ENGAGING AND EMPOWERING PARENTS
BUILDING BLOCKS FOR A PROSPEROUS TENNESSEE:
POLICY SOLUTIONS FOR ENSURING A SMART START, BIRTH TO 3RD GRADE

Introduction

Parents are children’s first and most influential teachers, playing a central role in the development of children’s brains, social-emotional growth and academic achievement. Beginning at birth, parents support their child’s learning by having nurturing conversations with their child, asking and answering questions, reading with their child, singing songs, and participating in shared experiences.¹ Research from the fields of neuroscience, molecular biology, education, economics, and human development point to the critical importance of these early child-adult interactions as a primary vehicle for children’s brain development.²

Positive, nurturing relationships with parents, family members, and caregivers protect and expand children’s brain development, improving their self-confidence, motivation to learn, capacity to develop and sustain friendships, ability to control impulses, and realize their academic potential.¹

Conversely, frequent and reoccurring negative stress diminishes young children’s brain development.¹,² This is especially true of prolonged periods of stress caused by adverse childhood experiences, or ACEs. Examples of ACEs include domestic violence, abuse, neglect, mental illness, exposure to violence and/or caregiver substance abuse.³ This is of particular concern in Tennessee because the opioid epidemic has resulted in a 10-fold increase in the number of babies born with Neonatal Abstinence Syndrome, or opioid addiction, in the last two decades, which often creates prolonged periods of stress even after hospital treatment.⁴ What we know is that today in Tennessee, 1 out of every 4 children experience two or more ACEs during the peak years of brain development.⁵

Additional factors can lead to disruptions in children’s optimal brain development including poverty, lack of nutrition, and lack of access to health and mental health care.⁶ Thirty-five percent of Tennessee’s school-age children live in or near poverty, 21% of children live in food-insecure households, and lack of access to quality health and mental health care is a statewide concern, with the needs particularly acute in high-poverty counties.⁵,⁷ When families’ basic needs are not met, parents are less able to engage in stimulating and nurturing child-parent interactions. The combination of stress from impoverished conditions and an absence of stimulating and nurturing interactions disrupts children’s developing brain architecture, which results in early achievement gaps, with disadvantaged children falling behind their more advantaged peers in vocabulary, skills, and knowledge.⁶,⁸

The good news is, quality early childhood programs that encourage positive, nurturing parent-child interactions and connect parents to critical community resources can prevent and/or mitigate the negative impact of disadvantaged conditions, resulting in stronger, positive outcomes for children.
In Tennessee a variety of home visiting programs support parents through frequent visitation in their home over a substantial length of time to assess child and family risks; coach parents on child development, attachment and bonding; provide health and developmental screenings; and provide referrals to other supports and services offered in the community. Home visiting programs, including Healthy Start, Nurse Home Visitor, Parents as Teachers, and programs funded through the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program result in positive outcomes for Tennessee’s children and families including better infant and maternal health, reductions in child abuse, decreases in domestic violence, increases in positive, supportive parenting practices, and greater school readiness.9

Tennessee’s challenge is ensuring adequate resources are efficiently allocated to support evidenced-based home visiting for at-risk families across the state. In the 2018-19 state budget, Tennessee’s Governor and lawmakers prioritized home visiting by restoring state funding for the programs to $3.4 million, but more support for children and families will be needed in the future.10 At the current level of funding, Tennessee is only able to provide home visiting services to 1.7% of children living in poverty.9

Tennessee has an opportunity to engage and empower parents with at-risk children for the short-and long-term benefit of children, families, local economies, and the state by expanding home visiting programs to serve more high-risk counties who currently have no access to this much-needed support.

When young children attend early learning programs, including child care, Head Start, pre-k and eventually kindergarten, parent engagement and empowerment requires a partnership between parents, teachers, and staff focused on deepening and accelerating children’s learning.11 Teacher-parent partnerships are most effective when parent participation is encouraged by teachers and school and program leaders; when parents and teachers are provided with multiple forms of data demonstrating children’s progress, growth, and challenges; and when specific tools and resources are provided to parents, with actionable items parents can do at home to deepen children's learning.11,12

Research indicates that family engagement provides a number of benefits for young children academically and socially, including improved literacy and math skills in pre-k and elementary school.13,14,15 Family engagement that results in higher academic and social outcomes for children is systemic, moving beyond a traditional approach of simply asking parents to volunteer or raise funds. A more effective approach to parent and family engagement includes trainings and workshops for parents on how to support learning during out-of-school time, the development of teacher-parent academic partnerships, stronger relationships and connections between families and school staff, and access for families to health and social services.11

For disadvantaged parents, who may work multiple jobs to make ends meet, have limited means to provide enriching experiences for their children, and/or who may experience extreme stress related to impoverished living conditions, meaningful engagement initiated by school and program staff, and connections to community resources are crucial to ensure their children have every opportunity to succeed.16

