



Poverty, Power, Prejudice and Parenting

An invited seminar to scope a culture for the UK that will allow maximum benefit for 0-2s from recent neuro-scientific discoveries

21st November 2013

Portcullis House, Westminster

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1. The Programme

This invited seminar took place in Portcullis House on 21st November 2013. Its primary aim was to scope a culture for the UK that will allow maximum benefit for 0-2s from recent neuro-scientific discoveries.

11.00	Welcome and introduction – Nick Peacey
11.10	Making the most of your assets – Claire Topping
11.30	Lifecycle not lifestyle – Sebastian Kraemer
11.50	Group work
12.30	Feedback from groups
12.50	Response – Frank Field MP
13.00	Seminar ends

2. Welcome and introduction

Nick Peacey introduced the seminar. He explained that there was a need to move the debate on the earliest years beyond the issue of service provision to cultural/contextual issues.

While FYAG is proud to be associated with the cross-party manifesto, *The 1001 Critical Days*, from The All Party Parliamentary Group on 0-2s, led by Andrea Leadsom and Frank Field, with Paul Burstow and Caroline Lucas, the scope of the manifesto was necessarily limited.

For example, an expert discussion on breastfeeding (*Today* programme 12.11.13), premised on the finding that the length of breastfeeding in UK is poor by international standards and that something must be done about this, touched on:

- guilt, judgmental behaviour, stigma, embarrassment
- pressure to return to work
- society not being geared to/undervalues breastfeeding
- the need to celebrate all babies and their mothers

None of this appears in *The 1001 Critical Days*.

Inequality is part of the picture. Nick noted the report from Income Data Services that FTSE 100 directors' median total earnings increased by 14% last year (18.11.13); the Office for National Statistics reported that total pay (including bonuses) grew by 0.7% in July-September 2013 compared with a year earlier (18.11.13).

FYAG has always argued that this is an issue for all, not just for 'the disadvantaged'. For example, parents passionate about their jobs have tensions to resolve over childcare, just like many others in less stable employment.

Zoe Williams in *The Guardian* (20.11.13) expressed society's pressure powerfully. 'Women, by modern logic, win by having economic agency and lose by being economically excluded. Children, having no economic contribution to make, are either a neutral value in the equation, an appendage of the mother, or a negative value, a drain on the mother. What if the mother wants to hang out with the child, not

because she has been subjugated by the patriarchy, but because she thinks the child is awesome? What if the father does too?’

Note: a study for the TUC of parental leave legislation puts the UK last in Europe when it comes to giving parents well-paid leave after the birth of their child (Moss, 2013).

3. Making the Most of Your Assets - Claire Topping

Claire Topping introduced the ideas and literature of an asset-based approach to public health as a route to discussion of the theme of the seminar.

3.1 Asset theory

Aaron Antonovsky, the founding figure in asset theory, coined the term *salutogenesis* (the origin of health) based on his exploration of the factors (‘assets’) that support human health and well being.

His work proposes as core concepts:

- Generalised Resistance Resources (GRR): biological, material and psychosocial factors which make it easier for people to understand and structure their lives (assets)
- Sense of Coherence (SoC): a positive way of looking at life and the ability to manage the many stresses encountered through life (SoC provides the capability to use GRR/assets)

Antonovsky considered that life experiences shape the elements that make up an individual’s sense of coherence:

- *Comprehensibility* (life has a certain predictability and can be understood)
- *Manageability* (resources are enough to meet personal needs)
- *Meaningfulness* (life makes sense, problems are worth investing energy in)
- *Emotional closeness* (the person has emotional bonds with others and feels part of their community)

3.2 What is an asset?

‘A health asset is any factor or resource which enhances the ability of communities and populations to maintain and sustain health and well being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffet against life’s stresses’ (Morgan and Ziglio 2007).

Rather than starting from a deficit model, which identifies a sub-group of the population requiring a particular (often existing) intervention or service, an asset-based approach will identify assets and devise strategies to enhance them across the population.

Claire introduced the Search Institute model of *40 Developmental Assets for Early Childhood* (Appendix A) as an example of the approach.

