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## Early Childhood Education: The Disadvantaged Child: How Early is Early?

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**Early Childhood Education-The Disadvantaged Child -  
How Early is Early?  
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**Abstract**

This paper is influenced by many years of work in residential services for children in need. My experience has spanned the changing nature of residential care, from the group home model of the 1970 and 1980's - which provided long term care to children, apart from their family, with little or no family contact, - to the more individualised care offered in units today for children with very specific needs, for short periods of time, usually in conjunction with their own families. This is in keeping with the spirit of the Child Care Act (1991).

Children admitted to care are disadvantaged by a number of factors. They have been separated from their primary caretaker, they are not being cared for in their own family and they tend to come from socially disadvantaged families [Schaffer and Schaffer (1968); O' Higgins (1996)]. The circumstances which lead these children to be in need of care can be many, are always complex and include the following; family breakdown; family unable to cope; neglect; abuse - physical, emotional and sexual; alcohol and or drug abuse; (McCarthy 1996):

Children especially in their first four years develop at a pace unparalleled at any other stage in life, but development may be thwarted by factors such as poverty or by the absence of parents (Gilligan 1991).

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The Collins Dictionary and Thesaurus (1987) defines education as "the act or process of acquiring knowledge" and the word "development" as having the same meaning as education. Therefore "development" and "education" are used interchangeably.

### **Introduction**

Education encompasses all aspects of life, can happen in any situation and at any age either alone or with others. Education is holistic and includes all aspects of development social, emotional, intellectual and spiritual and is acquired in many ways both conscious and unconscious. Research (Hunt 1961, and Bloom 1964) suggest that 50% of intellectual growth takes place between conception and 4 years and a further 25 -30 % by the age of 8 years, "As much development takes place in the first four years of life as in the following 13 years" (Pringle, 1975).

In any discussion on early childhood education the question must be asked, How early is early ? From studies by De Casper and Spence (1986) we know that children after birth respond to stories heard prior to birth. Drugs and alcohol are known to effect the development of the foetus (Finnigan 1982; Cooper 1987) and research evidence (Wadsworth, 1984) suggests that "Children born to teenage mothers tend to be disadvantaged on a number of fronts compared to older parents" (Gilligan, 1991).

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From the above it is clear that development is affected by a number of factors. Therefore, for the purpose of this paper early childhood education includes the period prior to birth as the "intrauterine environment and the first few days and weeks of life are significant for the infants future development" (Pringle, 1975). Some basic needs of children will be considered along with the importance of having these needs met for the child's subsequent development. In the final section prevention and intervention will be examined in the context of government and community initiative.

Sometimes early childhood has been regarded as an idyllic time of innocence ... but childhood is a period where the individual is adapting himself to the environment all the time

(Tucker 1977).

### **Earliest Childhood Education**

Some children in care today have a history of poor school attendance, at least, and at most have been so disruptive that they have gone through a number of schools. A small number of children, some as young as 8 - 9 years, are out of the primary system because they are deemed "unmanageable and unteachable". In an attempt to understand why this is so it is necessary to go back to the beginning - the very beginning.

The developing baby in the womb is affected by a great many factors. The mothers age, diet, lifestyle and emotional state all have an impact on the

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babie's development and subsequent needs. Infants born to adolescents are often premature and "the mortality rate of infants born to adolescent mothers is double that of infants born to mothers in their twenties" (Santrock 1994). Among the findings reported by Wadsworth (1984) in studies of babies born to teenage mothers, are:- greater health problems, lower I.Q., inferior development and greater behavioural problems. In Ireland in 1988, 4.5% of all births were to teenage mothers and 541 of these were outside marriage (Gilligan 1991). From conception to birth the developing foetus is totally dependent on its mother for nutrition, through her blood. In one American study of the diets of 400 pregnant women, babies born to mothers with poorest diet weighed the least, had the least vitality and were more likely to be born prematurely (Jeans, Smith and Stearns 1955).

