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STABILIZING CHILDREN'S LIVES

Education and Child Care Providers

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April 2, 2020

Education and child care providers include teachers, caregivers, educational support staff and anyone else who interacts with children regularly in an education or child care setting. This category can also include family and friends who function as care providers for children, a subset of civic and faith organizations who offer child care and/or education, and a subset of social service providers who offer child care and/or education. (See companion documents on *Family and Friends, Civic and Faith Organizations,* and *Social Service Providers*.)

How Do Education and Child Care Providers Affect Stability?

Children spend a significant portion of their days with education and child care providers, who meet many of children's day-to-day needs. For example, education and child care providers are responsible for feeding children, offering a cognitively stimulating and culturally responsive educational environment, and providing them with a safe learning environment with routines and warm, nurturing relationships.

Although education and care providers are responsible for meeting these needs for both young and older children, the ways in which these needs are met may look different based on the child's age. For children with chronic health conditions or developmental disabilities, education and child care providers are tasked with tailoring instruction and providing developmentally appropriate supports.

These providers may also help stabilize children indirectly by supporting parents—sharing important information around education, routines, health, and
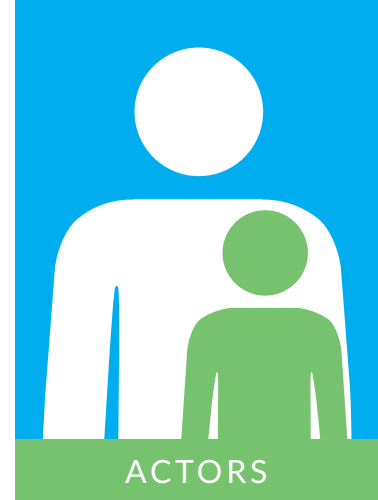
nutrition, as well as referring parents to resources that can support stability. Because these providers see children often, they are also some of the best-equipped actors to notice changes in children's behavior, signs or symptoms of verbal or physical abuse, or evidence that they are engaging in potentially risky behaviors. Therefore, these actors have a particular ability to buffer children against instability, both directly and by alerting parents.

These providers can also stabilize children's access to education and care by offering it on a schedule that fits parents' needs, as well as referring parents to resources they may need. Alternatively, providers who don't or can't meet children's core needs in education and care settings, or who don't communicate with parents and refer them to potentially helpful services and information, risk missing an opportunity to stabilize children.

How Does the Larger Economic, Political, and Cultural Context Shape Providers' Ability to Support Children?

Education and care providers often struggle with inadequate pay, resources, and supports to meet children's needs, and good quality settings can be difficult to find. In the case of child care and early education programs, quality care can be quite expensive and scarce, which creates barriers for parents. Policies, funding, and regulations for these settings vary widely from place to place, as well as for different providers (i.e., public, private, and charter schools, center-based and home- or family-based child care providers), which means they face different opportunities and barriers around stabilizing children and meeting their needs. Further, culturally responsive practices may or may not be emphasized depending on the political climate, curriculum requirements, and geographic location.

What Core Needs Do Education and Child Care Providers Affect?

Although the role of education and child care providers is most obvious in affecting the stability of children's core need for *education and care,* they can also directly or indirectly affect the stability of several other core needs for children, including *routines, relationships, health, safety,* and *food.* Each is described below.

EDUCATION AND CARE
Key mechanisms: direct interactions, information and access, control over time

Education and child care providers directly affect the stability of children's access to education and care. High-quality providers foster interactions that allow children to thrive, facilitating the development of both their content knowledge and social and emotional skills. Education and child care providers may also buffer the effect of other forces on the stability of children's education by providing the child experiencing instability with extra supports at school, developmentally appropriate instruction, after-school tutoring, and individualized education and care. For children with developmental disabilities, providers may tailor instruction, develop alternate lesson plans, or integrate classroom procedures that support the learning of all children, regardless of ability. Finally, education and child care providers may also directly reduce the effect of instability by referring parents to resources within or adjacent to the school setting such as counselors, school psychologists, free meal programs, subsidized after-school activities, or other supports, all of which can support children's learning.

