a teen

Figure 5 Detector for the EDIC's Deader Cat De

Rates of Participation in EPIC's Ready, Set Parent! Program

parents visited in hospital

attend newborn classes on hospital floor

Source: Telephone interview on February 26, 2009, with Vito Borello, director of Every Person Influences Children

350 to 400 attend workshop series in community setting parenting program that incorporates instruction into the mother's school day and fosters interaction among parents of children under age five. Ninetyseven percent of girls in this program will go on to get their high school diploma. Also, ongoing efforts in the region are pushing to improve childcare quality to build stronger academic foundations for the region's children (**Figure 6**).

Figure 6

Improving Childcare Quality In Western New York

Studies have shown a positive correlation between quality childcare and developmental outcomes in children. **Success by Six**, a program of the United Way of Buffalo & Erie County, **annually trains 500 childcare center employees** to incorporate social, emotional and intellectual enriching activities into daily programming. Gaps in quality remain, however. **Success by Six** is advocating for New York State to implement a star quality rating system to complement the state's existing health and safety requirements.

Source: Telephone interview on February 24, 2009, with Joneen Corrao, director of Success by Six

Buffalo's King Urban Life Center participates in the nation-wide Parent-Child Home Program, which intervenes in the home setting to develop literacy skills, social competence and parental involvement. Currently the program serves 29 families with children between the ages of 16 months and four years. Children who take part in the program begin kindergarten with better literacy skills than similarly situated children graduating from kindergarten. Best practice models across the United States, some of which have already guided regional program development, could help to inform future service development in Western New York. Children's Upstream Services program (CUPS), a statewide initiative in Vermont, has been touted as one of the more innovative ways of exploring and funding mental health strategies to promote the emotional wellness and school readiness of all children. CUPS focuses on prevention and early intervention, providing crisis outreach, home-based services and respite care.

First 5 California provides individualized intervention plans for children through age five at risk for entering kindergarten with behavioral and social delays. Accounting for regional variation in need across the state, autonomy is given to county commissions in defining, implementing and funding programs. First 5 provides for quality assurance by linking funding for its preschool program to teacher qualifications and the number of children served.

Investing in Our Future. This analysis is only the first step in better understanding the scope of Western New York's challenges related to children experiencing emotional and behavioral developmental delays. Next steps should include collecting and routinely monitoring data to reveal the full extent of the problem across the region. While an array of programs and services in the region help detect problems and facilitate intervention, the current system has gaps in its capacity to reach children in need and connect them with appropriate services. The region should continue to look to exemplary service and intervention models implemented in other regions, and forge new partnerships within the region to improve program quality and increase access to existing services.

Data Sources and Notes

Figure 1

U.S. Census, 2005-2007 American Community Survey Three-Year Estimates, Table B17001 (available at http://www.census.gov/acs/www/ Products/) provides poverty data by age and gender. Table B13002 provides age group, educational level, marital status and income level for women ages 15 to 50 who gave birth over the past 12 months. Table B09010 provides data on the number of households with children receiving food stamps and other forms of public assistance.

Violence in the region reflects data from the New York State Division of Criminal Justice Statistics 2007 County Violent Crime Counts and Rates per 100,000 (available at http://criminaljustice.state. ny.us/crimnet/ojsa/countycrimestats.htm). For more information on resiliency factors in infancy, see: Sommer, K.S. et al. "Prenatal Maternal Predictors of Cognitive and Emotional Delays in Children of Adolescent Mothers." Adolescence 35 (2000): 87-112; and Werner, E.E. "Resilience in Development." Current Directions in Psychological Science 3(1995): 81-85.

Figure 2

The Buffalo City School District and the Niagara Falls City School District supplied numbers for pre-K, kindergarten and first grade students suspended over the past three school years. Suspension rates were calculated using enrollment figures from the 2007 School Report Card, as reported by the New York State Department of Education. Data reflect total suspension cases, rather than total individuals suspended. According to officials from the Buffalo City School District, not more than two or three students from the lower grades receive more than one suspension in any given year.

Figure 3

The New York State Office of Mental Health provides data on the number of children screened by age and region through Child and Family Clinic Plus from April 2007 through December 2008 (available at http://bi.omh.state.ny.us/clinicplus/Level_0_Statewide).

Figure 4

For more information about factors impeding access, see Susanna Ginsburg and Dianne Bessel's Addressing Children's Social, Emotional and Behavioral Health in Erie and Niagara County, Final Report and Recommendations, submitted to the Community Health Foundation of Western & Central New York on May 11, 2007 (available at http:// www.chfwcny.org/Tools/Library/Upload/Project60/CHF%20final%20 report%20_%20Ginsburg.pdf).

Figure 5

Telephone interview with director Vito Borello, Director of Every Person Influences Children (EPIC), on February 26, 2009. See also http://www. epicforchildren.org/home.cfm.

Figure 6

See National Research Council and Institute of Medicine, From Neurons to Neighborhoods: The Science of Early Childhood Development, Jack P. Shonkoff and Deborah A. Phillips, eds. (Washington, DC: National Academies Press, 2000), page 362, citing studies finding a link between quality childcare and developmental growth in young children. Information about Success by Six is from a telephone interview on February 24, 2009, with Joneen Corrao, director of Success by Six, a program of the United Way of Buffalo & Erie County.

Other Citations

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Universal Prekindergarten: New York State Education Department, Statewide Prekindergarten Programs (http://www.emsc.nysed.gov/ nyc/upk.html).

Screening of children in the Buffalo City School District: Telephone interview on March 2, 2009, with Assunta Ventresca, Director of Health Related Services, Buffalo Public School District.

Early Childhood Direction Center: Telephone interview with director Vickie Rubin on February 25, 2009. See also http://www.wchob.org/ ecdc/.

Help Me Grow: 2007 Annual Evaluation Report, published by the University at Hartford Center for Social Research, November 2007 (http://www.ct.gov/ctf/lib/ctf/hmg_report_2006-2007.pdf).

Early Childhood Connections Pilot Program: Telephone interview on February 27, 2009, with Meghan Guinnee, of Catalyst Research, consultant on the project for the Community Health Foundation of Western & Central New York. By implementing screening in six medical practices in Erie and Niagara Counties, a projected 8,000 children in these two counties will be screened in the first two years. Participating medical practices are Hodge Pediatrics, Northwest Buffalo Community Healthcare and Western New York Pediatrics (Erie County), and Planned Parenthood (Lockport and Niagara Falls) and Summit Pediatrics (Niagara County).

VESID eligibility: See http://www.vesid.nysed.gov/current_provider_ information/vocational_rehabilitation/policies_procedures/0205_ significance of disability/policy.htm#Overview.

Success by Six: Telephone interview on February 24, 2009, with Joneen Corrao, director of Success by Six, a program of the United Way of Buffalo & Erie County. See also http://www.uwbec.org/ content/pages/Sby6.php.

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Community Health Foundation