Pre-k programs and elementary schools that promote and encourage family-school partnerships, grounded in relationships, contribute to academic learning and healthy growth and development for children.17 When programs and schools take a proactive role to connect disadvantaged families to resources in the community, family systems are strengthened, and children thrive.16

Tennessee has an opportunity to deepen and accelerate children’s learning in the birth to third grade continuum by introducing, encouraging and incentivizing programs, schools, and districts to implement promising parent engagement programs anchored in best practices, and to facilitate the proliferation of school-and program-based models of support that connects parents and families to critical community resources and services.
Priorities for Action

The importance of parents’ roles in their child’s education cannot be overemphasized, particularly during the first eight years of children’s lives when children’s brains are rapidly developing.

As such, TQEE offers three recommendations for state action:

1. Expand evidence-based home visiting programs that provide early parenting support for at-risk families;
2. Encourage parent-teacher partnerships in early learning programs and elementary schools to boost children’s learning and academic outcomes; and
3. Establish, encourage and expand birth to third grade school-community partnerships that connect families in need to critical resources and services.

1. Early Parenting Support.

Tennessee supports parents with babies, toddlers and young children who have poor health conditions, developmental delays and/or who are at-risk due to poverty and other high-risk conditions through state and federally-funded programs including home visiting models, early intervention services, and Early Head Start and other full-or partially-subsidized child care programs.9,18,19 A brief overview of each program is provided below with recommendations for policy action. An Early Head Start overview is included in TQEE’s Improving Child Care Quality, Affordability and Accessibility policy brief.

### HOME VISITING MODELS IN TENNESSEE9

Tennessee receives federal funding through MIECHV formula and competitive-grant investments, in addition to state funding to implement three evidenced-based home visiting models and one research-based home visiting model through 34+ local implementing agencies in 61 counties.9 Models include:

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<tr>
<th>MODEL NAME</th>
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<tr>
<td><strong>Healthy Families America</strong></td>
<td>HFA is designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The model is best equipped to work with families who may have histories of trauma, intimate partner violence, mental health, or substance abuse issues. HFA services begin prenatally or right after birth and are offered voluntarily, intensively and over the long-term (3 to 5 years after the birth of the baby).</td>
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<td><strong>Nurse Family Partnership</strong></td>
<td>NFP is designed to work with low-income women who are having their first babies. Each woman is enrolled prior to 28 weeks of pregnancy and paired with a nurse who provides her with weekly home visits.</td>
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<td><strong>Parents as Teachers</strong></td>
<td>PAT is designed to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children’s school readiness. Services include one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families.</td>
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Child Health and Development (CHAD) CHAD is designed to work with adolescent parents and families of young children who experienced or are at high risk of experiencing abuse and/or neglect. CHAD services can begin prenatally or any time prior to the child’s 6th birthday. Intensity and length of service varies depending on family’s needs.

The Tennessee Department of Health (TDH) also utilizes the federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, investment in evidenced-based home visiting (EBHV) to implement the Welcome Baby Initiative. Welcome Baby provides universal outreach to every new parent in Tennessee and delivers an outreach contact to those families of children identified as highest risk. Recognizing that not all families need home visiting services, TDH maintains clear distinctions of EBHV program primary emphases. As such, TDH early childhood initiatives are working to advance a “no wrong door” approach so that families can receive the most appropriate services for their needs.9

By helping parents create a better future for their child, home visiting programs are supporting parents to become greater contributors to society, build their own strong and stable families, and bolster communities and the economy. The National Home Visiting Resource Center estimates that for every $1.00 invested in evidence-based home visiting, there is a return on investment of $1.80 - $5.70.9

Home visiting programs result in short-term benefits such as reduced emergency room visits, reduced rates of low birthweight, and reduced rates of infant mortality, as well as long-term benefits including reduced welfare use, reduced incidents of child abuse and neglect, and reduced rates of criminal conviction. Home visiting also reduces the chance a child is placed in foster care. The average per-child cost for Tennessee’s Healthy Start program is $3,625 versus an average annual per-child cost of $8,837 for foster care placement and $52,586 for out-of-home residential care placement.9

A primary challenge for Tennessee is to ensure an adequate supply of high-quality, evidenced-based home visiting (EBHV) programs for the parents and children who most need them most.