However, education and child care providers' ability to provide a safe, engaging environment for children to learn and grow can be constrained by more systemic challenges around funding levels and policies that challenge their ability to flexibly meet family's needs and/or limit their ability to attract and retain highly qualified staff or invest in training or other quality-improvement activities. As a result, education and child care providers can destabilize children's learning by not having adequate care and high-quality instruction. And an absence of providers willing or able to provide certain services—that is, to provide care during nontraditional hours or meet children's special needs—can result in missed opportunities to stabilize children's access to learning. Moreover, providers may not be given any information or training around identifying signs of instability or what to do if they see such signs, and they may live in communities where extra supports (e.g., tutoring, referrals for individualized services) to help buffer children against instability are not available. Finally, education and child care providers not supported in understanding how to help children facing challenges can also exacerbate the consequences of instability for children—for example, expulsions and suspensions may further destabilize children's education and contribute to additional family instability.

ROUTINES

Key Mechanisms: information and access, direct interactions, and control over time

Education and child care providers can directly affect the stability of children's routines by establishing a sense of structure and predictability in the classroom. High-quality care providers employ practices that allow children to anticipate the next activity and develop a sense of trust and independence. Education and child care providers may also buffer the effect of other forces on the stability of children's routines by providing the child experiencing instability with extra supports at school, providing their parents with information on the importance of keeping regular routines, and encouraging parents to carry routines over from the classroom into the home (e.g., reading routines). Finally, education and child care providers may also directly reduce the effect of instability by helping families access other services they need to address the core issues causing instability, such as helping refer parents to social services or other supports.

Yet providers' ability to establish strong routines and predictable schedules for children can be challenged by external factors, ranging from funding levels and challenges retaining teachers and keeping down turnover rates to challenges in parents' lives that result in high levels of absenteeism. Providers may not be trained to identify signs of instability or know what to do to help them, and they may be faced with shortages in the services that can help stabilize children and reinstitute predictability in their lives. Further, education and care providers face special challenges in trying to support predictable care settings for children whose parents work nontraditional hours; these children can have less predictable routines because of challenges in finding child care providers during their parents' work hours. Finally, education and child care providers who rely on the use of expulsions and suspensions to manage children's behavior problems risk further destabilizing children's education and exacerbating family instability.

RELATIONSHIPS

Key mechanisms: direct interactions, information and access

Education and care providers may directly affect the stability of children's relationships by developing strong, warm, and consistent relationships with children characterized by mutual respect and dependability. These providers can also help

children learn to develop strong social skills by talking about how to build healthy relationships and mediating conflicts that occur in education and care settings among peers. The amount of time these providers spend on relationship-building activities and the development of prosocial skills further affects the stability of children's relationships in education and care settings and beyond.

Education and child care providers can also destabilize children's relationships and face challenges in their efforts to meet children's needs for stable, warm, trusting relationships with adults and peers. Levels of public investment in education and care settings affect core issues such as teacher compensation, training, and retention, which in turn affect the extent to which children experience turnover in their teachers or changes in their teaching staff, which affects the stability of children's relationships with them. Further, even if the teacher doesn't change, education and care providers who are not trained in and assessed around positive interventions can engage in harsh, punitive, or neglectful practices in the classroom or care setting and risk creating an unhealthy and unstable relationship with the children in their classroom as well as in the relationships children have with other adults. They may also miss the opportunity to mediate conflicts in the classroom or care setting or do so unfairly or inconsistently, which can affect children's relationships with their peers. Further, education and care providers who are not provided the training, leadership, resources, and flexibility to structure their care setting or classroom with adequate time dedicated to social interactions, age-appropriate play, or group work can limit the ability of children and young people to cultivate and build healthy, stable, relationships.

HEALTH
Key mechanisms: direct interactions, information and access

Education and care providers can directly affect children's health needs by meeting children's other core needs, including food, relationships, routines, safety, and education. By providing children with nutritious food and a cognitively stimulating, safe, and nurturing educational environment, these providers can support children's healthy growth and development. Education and care providers can implement standards around time spent on health-related activities, such as offering recess and physical education regularly. They may also teach kids about healthy attitudes and behaviors and healthy eating habits. They can step in when they notice children struggling physically (e.g., by noticing children who are squinting and referring them for glasses) or mentally/emotionally (e.g., by noticing children who have difficulty making friends or who are abnormally defiant or shy). For children with complex, chronic health conditions or developmental disabilities, these providers may support children's health needs through differentiated instruction and/or thoughtful, developmentally appropriate behavioral interventions and supports. They may also be an access point for programs and people that support children's health such as free and reduced-price breakfast and lunch, summer food service programs, school and intramural sports, and guidance counselors and other mental health professionals. Finally, they can also indirectly affect health by maintaining a clean environment, enforcing health requirements, such as vaccination records and annual check-ups, and providing parents with information and referrals around basic healthy practices in all of these areas.

