

# Caregiver Well-Being Affects Academic Achievement

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A new study

Research has shown repeatedly that poverty affects children's academic achievement. But what specifically about poverty causes these harmful effects? According to a study by FPG Child Development Institute, it is the well-being of caregivers. When examined together, parental education, household income, and self perception of financial status accounted for differences in every academic area evaluated. Children from households high in such socio-economic resources entered pre-K with more well developed language and math skills and fewer behavioral problems than their less advantaged peers.

The study, "Children Enrolled in Public Pre-K: The Relation of Family Life, Neighborhood Quality, and Socio-Economic Resources to Early Competence," examined the family and social environments of children enrolled in publicly funded pre-kindergarten and how they influenced children's skills.

Understanding which factors affect school readiness is critical as states develop eligibility criteria for new and expanded access to public pre-kindergarten programs. Much previous research has focused specifically on poverty. For example, studies show that poverty is associated with less responsive parenting. This research considered if other factors help account for the harmful effects of poverty.

While caregiver well-being stood out for its broad impact on academic achievement, researchers also found that neighborhood quality was a predictor for language development. Children living in deteriorating neighborhoods, regardless of family income and other socio-economic factors, have weaker language skills than those living in higher quality communities.

examines how family and social environments influence children's academic skills



#### **Research Questions**

The study focused on three research questions:

- What are the typical family characteristics of children enrolled in public pre-K, particularly the levels of resources and risks?
- What is the relationship of child competence to economic resources, family functioning, and neighborhood quality?
- Do parental well being, family functioning and neighborhood quality moderate and help account for the effects of socio-economic status on child competence?

## **Participants**

The study included 501 children enrolled in public pre-K in five states. The children were a subset of those enrolled in the National Center for Early Development & Learning's (NCEDL) Mutli-State Study of Pre-Kindergarten. One classroom from each of 240 centers participated.

## **Healthy Child Development**

Child development experts have identified four areas as critical to healthy child development:

- ♦ Socio-demographic (income and education):
  Children growing up with inadequate resources often have lower levels of intellectual functioning and higher levels of emotional and behavioral problems. The more chronic and persistent the experiences of disadvantage and the earlier in life it occurs, the more adverse the effects on children's development.
- ◆ Parental Well-Being (physical and psychological): Poverty is associated with increased illness and death rates. In addition, the strains that often accompany poverty can affect parental coping skills and ultimately children's functioning. Children raised by a depressed mother are at risk for a range of problems that include emotional, behavioral, and academic problems.
- ◆ Family Functioning: American children in poverty are five times as likely to live in divorced or separated households as children in families in the top 20 percent of the population. To clarify the effect of marital status on children, researchers raised two questions:
  - If not married, does the parent have access to alternative sources of support that might be as helpful in childrearing as having a spouse or partner?
  - Whether married or partnered, what is the quality of the relationship?

◆ Neighborhood Quality: Neighborhood quality has consistently been associated with child development. In neighborhoods perceived as dangerous, parents may be more restrictive of children's activities and curtail exploratory behavior, possibly limited learning opportunities.

## Methodology

The four areas described above were assessed through home interviews and direct child assessment. During the home interviews, a parent was asked questions about demographic characteristics, health and well-being of the primary caregiver, the quality of the marriage or partner relationship, stressful live events, and neighborhood quality. All questions were structured and close-ended. The parent also was videotaped doing a task with the child. Each child was assessed in the fall of the pre-K year using two standardized measures. Letter and color recognition was assessed and teachers rated children's behavior using a nationally recognized scale.

#### Results

Not surprisingly, given that many pre-K programs target low-income children, poverty was common. Almost half of the children experienced at least one stressful life event in the past 6 months, and 20 percent experienced two or more. Many (30 percent) lived in unsafe neighborhoods. In addition, many children (29 percent) had parents who were not married, but the overwhelming majority lived in a house with more than one adult.

While most of the factors by themselves were associated with differences in children's early academic skills, when examined together, parental education, household income, and self perception of financial status, accounted for differences in every academic area. In addition, neighborhood quality was a strong predictor of language skill. Children living in high quality neighborhoods had better language skills than those who lived in lower quality neighborhoods, regardless of family income.

#### To Learn More

Barbarin, O., Bryant, D., McCandies, T., Burchinal, M., Early, D., Clifford, R., Pianta, R., & Howes, C. (2006). Children enrolled in public pre-k: The relation of family life, neighborhood quality, and socio-economic resources to early competence. *American Journal of Orthopsychiatry*, 76(2), 265-276.