3.3 Obesity and assets

Claire suggested that rather than pose a question on intervention on obesity as ‘How do we get obese people to lose weight?’, an asset-based approach might begin by asking: ‘What are the things that help people to be active and eat healthily?’

3.4 An asset-based approach to homelessness among young people

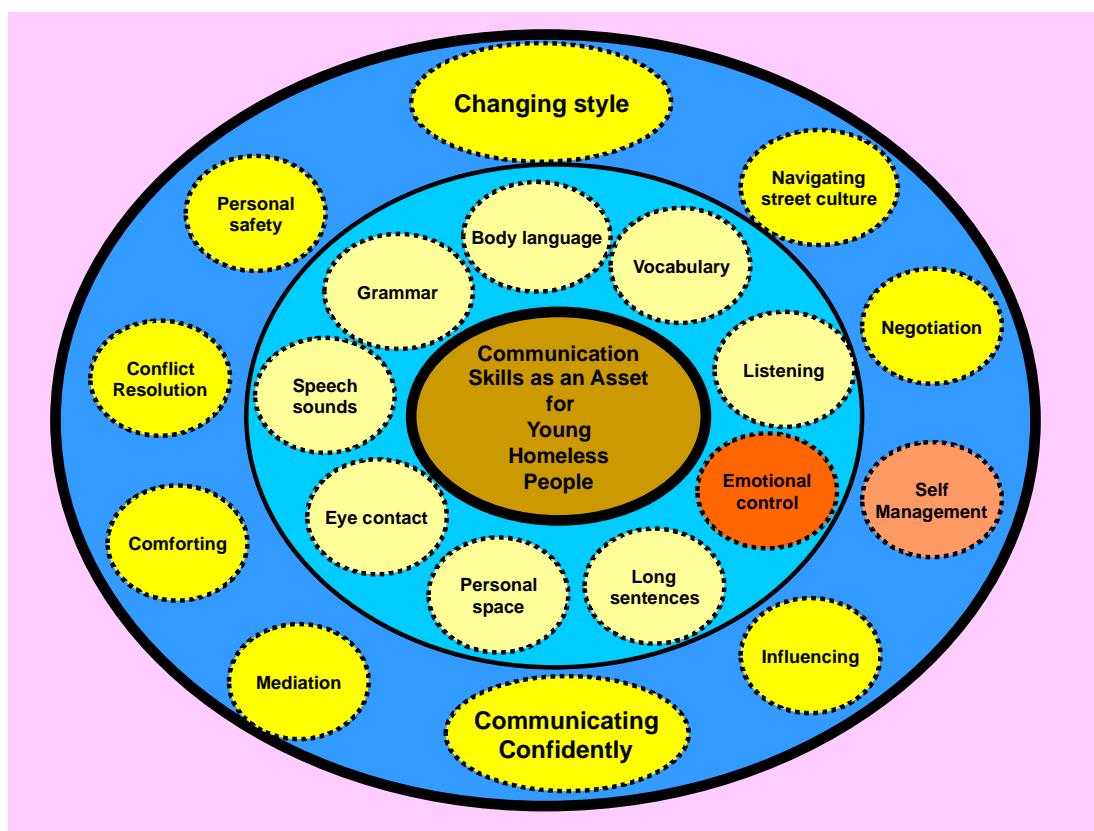
Claire is completing a doctorate research project that addresses the question:

'How can communication skills act as an asset for young homeless people?'