Education and care providers can also contribute to instability in children's health if they can't or don't meet children's other core needs—a problem that can be shaped by larger systemic challenges around resources, funding, staffing, training, and policies. This includes providing unhealthy food, providing little time for exercise and play, not maintaining a clean environment, or being unable to build a safe, supportive, and educationally stimulating environment. They may also be unable to adapt the learning environment for children with chronic health conditions or developmental

disabilities. Education and care providers may also miss an opportunity to stabilize children's health if they are unable to step in when they notice children struggling physically, mentally, or emotionally. Finally, they may also employ harsh or punitive discipline strategies that put children's mental and, in extreme cases, physical health at risk.

SAFETY
Key mechanisms: direct interactions, information and access

Education and child care providers are responsible for keeping children safe in school and child care settings. Basic safety in these settings can be maximized by ensuring basic safety procedures, ranging from having soft surfaces under playground equipment and functioning smoke detectors to ensuring strong procedures exist around identity verification at all times, especially at pick-up and drop-off. Safety can also be maximized by working to address incidents of bullying or other unsafe behavior in school. Providers may support children's sense of safety by teaching children to identify risky situations and skills to keep them safe—physically, mentally, and emotionally. They can give children the opportunity to discuss what it means to feel safe and who to go to when they don't feel safe. These providers can also share information with parents about child safety, including information about child-proofing the house, sudden infant death syndrome (SIDS), and—for older children—how to monitor internet use and navigate difficult conversations about alcohol and drug use and risky sexual behavior. They can share information with parents about their children, noting when the child seems "off" and alerting parents of any behaviors or activities that may compromise child safety. With the proliferation and use of trauma-informed care, education and child care providers may buffer against instability by employing strategies that help children cope with existing trauma and create a safe, secure space at school where children feel safe to learn.

However, education and child care providers can jeopardize children's safety if they don't or can't provide a physically and mentally safe space for children to learn and develop. Yet their ability to do so can be shaped by larger systemic issues around staffing, resources, time, and funding. For example, they may not have the resources to dispense safety information, nor time or staff to discuss important safety practices. They may not have the staff training or time to mediate physical conflict or bullying among students or build warm and supportive relationships with their students. As conduits between children's life at school and parents, these providers may not have time to share information about safety or how children are doing in school with parents. In extreme cases, education and child care providers could exacerbate instability in safety by using harsh and punitive discipline practices. Finally, it is important to recognize that larger societal dangers, such as gun violence in education settings, create a particular challenge for education and care providers' efforts to keep children safe.

FOOD
Key mechanisms: direct interactions, information and access, benefits

Through adolescence, most children have at least one meal a day in an education and care setting. As such, education and care providers directly provide access to food. These providers may buffer against food instability by connecting families with low incomes to benefits and services such as free and reduced-price breakfast and lunch or the Child and Adult Care Food Program. Some go further and work to identify children who are food insecure and offer supplementary food through strategies such as backpack programs or reaching out to connect families with other resources.

Providers may further support children's stable access to healthy food by providing information in health classes around food and promoting healthy, positive behaviors and attitudes around food. Finally, they can try continuing to meet children's food needs during school holidays and breaks by connecting children to summer meal programs and other strategies to fill the gap.

Conversely, education and care providers may affect the stability of children's access to food if they can't take steps to identify and address food insecurity—another issue that can be shaped by larger structural and systemic issues of policy, funding, and resources. This includes not providing meals (and snacks when appropriate for younger children) to children in their care or not having the means to address food insecurity during school breaks or holidays. They may also fail to address stigmas around participating in free meal programs, perhaps unknowingly reducing the number of children such programs could reach. Moreover, providers may not be able to spend the time with children needed to notice children who display food-insecure behaviors, such as hoarding food or trading food for favors, the training to understand those signals, or the resources or knowledge to be able to address them. Finally, they may not have the training or resources to provide messaging around healthy behaviors and attitudes toward food or step in when they notice children displaying unhealthy attitudes toward food.

Stabilizing Children's Lives—A Web of Stabilizing Supports

Stability in children's environments, relationships, and basic needs being met is critical for their healthy development and well-being. Instability—defined as the experience of abrupt and/or involuntary change in individual, family, or community circumstances—can create significant barriers to meeting these foundational needs, particularly if the disruption is negative, frequent, or not buffered by an adult. The extent to which children experience instability is related to the actions of various **actors**, with **parents and guardians** primary among them, who together play an important role in the stability of meeting children's **core needs** and can buffer children from instability through different **mechanisms**. However, all relationships and interactions demonstrated in the model, and the ability of different actors to actively support stability in meeting children's core needs, are shaped by the greater contexts of the **economy**, **policy**, and **culture**. Finally, the model's different elements are highly **interconnected**, as they are all part of the child's **web of stabilizing supports**.

