

Using Innovative Literacies to Develop Leadership and Agency: Inspiring Transformation and Hope

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Chapter 7

Facilitating Social Mobility: A Longitudinal Intervention With Children at Risk and Their Mothers

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ABSTRACT

The Creative Development program is a long-term literacy intervention program in Israel. It is designed to provide preschool children of low socio-economic status who are exposed to environmental risks an equal opportunity to realize their cognitive potential and develop social skills. The intervention provides consistent, one-on-one tutoring beginning when the children are 10 months old until the age of six. The program also instructs the mothers on creating optimal parent-child communication and cultivating the child's skills in regular home activities. This chapter describes the background of the intervention program, the program itself, its target population and goals, the process that two of the children in the program underwent, and the challenges and successes in working with them. Outcomes of children who graduated from the program demonstrate that the solid foundation built during the years of intervention creates a profound change in their abilities and self-efficacy. This has significant consequences for their future, opening a door toward social mobility.

INTRODUCTION

The *Creative Development* program is a unique, long-term literacy intervention program implemented in Israel. It was designed to provide preschool children of low socio-economic status exposed to environmental risks an equal opportunity to realize their cognitive potential and develop social skills. The program is unique in that it starts from a very young age, when the children are ten months old, and continues through the early childhood years until the age of six, when they start school.

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Facilitating Social Mobility

The focus on early childhood is based on the extensive research findings regarding the potential inherent in investing in early childhood education as a strategy to reduce intergenerational poverty and inequality (Gertler et al., 2014; Grantham-McGregor et al., 2007; Walker et al., 2011). Intervention programs targeting at-risk populations in early childhood achieve significant long-term benefits in adult educational attainment and psychosocial functioning (e.g., Heckman, 2006; Karoly et al., 2005; Reforms, 2010; Walker et al., 2011). Interventions that also promote parents' knowledge and parenting practices are effective in catalyzing the cognitive and social development of young children (Acar et al., 2021; Jeong et al., 2021; List et al., 2021). These programs benefit the children as well as society as a whole. Substantial benefits of early childhood intervention stem, from reducing expenditures on remedial teaching, lowering dependence on welfare benefits, and increasing participation in the labor market, which contributes to economic growth at the national level (Heckman et al., 2010). Additional support for early childhood investment comes from studies on brain neuroplasticity that stress the importance of appropriate stimuli in the first years for the development of brain systems essential for learning (Black et al., 2017; Grantham-McGregor et al., 2007; Pavlakis et al., 2015).

The *Creative Development* intervention program is also unique in its holistic approach and the scope of its goals, which extends to the cognitive, linguistic, emotional, motor, and social levels. Consistent personal and long-term professional tutoring at all of these levels provides an educational and social boost to the children that will improve their chances in the future to break the chain of intergenerational poverty (Jerrim & Macmillan, 2015). Research has documented the high probability of children growing up in distressed families becoming poor adults and parents of poor children (Blanden, 2013, Corak, 2016). The challenge of the intervention program is to promote the social mobility of the children it supports by increasing their chances of realizing themselves and their abilities, and overcoming the barriers arising from the difficult family background in which they are raised. This chapter describes the background of the intervention program, the program itself, its target population and goals, the process that two of the children in the program underwent, and the difficulties and successes in working with them.

BACKGROUND OF THE PROGRAM

The *Creative Development* program was established by a group of educators and therapists in 2010. All group members had extensive experience working with at-risk youths in the formal and informal education system in Israel. All shared feelings of frustration stemming from the realization that the ability to bring about change at the cognitive and behavioral levels at this age, although possible, is limited and requires extensive efforts on the part of the education system. The environment in which the children grew up, the neglect and lack of nurturing of their cognitive abilities, and the stressful circumstances of their pre-school childhood raised great barriers to cultivating their cognitive abilities. Group members shared the belief that guidance in early childhood could help shape the child's abilities and resilience, whereas in adolescence only a correction in the condition of youth is possible. The group established a non-profit association to carry out the program and to raise funds and resources. The program was named "Developmental Creation" in the belief that children are the creation of parents, educators, and other environmental agents who must guide and support them for many years during their development.