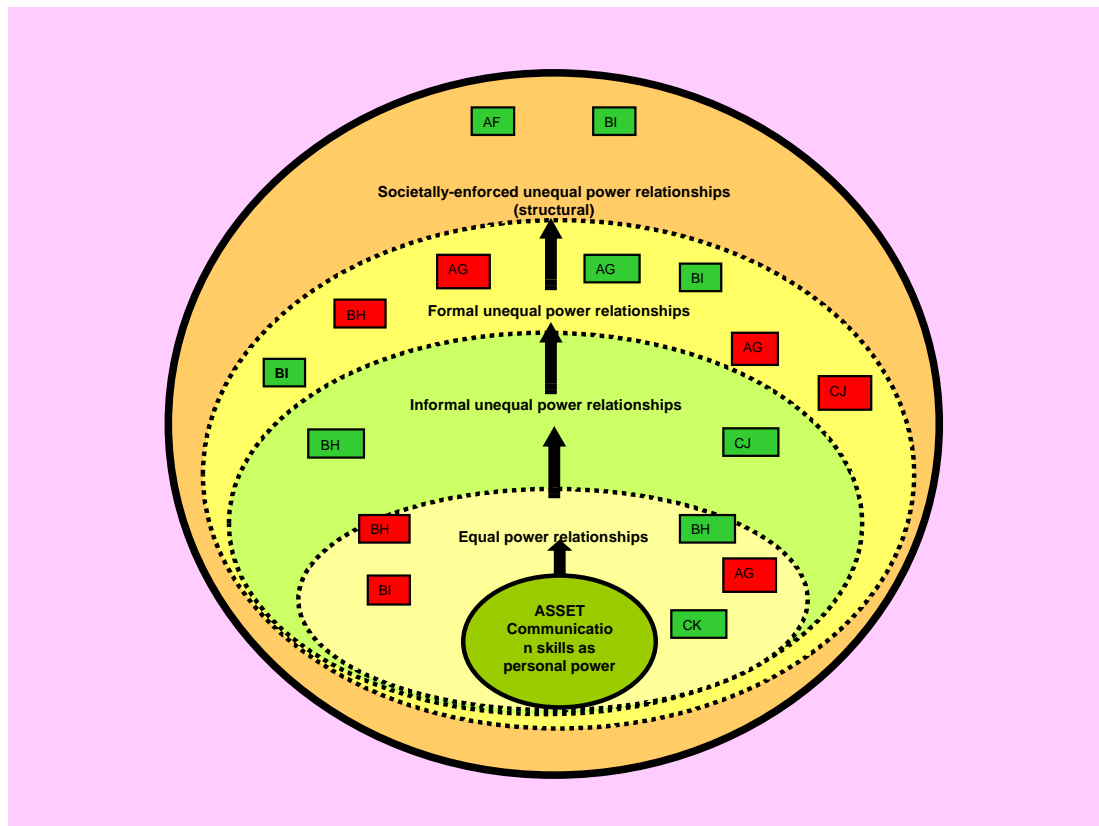
She began by listening to homeless young people's views and built a theoretical model based on their responses, particularly in relation to certain key situations where skill in communication could tip the balance:

- talking to police
- attending interviews relating to work, college or housing
- negotiating within street culture
- non-violent conflict resolution

Her research has developed a model of communication skills as an asset. The model has two parts; Firstly, the different sub-components of communication skills as identified by the young people (fig 1):



Secondly, the contexts in which these skills function (fig 2). These contexts are identified in terms of the power relationships they embody:



Claire summarised her thesis in these terms:

- communication skills function as an asset when they assist young people to achieve positive outcomes across a range of different power relationships. In the words of one of her interviewees: 'The way you put things across - words can be a very powerful weapon if you're going to be in an interview or something' (Male, 20yrs, hostel)
- the greater the asset, the greater the range of power relationships that can be influenced and the more likely a positive outcome is to occur.

This model has similarities to the following quote from Robinson (2008), which articulates the interaction of individual agency with structural limitations.

'Young homeless people are neither the architects of their situation nor the passive objects of external forces. They are both these things, attempting to find their own pathways in an environment of choice and constraint.'

3.5 Conclusion

In relation to the issues to be scoped during the discussion, Claire reminded us of Eisner's comment (Eisner, 1993):

'The facts never speak for themselves...
What they say depends on the questions we ask.'