Currently, EBHV programs are only available in 50 of Tennessee’s 95 counties, leaving 45 counties with no access. While home visiting availability has been expanded in recent years to reach 50 counties, the capacity of home visiting programs to serve the population of children under the age of five varies by region and community.9 Home visiting requires in-person interactions that require significant transit time for early care professionals to reach families in particularly isolated or far-away counties. In total, EBHV programs serve just 1.7% of Tennessee’s poor children. This is an alarming statistic because research demonstrates that parental stress resulting from a lack of resources compounds toxic stress that may be experienced by children and families, resulting in a significant negative impact on young children’s brain development and school readiness.9 Further, the allocation of EBHV programs is currently based on a 2010 survey identifying high-priority communities based on health-related risk factors, but changes in demographics, economic conditions, health-related risk factors, health care coverage, and family mobility in the last 8 years suggests an urgent need for an updated statewide needs assessment by region and county for the allocation of federal and state dollars.

To improve outcomes for at-risk young children Tennessee should prioritize an expansion of high-quality evidenced-based home visiting programs in economically-depressed and high-risk regions and communities, based on the most recent data available.

It would also be advantageous for Tennessee to explore technology-based solutions that could provide home visiting programs with a cost-effective way to reduce geographic barriers to service delivery and professional growth, along with issues related to transportation, scheduling, and family engagement preferences. Multiple models have been piloted in other states with successful outcomes including online videoconferencing, virtual home visiting, and virtual parenting support systems where caregivers can access customized content and tools for children under the age of 5.20

Evidenced-based in-person home visiting programs and technology-based home visiting solutions are a smart investment for Tennessee, providing a significant return on investment and mitigating the need for later costlier interventions.
TENNESSEE EARLY INTERVENTION SERVICES

Tennessee’s Early Intervention Services (TEIS) provide home-based care, and some center-based care, for parents of children born with acute health risks and/or disabilities that are likely to contribute to developmental delays. Home-based care encourages the active participation of parents and/or caregivers in early intervention services by embedding positive child development strategies into family routines. The goal of the interventions is to ensure parents and family members are equipped to take responsibility for promoting their child’s optimal development and early learning. As needed, they also connect families with resources including various forms of health-related therapies to help with designated developmental conditions, health services, and social services.  

In 2015, Tennessee Early Intervention Services enacted a multi-year strategic plan to maximize current resources to serve more children with special needs more effectively. As a result of improved efforts, TEIS has increased referrals by 11% from 2016-17 to 2017-18, resulting in 15,713 children referred to TEIS for screening and potential services. While this is a positive outcome, TEIS continues to meet a barrier due to capacity constraints. To effectively serve more children and families, TEIS requires adequate infrastructure and field-based staff to provide targeted family supports.

As mentioned in TQEE’s Strengthen Accountability and Continuous Improvement in Early Education policy brief, TQEE recommends the establishment of a coordinated early learning data system to track and monitor supply and demand in early childhood programs serving multiple populations of children under the age of 5, including TEIS, home visiting programs, and child care. This will aid in the effort to expand the reach and effectiveness of current programs and services.

The goal of a coordinated early learning data system is to monitor gaps in access and infrastructure and respond with targeted investments that ensure Tennessee’s parents and families with at-risk babies, toddlers, and young children are given the support they need to provide their children with every opportunity to succeed in school and in life.
2. Parent-Teacher Partnerships.

Engaging families when children enter child care and elementary school is an effective tool to help improve academic and social outcomes for children. An examination of nearly 100 family engagement research studies found that "parents from diverse backgrounds, when given direction, can increase their involvement with their children’s learning at home and at school and that, when parents are more involved and more engaged, children tend to do better academically and socially."[21]

Parent engagement is most effective when parents and teachers actively shape and participate in a partnership to support children’s learning, growth and development.

Unfortunately, many parents, regardless of education or socio-economic background, lack user-friendly information on their child’s needs and progress or a vehicle to establish true partnership with teachers in educating their child.[16] In parent focus groups conducted by TQEE, parents reported brief parent-teacher conferences that focus on behavior or overall performance of the child, rather than joint approaches to helping the child succeed.[22] Optimal parent engagement that has the greatest impact on the child’s learning will be achieved through intentional parent-teacher partnerships.

**Intentional partnerships with parents and families in early childhood programs starts by leaders and staff building relationships with parents, welcoming families into the program or school community, and identifying common goals for children.**

An effective strategy to establish initial connections with parents and families is through teachers, staff and/or program and school leaders conducting visits to children’s homes or communities to meet with parents to share important program and school information, set shared goals for children, and listen to parents’ ideas and concerns. This kind of outreach can eliminate potential cultural barriers to effective parent-teacher partnerships because it takes place in a location where parents may be both comfortable and empowered, while also honoring the lives of children and parents irrespective of where they live.[23]