The emotional state of the mother during pregnancy can have direct consequences on the development on the baby in the womb. A connection between mothers anxiety during pregnancy and the condition of the newborn were evident in studies carried out by Ottinger and Simmonds (1964). The mothers anxiety levels were monitored throughout pregnancy and on assessment after birth, the babies of the more anxious mothers cried more before feeding and were more active than the babies born to less anxious mothers. Physiological changes occur when the mother experiences fears or anxieties (Parker and Barrett 1992), "Producing adrenaline in response to fear

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restricts blood flow to the uterine area and may deprive the foetus of adequate oxygen" (Santrock 1994).

A large percentage of mothers of disadvantaged children live in an anxious or fearful state, not knowing where she is going to live, being afraid to go for antenatal care - for fear of being recognised, not having an adequate diet, living in violent situations or with emotional abuse - these can all contribute to a disadvantaged lifestyle for mother and baby.

Not only can infants hear immediately after birth, the baby can also hear in the last few months of pregnancy. In studies carried out by psychologists DeCasper and Spence (1986) they showed that babies who were read a particular story by their mother twice daily during the last six weeks of pregnancy, were able to recognise "their story" after birth. This was assessed by their sucking pattern which changed when hearing their story. This "reveals the remarkable ability of an infant's brain to learn even before birth" (Santrock 1994). With this in mind, it poses the question what do infants learn before birth when exposed to loud, aggressive and sudden sounds? and how does it affect their later development?

Much has been written on the physical effects, on the foetus, of smoking, alcohol consumption and drug taking by the pregnant woman, [Finnegan (1985), Dean (1985), O Connor and Daly (1985)]. These include lower birth weight and more medical problems. Some adverse effects on the behavioural

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characteristics of the child have also been noted, "Behaviourally, children so affected, may display hyperactivity, distractibility and short attention span, which may in turn lead to difficulties in school" (Cooper 1987).

From these examples it is clear that far from being born equal, a number of children are disadvantaged before they take their first breath. What can be done for these children will be considered later, but first let us examine some basic needs of all children, needs which must be met if they are to reach their potential.

### **The Needs of Children**

Because he cannot sustain himself, the infant requires extensive physical care in such areas as shelter and protection, food and clothing, activity and rest, in order to grow and develop. From a psychological viewpoint he needs affection, conversation, continuity of individual care, a familiar environment and routines. In order to develop security "a close emotional bond between the infant and care giver," (Bowlby 1969) must develop. Erickson (1968), Bowlby (1969) and Ainsworth (1979), among others, all agree on the importance of the first year of life for the development of attachment. Erickson (1968) believes that the first year represents the stage of trust Vs mistrust and that "trust in infancy sets the stage for a lifelong expectation that the world will be a good and pleasant place to be" (Erickson (1968).



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He also believes that responsive, sensitive parenting contributes to the infants sense of trust. We know from experience that some children do not receive such parenting, possibly because many parents have had deprived childhoods themselves which limits their capacity to understand and care for their children. Disadvantaged children do not always perceive the world as a "good and pleasant place to be" (Erickson 1968), but rather based on their experiences expect it to be hostile and threatening.

Sound attachment to primary carers is the basis for socialisation. Limits are set on children's behaviour, by their carer, to enable them to gradually learn self-control whereby they can postpone or forego some of their desires. At first this is done to keep the regard of the parent/carer and later on their own internal controls take over. Studies have shown that, securely attached infants were more socially competent and had better grades in 3rd class than their insecurely attached counterparts, (Egland 1989). Lack of attachment at an early age can be connected to children not having developed internal controls which are evident in selfish, demanding and immature or withdrawn behaviour later on. Bowlby (1965) has described how toddlers and young children, who are separated from their primary carers go through stages of "protest, despair and detachment."