4. Lifecycle not lifestyle – Sebastian Kraemer

Not only can poor conditions – social, medical and material – have a negative impact on the developing foetus and the new born baby's attachment to its parents, these conditions have a continuing impact on the human lifecycle. Sebastian Kraemer's presentation gave an overview of the social, developmental and medical science behind early intervention and argued that support, and if necessary intervention, should be targeted a. before conception, b. during pregnancy and c. when the baby has been born. Without this, most people discussed in the presentation have few choices that will affect their children's lives positively and break the continuing lifecycle of inequality.

4.1 Conception

The presentation first looked at the beginnings of the human lifecycle and considered the effect that a lack of choice over conception could have on a mother's attachment to her baby. The UK has high teenage pregnancy rates compared with other European countries:

- A number of reasons are given by teenagers for their non-use of contraception but lack of knowledge about contraception is rarely cited
- Teenage birth rates are far higher in the more unequal rich countries such as the UK and the US and lower in the more equal rich countries such as Japan and Nordic countries
- Unwanted pregnancies may be the tip of the iceberg. McNeil et al (2009) report that when an unwanted pregnancy occurs together with genetic risk for psychosis, this is related to both the adult schizophrenia-spectrum and affective disorders in the offspring

4.2 Pregnancy and anxiety

Which women are most likely to become anxious during pregnancy and what can happen to them? :

- Antenatal anxiety is more common in women in their teens and twenties, non-white women, those women who are most deprived, those with a long-term health problem and those who have an unplanned pregnancy (Henderson & Redshaw, 2013)
- Women who are anxious during pregnancy are more likely to have hospital admissions in pregnancy
- Women who are anxious during pregnancy are more likely to report staff indifference or unkindness
- Less than half of the women with anxiety saw a health care professional about it

What can happen to the child born to a woman with high levels of anxiety during pregnancy? :

- Evidence shows that maternal stress alters foetal development with consequences for infant stress regulation
- The children are more likely to have higher rates of behavioural and emotional problems by the time they reach 7 years old
- The children are more likely to suffer respiratory, general and skin illnesses and require antibiotics in their first year of life

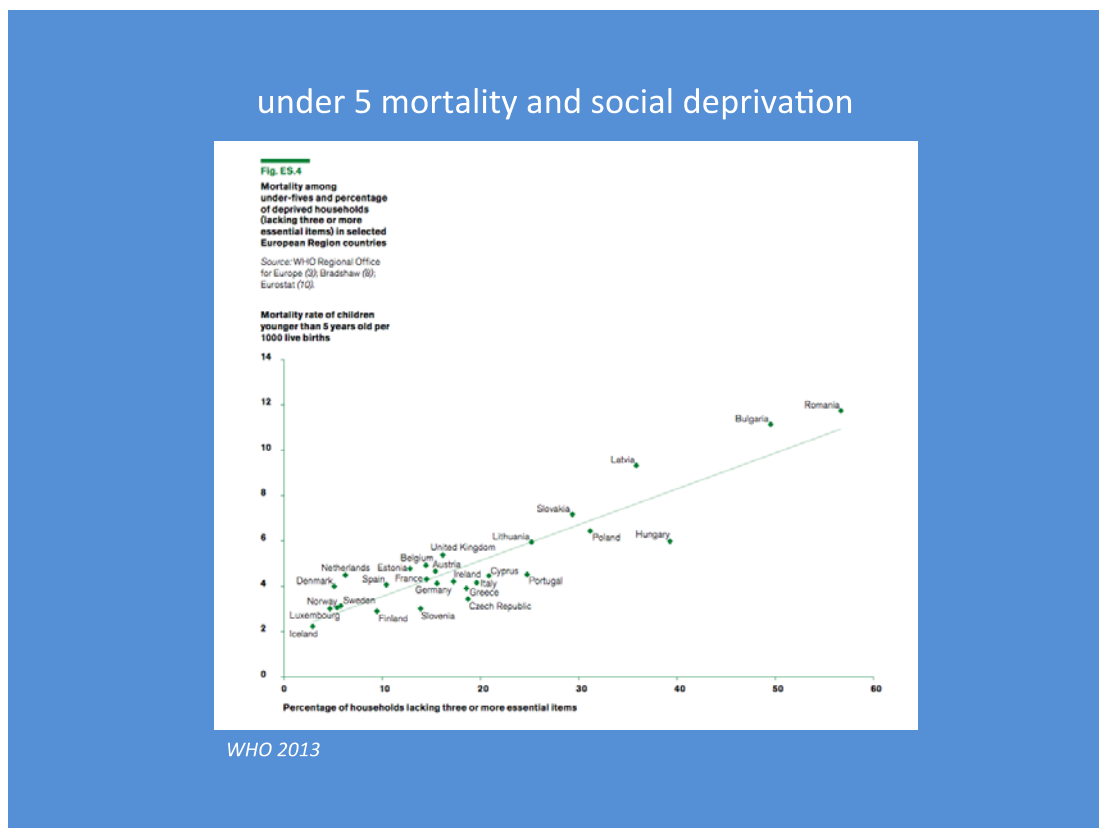
Post-natal depression can impact the lifecycle:

- Offspring of post-natally depressed mothers are at increased risk for depression by 16 years of age (Murray et al 2011)

The baby's biology determines its psychology.

4.3 Impact of poverty

- Women from deprived areas are more likely to have preterm births
- Tunstall et al (2010) show that 'families that moved during pregnancy and infancy had worse self-rated health and depression amongst mothers, and lower birth weight and higher risk of accidents among infants, than non-movers'
- Poverty in early childhood impacts brain development at school age and Luby et al (2013) argue that 'attempts to enhance early caregiving should be a focused public health target for prevention and early intervention.' The link between poverty and mortality of under 5s is demonstrated in fig 1 (Slide 23):



The lifecycle repeats

The evidence shows that mothers with borderline personality disorder:

- struggled to relate to their young infants
- more likely to result in disorganised attachment and caregiving to infants

4.4 Child caring and relationships for the earliest years

The process of getting to know your baby takes time but this is a crucial part of the infant's healthy development and needs more support from the state in the form of paid parental leave. Sebastian quoted Tanaka (2005) '...a ten week extension in paid leave is predicted to decrease post neonatal mortality rates by 4.1%'. Sebastian also

referred to the importance of early father-infant interactions and the work of Ramchandani et al (2013) who show that 'disengaged interactions of fathers with their infants, as early as the third month of life, predict early behavioural problems in children'.

Consideration was given to the care provided for infants in traditional hunter-gatherer societies where ratios are typically four adults to one child. Ratios in post-industrial pre-school care settings are one sixteenth of this (Bruce Perry, 2013).

To highlight the importance of the interaction between the infant and their parents, Sebastian drew attention to the work of Fivaz-Depeursinge and colleagues (Fivaz-Depeursinge et al 2007), which suggests that babies are able to become active partners in family interaction far earlier than previously thought.

What makes child care work well? Research by Leach et al (2012) shows that the most significant variable in satisfaction with child-care (for babies under one year) was "communication with the caregiver" and this was not communication about the child or the care but communication between the parent and carer as people.

Child-minders got higher scores from mothers than nursery staff. The researchers think this was because:

- Child minders were available at the beginning and end of the day where the most relevant nursery staff, working shifts, might not be.
- Child minders (at that date) were perceived by mothers as "ordinary women like me" whereas nursery staff were more likely to be seen as professional. Equally important may have been the fact that most child-minders were of the same age group as their client-mothers and mothers themselves whereas nursery workers tended to be very much younger and childless.

Good quality, loving child-care, with good ratios, where there are good relationships between the carers and the parents are key to the development of a happy, healthy child.