Once initial connections are made, programs and schools can further develop parent partnerships by teaching parents how to extend children’s learning at home. When parents are explicitly taught how to implement interactive reading and literacy-based play and learning games at home, children’s academic and social gains are deepened and sustained. In a recent study of enhanced Head Start classrooms where curriculum was augmented by parent interventions at home, children not only demonstrated significantly better early literacy skills, self-directed learning, and social competence, but also sustained gains into second grade, resulting in better academic performance, higher levels of classroom participation and social competence, and better interpersonal relationships with teachers and peers.[24]

Additional strategies to increase parents’ engagement in the life of a program or school is through shared community activities, such as hosting a family night for parents to learn how to build math and reading skills at home, or inviting parents and families to school picnics, dinners, and celebrations where children’s successes and progress are showcased. Shared community activities build trust between parents and teachers, paving a path for successful partnerships focused on learning goals for children. With a well-designed approach to family engagement, schools ensure families gain access to, or develop, the human and cultural capital they need to fully participate in the school’s educational program with their children. Families learn their role in reinforcing their children’s learning and also the importance of becoming partners in the schools’ reform efforts to ensure children’s academic success.[25]

TQEE was successful in advocating for 2018 legislation that launched a statewide pilot for a parent engagement model in collaboration with the Tennessee Department of Education.[26] The model helps elementary schools develop systems and processes that grow and sustain effective family engagement practices aligned to their improvement goals. Parent-teacher partnerships are structured to engage and empower parents by ensuring they are knowledgeable about their child’s progress and challenges. Parents and teachers collaboratively set academic goals for children and subsequently share student data to track and monitor student progress based on shared learning goals. Parents and families are provided information and skills to support student learning at home, and teachers learn how to create a school culture that honors families as partners.

Tennessee should continue to encourage and field test additional parent engagement models in early childhood programs and elementary schools to pave the way for expanded parent and family engagement. Further, promoting innovative methods of parent outreach, including home visits, phone texting, apps, and other technology solutions should be explored as additional pathways to empower parents and support children’s learning during out-of-school time.
3. **School-Community Partnerships.**

Aligning schools and community resources is a promising strategy for improving student outcomes by providing wraparound services that meet the social, physical, cognitive, and economic needs of both students and families. As previously mentioned, 35% of school-age children in Tennessee live in or near poverty and 15% of Tennessee’s children live in areas of concentrated poverty, which are associated with high crime rates, low social mobility, and poor educational outcomes. As well, 21% of children live in food-insecure households, which contributes to poor mental health, stress, and weight gain. Twenty-three percent of children in Tennessee have experienced two or more ACEs, which substantially increases the risk for negative health and educational outcomes.

School systems typically operate in resource-constrained conditions that create challenges to maintain adequate staff to address the totality of children’s needs, including the need for social services, health screenings, adequate nutrition, health and mental health care, and trauma-informed care.

A systemic solution Tennessee has used to tackle these barriers to children’s success is to provide school-based, coordinated health and social service supports for children and families through state-funded Family Resource Centers, public-private funding for Community Schools, and other innovative approaches that connect families to community supports. These approaches share a common strategy of leveraging schools as “hubs” to connect children and families to community-based or co-located health and social services.

There is great, untapped opportunity in Tennessee to employ a birth through third grade (B-3) model for school-community partnerships by bringing together elementary schools with early childhood programs, libraries, museums, hospitals, early intervention providers, and/or home visiting organizations to improve children’s learning experiences, health and development from birth.

B-3 partnerships could address academic gaps between pre-school and early elementary education by aligning standards and expectations and improving the transition to kindergarten. Additionally, B-3 partnerships could provide joint professional learning experiences to early childhood and early elementary teachers on literacy, math, and/or social-emotional development, as well as communitywide campaigns around literacy or kindergarten readiness. B-3 partnerships could address important health gaps by co-locating health clinics on site and providing vision and dental services for children and their families, in addition to developing a coherent system of referrals and coordination between multiple services providers and families as children transition to and from preschool into K-12 systems.

**TQEE recommends that Tennessee develop and expand school-community partnerships focused on the birth to third grade (B-3) continuum by catalyzing local initiatives through seed funding for replication of best practice models. Seed funding could be used to help local communities identify eligible school sites, plan for program implementation, and develop public-private partnerships to sustain the programs. As well, funding could be used to improve existing family supports to encompass a wider reach in their community or region.**

Additionally, TQEE recommends an increase in state funding for Family-Resource Centers to meet the most critical case management needs in high-poverty, high-needs communities statewide.
Conclusion

Parents are children’s first and most influential teachers.

Positive, nurturing relationships with parents, family members, and caregivers protect and expand children’s brain development, improving their self-confidence, motivation to learn, capacity to develop and sustain friendships, ability to control impulses, and realize their academic potential.

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Together, these policy priorities can strengthen parents’ skills to support their child’s learning and bolster family-school and family-program connections so that more of Tennessee’s students can grow, achieve and thrive in school.
Endnotes


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