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Pringle (1975) has categorised children's needs into four groups:

- Love and Security
- New Experiences
- Praise and Recognition
- Responsibility

Meeting the need for love and security can be aligned to attachment needs and to the ability to develop trust. If a baby learns to feel fed, warm and safe, he will begin to trust those with whom he associates those feelings and so he becomes secure in himself. To learn from new experiences, children must be given opportunity, for example, the toddler pulling himself into a standing position by the side of the chair, must be allowed to stretch out and take the first step if he is to learn to walk. Only if the need for new experiences is met throughout childhood will a child's intelligence develop satisfactorily "learning how to learn is facilitated through new experiences" (Pringle, 1975).

Children learn at an early age to repeat the behaviour which earns praise and attention from those around them. Watch the baby who has learned to clap his hands and the delight on his face when his carer responds in an excited manner, he repeats the process again and again. Responsibility coupled with praise and recognition help the young child to believe in himself and feel worthwhile.

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If one of the basic needs remains unmet, or it is inadequately met, then development may become stunted or distorted. The consequences can be disastrous (and costly) for the individual and for society

(Pringle 1975).

Not having basic needs met, children can become "stuck" at an earlier developmental stage. Young children who have had frequent changes of carer or who have suffered emotional or physical abuse or neglect as children in care often do, (O Higgins 1996), "become confused, not having a predictable world or a predictable person to interpret it" (B.A.A.F. 1984).

Life is full of experiences but for some children these experiences are negative and can include; hunger, loneliness, boredom, lack of stimulation, neglect and cruelty. Such children may be, "shouted at or hit for exploring, messiness or noisiness, they may never experience the joy of finding out how things work or of sharing in a stimulating conversation or action" (B.A.A.F. 1984), with a caring adult in their home. Such young children have constricted ideas of themselves and their place in society and very often present in schools at an early age as "unmanageable and unteachable."

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A number of babies are born disadvantaged while others can become disadvantaged through circumstances or experiences. The final part of this paper will consider ways of redressing the imbalance for these children.

### **Play**

"Is it really so much a child needs - the right to have space, time for exploration, so that each can grow at its own rhythm and become part of society in a natural way ?" (Berg 1972).

Fortunately, some children affected by disadvantage, in the very early stages of development, find individuals in foster and residential care in nurseries, pre-schools & schools to help them experience life in a positive way. This enables them to begin to trust and discover the world as a friendly and fun filled place where they can feel good about themselves and so begin the process which will prepare them for a formal education later on.

Research (Clarke 1976) indicates that favourable on-going experiences and future expectations can help a child, to a large extent, to "overcome the damaging effects of early neglect, rejection or ill-treatment" (B.A.A.F. 1984). The earlier they take place, the better for the child's ultimate achievement of his development potential. Any favourable experiences for young children

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must be based on play. "Play is a child's vehicle for growth, the wheels of movement that allow exploration of the world." (Riley 1973).

Play is central to the child's world (McMahon 1992; Oaklander 1988, Piaget 1962). The greater the fun element of play, the more a child will explore all its possibilities and consequently the more thoroughly he will acquire the basic skills and knowledge necessary for life. "Play helps children solve problems, learn language and develop cognitive skills" (Garvey 1977).

Play is the natural way to learn concentration, to experience imagination, to try out ideas, to practise being grown up and to develop a feeling of mastery over the world. It is also one of the most effective methods of learning known (Morley 1995). Play promotes language development (Piaget 1969). Children play with sounds, words and objects in a similar way, partly to practise newly developing skills, partly to acquire knowledge and mainly for enjoyment (Morley 1995).

Play is far more than a technique to foster intellectual development. It is central to the development of autonomy and mastery, to the development of a sense of self and self-esteem

(McMahon 1992).

**Prevention and Intervention**

The Task Force on Child Care Services (1980) highlighted the importance of support services for children and families at risk. It stated that such services should be "flexible, adaptable, responsive and non-stigmatising" and stressed the "importance of co-operation and partnership between the community, the families using the services and the funding agency" (Task Force Report 1980).