Conti and Heckman (2012) have demonstrated that investment in the earliest stage of the life cycle produces the greatest return and this is demonstrated in fig 2 (sl34):



Conti & Heckman 2012

4.5 Conclusions: Transforming evidence into policy

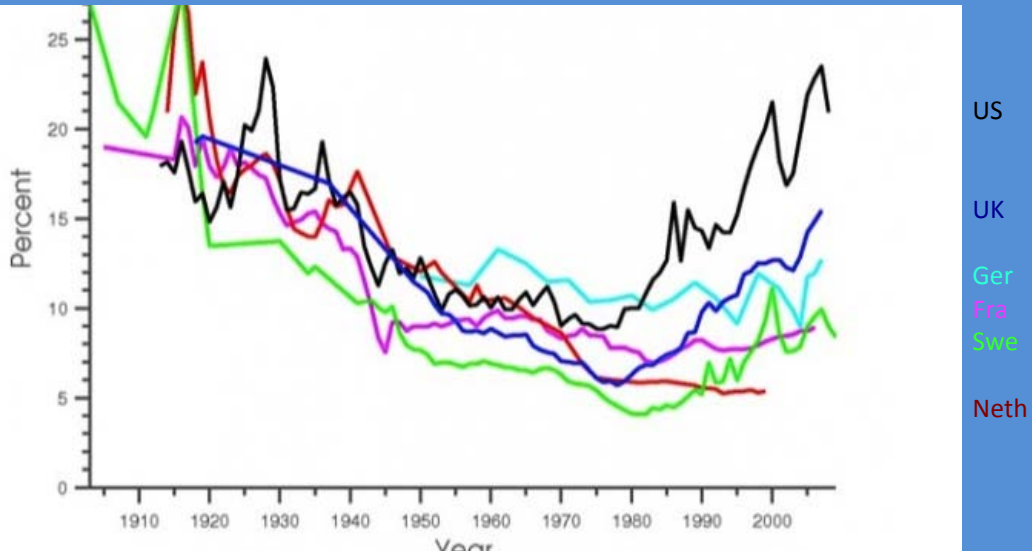
This will require a combination of cultural shift and service redesign:

- A recent paper published by the IPPR (2012) argues that recognising the importance of human relationships could revolutionise the role of the state. Marc Stears writes that there should be a 'focus on the design of processes – especially ones that enable relationships.'
- Clinical practice needs to change to enable professionals to work in more collaborative ways
- A holistic approach to all ante-, peri- and post-natal services would enable seamless access for all families which would provide a unique opportunity to work with them at a stage so vitally important to the development of children
- Programmes like the Maternal Early Childhood Sustained Home-visiting (MECSH) programme developed in Australia show that services can be redesigned to make a positive impact on mother and baby

4.6 Conclusions: The most equal societies generate the healthiest lifecycle

- Inequality generates anxiety and insecurity unequally but all the way up the scale
- Marmot's Whitehall studies showed a strong association between grade levels of civil servant employment and mortality rates (men in the lowest grade had a mortality rate three times higher than that of men in the highest grade)
- The percentage of people earning the top 1% of incomes is higher in the US and the UK. See fig 3 (sl44):

top 1% incomes 1900 - 2005



5. Group work - feedback and conclusions

Seminar attendees worked in three groups to answer the following questions:

- Identify not more than ten aspects of attitude or culture surrounding the 0-2s that concern you as a group (including things that are currently working that need preserving or further development)
- Identify not more than five priority actions to be taken by an incoming government to address those concerns
- Identify some quick wins that could be adopted at little or no cost with positive results

5.1 Aspects of attitude or culture that are concerning

- Support for parents must be realistic about the role. Child rearing should not be idealised. We need to debunk the myth that starting a family is easy and we need to be honest about what is normal - especially in the earliest years. We might then begin to properly value the parenting role.
- Too much emphasis of the Early Years Foundation Stage (EYFS) is on learning and cognition. The focus should be on prioritising emotional security and stability for these very young children.
- Ofsted fails to understand the importance of the 0-2 age group. In particular, its reports suggest a lack of understanding how the quality of the care provided for this age group is crucial in ensuring long-term good emotional and physical health and well being.