For more information, visit https://www.urban.org/ stabilizing-children to see the conceptual model and documents about each core need and each actor.
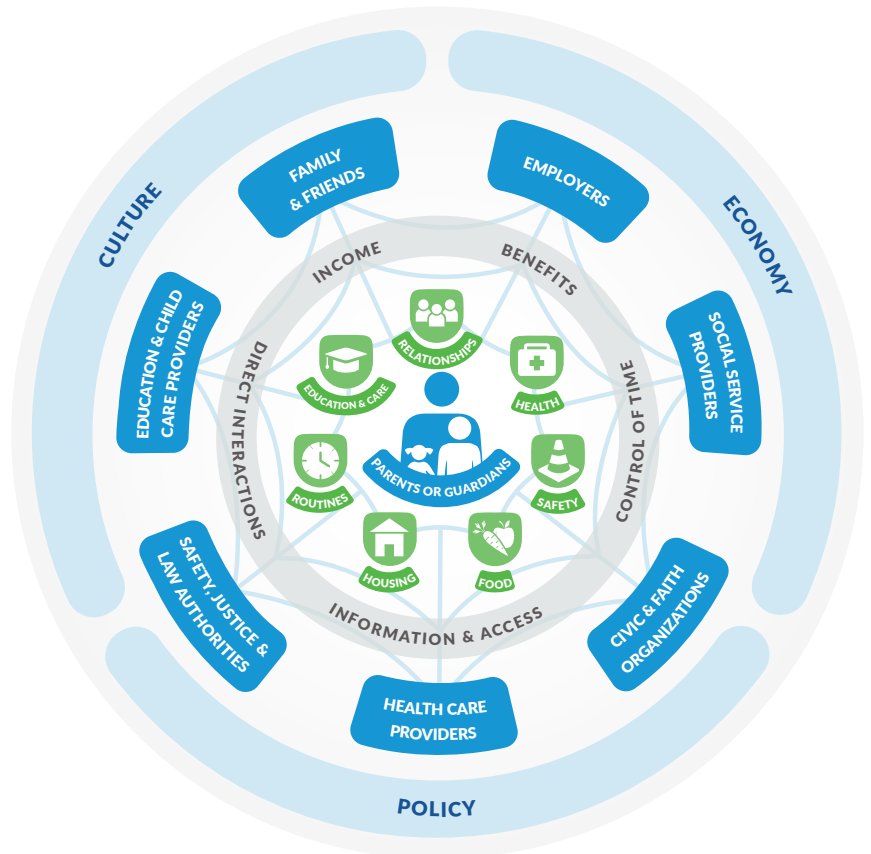
CORE NEEDS

All children need stability in three core areas: **relationships** with at least one loving, caring adult, access to basic resources (**food**, **health**, **housing**, **education**), and daily life (**routine**, **safety**). The **parent or guardian** directly or indirectly helps children access most core needs and serves as a child's central buffer against stress and instability.

MECHANISMS

Children's core needs can be stabilized or destabilized through different mechanisms, or the ways in which different actors affect core needs. Key mechanisms include **income**, **benefits**, **direct interactions**, **information and access**, and **control over time.**

ACTORS

Although **parents or guardians** are the central actors affecting a child's core needs, other actors can affect the stability of these needs being met through mechanisms that affect children directly, or indirectly through parents. Key actors include but are not limited to **employers**; **social service providers**; **health care providers**; **civic and faith organizations**, **safety, justice, and law authorities**; **education and child care providers**; and **family and friends**.

CONTEXT

The ways in which actors in the model affect children's core needs are shaped by the **cultural**, **economic**, and **political** climate in which all actors live. These overlapping contexts affect what resources families have,

how they spend their time and with whom they spend it, their communities, what services and supports they have access to from other actors, and the quality of those services and supports—all of which can be stabilizing or destabilizing for children. These contextual factors also shape the ability of key actors to support stability in children's lives.

THE WEB OF INTERCONNECTIONS

All actors and core needs in the cycle of family stability are interrelated, as illustrated by the **web** in the model. The impact of one actor on a child's life can not only affect the stability of a child's core needs being met, but can also reverberate back out and affect the stability of that child's relationship with another actor. Moreover, the stability of any given core need can affect the stability of other core needs.

Acknowledgments

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