The community play-groups, set-up in 1969 were cited in the report as an example of this cooperation and partnership. Twenty-five years later the report on the National Education Convention (1994) echoed this when they said "Preschool intervention should be closely linked to the family, community and the school."

Community preschool playgroups cater for children from 3 years - 5 years and are run by members of the Irish Preschool Playgroup Association through community associations or co-operative groups of parents. They offer a safe, play-oriented environment where children gain a range of experiences, "If play is to provide the wide range of opportunities for learning which it potentially can do, then adult involvement is essential" (Pringle 1975).

Through the involvement of parents, mothers and fathers learn about their childrens needs and development and, maybe for the first time in their own lives, discover the value of play.

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Parents of disadvantaged children may feel intimidated or fearful of the school environment from their own early experiences. Some may even feel hostile towards it, however those who feel a sense of belonging with their child in a play-group are less likely to subsequently see school as threatening and are more likely to be supportive of both child and teacher and thereby become involved in their children's education. This is one example of how the cycle of disadvantage can be broken.

The children of the travelling community throughout the country have benefited from the policy of preschool provision. It is hoped that this will have an impact on, among other things, the numbers of travelling children attending primary schools, which is significantly low.

In recent years a limited number of compensatory programmes have been "designed to give these (disadvantaged) children a fairer start in education and in life generally" (I.N.T.O. 1995). The following is a brief outline of one such compensatory programme available in this country for preschool children. Early Start began in 1994 as a pilot preschool intervention programme for 3 year olds in 8 designated disadvantaged areas. Since 1995 it has been extended to 32 schools. The philosophy of the "Early Start" programme sees "learning as a guided discovery through a series of structured activities, aimed at the harmonious development of the whole child". (I.N.T.O. 1995).

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Language , music, drama, art and physical education are used as the medium for self expression, language and numeracy skills are seen as a priority and the Irish language is introduced. Parental involvement is a key feature of the Early Start, this is one of the two crucial factors in the success of compensatory programmes, the other being high teacher/ child ratio. Each session, lasting two and a half hours, is staffed by one qualified primary school teacher and one qualified child-care worker with a group of 15 children. "the overall aim for the Department of Educations preschool programme is to compensate for background deprivation" (I.N.T.O. 1995).

One would hope that those working with this age group of vulnerable young children would be required to have a specialist qualification in early childhood education to equip them for such a challenging task. Another hope would be that professionals from a variety of disciplines would have a role to play in such a programme, as "no single discipline or approach has all the answers" (Gilligan 1991).

A visiting speech therapist would be a valuable asset in detecting early warning signs of language difficulty, as would a public health nurse who as well as seeing the children could develop links with the parents. A great number of disadvantaged children and their parents may be in contact with their local community care team in the person of their social worker. Visiting the teacher and parent and observing the child in another setting is going to enable the



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social worker to gain greater insights into the possible needs of the child and his family.

The preschool (and primary) sector can learn from special education where professionals from different backgrounds offer a multi-disciplinary approach in the care and education of children with special needs.

### **Conclusion**

It is an indictment of society that many children are born disadvantaged. That children are born to disadvantaged mothers, who have lived in impoverished circumstances throughout their lives, is an even greater indictment of a society world-wide which has made such advances in air and space travel, in telecommunications and in the treatment and control of many diseases.

When social or economic disadvantages impede a child's potential, justice and equality imply the need for specially designed measures that seek to alleviate or eliminate the sources and consequences of this educational disadvantage (I.N.T.O. 1995).

A greater understanding of the totality of education and of the impact of negative experiences in the very early stages of development is needed if early childhood education is to be a valuable, positive experience for all. Local

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initiatives are not enough, they must be combined with a firm understanding and commitment from legislators and a flexibility and vision from planners.

Prevention and intervention must start long before the child's birth...the process must be started with today's children - the parents of tomorrow (Pringle 1975).

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