- The value that UK society places on caring for children (care provided either by parents or by paid carers) is too low. There should be just a handful of familiar faces caring for a baby and this care should be viewed as paramount in the development of a healthy society. It is vital that a change in UK culture is brought about so that our society begins to value the caring role and that raising children is regarded imperative for the social good.
- Models of care and access to resources rely on providing a child with a label or the use of negative terminology. Labelling induces perverse incentives. It can also create a stigma that impacts the entire family. Health visiting has become a stigmatising profession that picks up 'social care' cases. The UK needs to shift its model of care towards prevention and away from the current focus on fixing problems. We need to begin talking about how to support the development of good social and emotional health – and not child mental health.
- The role of the father is often not seen as important. More emphasis on the importance of the father's role is needed. The UK's culture of long working hours (for mother too) is potentially harmful for new parents.
- The cutting of resources from children's centres is alarming. Parents need support and other parents to talk to. Care giving must not be a solitary activity. Children's centres should be the hubs of communities.
- Concern about the way in which the UK values child rearing and caring for children must not always be related to poverty.

5.2 Priority actions areas to be taken by incoming government to address concerns

- The UK has comparatively short levels of maternity and paternity leave. There should be a longer period of leave which is adequately paid for. There should be compensation for employers for the period of time that the employee is away from work. More work needs to be undertaken on supporting fathers, the wider recognition of the importance of the father's role and in turn, encouraging fathers to take paternity leave.
- Serious action needs to be taken to tackle the qualifications and skill levels of those working with the 0-2 age group. Investment in the 0-2 age group will bring long-term benefits. Successive governments have been plagued by short-termism.
- Child care settings need to be supported and properly funded/subsidised to ensure that a. childcare ratios are lower (not higher as currently proposed). The significance of high adult to child ratios needs to be understood and implemented across the UK and b. childcare workers and professionals are properly rewarded and therefore c. quality childcare is affordable for parents.
- Investigate the expansion of the Roots of Empathy project (or similar) in the UK <http://www.rootsofempathy.org/>

- Programmes to increase public awareness about parenting and the vital importance of the first two years. Programmes should be realistic about the difficulties that new parents might face.
- Enhance children's centres rather than cut back on their resources. Funding for children's centres should be ring fenced. Access to children's centres for all new parents should be statutory. Proper resourcing will assist in the early identification of families under stress.
- Further investigation of health visiting and how the profession's support for new parents can be enhanced. Health visitors should be trained to provide parents with information on their baby's emotional needs – not just baby's physical needs.
- Look at what lessons can be learned from the Nordic countries. For example, one government programme provides all new parents with time and space to talk about their experiences in becoming new parents.
- Recognition of the 20% of grandparents who spend time caring for their grandchildren and what lessons can be learned from them.

5.3 Quick wins that could be adopted at little or no cost

- Use existing children's centres to act as central point for all children's services to be provided under one roof. For example, the registration of births.
- Spread the word! Galvanize the response and consensus from academics about the importance of investment in 0-2s. Prioritise the communication of the knowledge that we have about how future emotional, physical and mental health is predicated on the first 2 years.
- Persuade MacClaren and other high profile buggy and pushchair manufacturers to turn their buggies and pushchairs around. Advise consumers why this change is necessary. Forward-facing buggies are now available for newborn babies as well as the 6 months plus age group.
- Celebrity/TV Big Mama! Role model parents are needed to connect with new parents via TV programmes and social media.
- Encourage celebrity parents to talk about the reality of becoming parents or to talk about their struggles or their post-natal depression. It is critical that we stop pretending that motherhood or parenthood is always wonderful.
- Make a 'foundation years app' that provides information on what is normal and provides enhanced support at key stages, available for all new parents. See: the wonder weeks app <http://www.thewonderweeks.com/about-the-wonder-week-app/>

6. Response from Frank Field

Frank Field MP listened to the responses from the three groups and highlighted the following points:

- There will be no additional funding in the new Parliament – policy makers will be looking at how existing budgets are better spent.
- We should review how we can support a cultural shift in thinking: how can we begin to prioritise the emotional over the material?
- It is essential that we do not see this as an issue necessarily related to poverty.
- We should begin to view the provision of quality childcare as something for the public good. How do we get that message across?
- More openness is required about the essentiality of the father's role. Can this be built into the curriculum?
- Let's promote the discussion about buggies and prams and the 'Celebrity Big Mama!' idea.
- We should link with the All Parliamentary Party Group on Sure Start.

Frank Field asked all attendees to think about six things that they would like Sure Start centres to do: for example, undertaking the registration of births or welcoming ceremonies as well as looking at harnessing the ability of parents to help run the centres.

7. Conclusions of the seminar

Attendees were thanked for coming to Portcullis House to participate in such an interesting and valuable event. The two presentations stimulated some excellent discussion. The outcome of these discussions will be used to further the Foundation Years Action Group's work advancing the education and understanding of the substantial body of scientific work that has established that the earliest relationships play a major role in shaping a baby's brain and thus influencing their future life chances.

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Appendix A – Search Institute 40 Developmental Assets for Early Childhood

Search INSTITUTE **40 Developmental Assets® for Early Childhood (ages 3 to 5)**

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young children grow up healthy, caring, and responsible.

External Assets	Support	<ol style="list-style-type: none"> Family support—Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child's individuality. Positive family communication—Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input. Other adult relationships—With the family's support, the child experiences consistent, caring relationships with adults outside the family. Caring neighbors—The child's network of relationships includes neighbors who provide emotional support and a sense of belonging. Caring climate in child-care and educational settings—Caregivers and teachers create environments that are nurturing, accepting, encouraging, and secure. Parent involvement in child care and education—Parent(s), caregivers, and teachers together create a consistent and supportive approach to fostering the child's successful growth. 	
	Empowerment	<ol style="list-style-type: none"> Community cherishes and values young children—Children are welcomed and included throughout community life. Children seen as resources—The community demonstrates that children are valuable resources by investing in a child-rearing system of family support and high-quality activities and resources to meet children's physical, social, and emotional needs. Service to others—The child has opportunities to perform simple but meaningful and caring actions for others. Safety—Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children's health and safety. 	
	Boundaries & Expectations	<ol style="list-style-type: none"> Family boundaries—The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child can understand and achieve. Boundaries in child-care and educational settings—Caregivers and educators use positive approaches to discipline and natural consequences to encourage self-regulation and acceptable behaviors. Neighborhood boundaries—Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, in a supportive, nonthreatening way. Adult role models—Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles. Positive peer relationships—Parent(s) and caregivers seek to provide opportunities for the child to interact positively with other children. Positive expectations—Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, undertaking challenging tasks, and performing activities to the best of her or his abilities. 	
	Constructive Use of Time	<ol style="list-style-type: none"> Play and creative activities—The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others. Out-of-home and community programs—The child experiences well-designed programs led by competent, caring adults in well-maintained settings. Religious community—The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development. Time at home—The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use. 	
	Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> Motivation to mastery—The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new learning and skills. Engagement in learning experiences—The child fully participates in a variety of activities that offer opportunities for learning. Home-program connection—The child experiences security, consistency, and connections between home and out-of-home care programs and learning activities. Bonding to programs—The child forms meaningful connections with out-of-home care and educational programs. Early literacy—The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.
		Positive Values	<ol style="list-style-type: none"> Caring—The child begins to show empathy, understanding, and awareness of others' feelings. Equality and social justice—The child begins to show concern for people who are excluded from play and other activities or not treated fairly because they are different. Integrity—The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right. Honesty—The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding. Responsibility—The child begins to follow through on simple tasks to take care of her- or himself and to help others. Self-regulation—The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
		Social Competencies	<ol style="list-style-type: none"> Planning and decision making—The child begins to plan for the immediate future, choosing from among several options and trying to solve problems. Interpersonal skills—The child cooperates, shares, plays harmoniously, and comforts others in distress. Cultural awareness and sensitivity—The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him. Resistance skills—The child begins to sense danger accurately, to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behavior. Peaceful conflict resolution—The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.
		Positive Identity	<ol style="list-style-type: none"> Personal power—The child can make choices that give a sense of having some influence over things that happen in her or his life. Self-esteem—The child likes her- or himself and has a growing sense of being valued by others. Sense of purpose—The child anticipates new opportunities, experiences, and milestones in growing up. Positive view of personal future—The child finds the world interesting and enjoyable, and feels that he or she has a positive place in it.

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