In the first six years, the intervention program was defined as a pilot and operated as an expanding program. A small number of one-year-old children were admitted for a five-year program until the transition to first grade, while the group examined the effectiveness of the program and its suitability. At the

Facilitating Social Mobility

end of the pilot phase, for economic reasons, a shorter track was also implemented, in which children aged three or four were admitted, and the time for which they participated in the program was reduced. Over the years, the program has undergone a formative evaluation and many changes have been made to it based on the accumulated experience. What started as one man's dream, in the late 1990s, matured into an operation after about ten years.

THE INTERVENTION PROGRAM

The Developmental Creation intervention program is a literacy mentoring program. Its primary aim is to promote the child's literacy skills. Literacy is defined in a broad sense, covering not only reading and writing skills, but also social communication skills as well as critical and creative thinking (Parr & Campbell, 2012). These goals are achieved by practices that encourage the child's engagement in the learning process, through playing games, conversation, singing, and joint dialogic reading. The program also includes mentoring of parents and guiding them in how to play and read with their children.

Children are mentored from the age of ten months to about six years by the same facilitator, who is a professional educator or therapist. Twice a week, the facilitator meets with the child for an hour in an educational setting, and once every other week the facilitator meets with the parents. The design of the intervention is influenced by educational theories that emphasize the importance of mediation by a significant adult and its effect on child development (Feuerstein et al., 2002; Klein, 2014). Significant mediation is reflected in the program both directly, in the consistent and ongoing personal tutoring of the child, and indirectly, by enhancing the parents' mediation ability through the guidance they receive from the program. The continuous close and warm relationship with the facilitator over a critical period of five years creates a secure base that, according to attachment theories, supports the child's social-emotional development (Cassidy & Shaver, 2008; DeMulder et al., 2000).

The Starting Stage of the Intervention

The program operates in several small towns on the northern periphery of Israel. The department of social services and the committee for toddlers at-risk in those towns help locate families in need. Children 10-18 months old who participate in a day-care and do not have any known developmental syndrome, disability, or other characteristics that require special education are admitted into the program. The latter criteria were necessary because the program does not specialize in developmental syndromes or special disabilities. The main criterion for admitting a family was that the salary of each parent does not exceed the minimum wage and that parental education does not exceed 12 years of schooling. Priority is given to families in which one parent has a chronic illness, one of the siblings is ill or has special needs, or one of the parents has a criminal past or present. Another key criterion in choosing a family is high motivation of the parents to participate in the program and a commitment to invest and nurture the child's abilities regularly and intensively, as required by the program.

After locating the family, the program head, and the family social worker visit the family at home and describe the program to the parents verbally and by showing videos. During this visit, at least one of the parents, typically the mother, undertakes to work with the child at least 3-5 times a week according to the guidance provided regularly by the facilitator. The parents complete a questionnaire concerning family details, the developmental history of the child from the stage of pregnancy and birth to the present

Facilitating Social Mobility

day, the child's daily routine, and the nature of the child's relationship with the parents. The parents also show the child's room and the existing books and games in the home. This is an exciting and emotional visit because it is the beginning of a long relationship between the program staff and the family.

After the first family home visit, the program is introduced to the staff of the child's daycare facility, and a separate room where the tutoring activity will take place is allocated, making sure that it is suitable and comfortable. The first few meetings between the facilitator and the child take place in the child's home, to establish a basic trust between the child and the facilitator, and also to identify particular needs in order to tailor a personal plan for the child. After several sessions at home, the tutoring moves to the child's daycare setting and then to school settings. The tutoring is conducted in the educational setting and not at the child's home to avoid a situation where the parents renounce responsibility seeing that someone else is working with the child at home. Thus begins the long process of consistent and progressively developing work with the child for five to six years.

The Facilitator

Following the first family home visit, the program manager together with the family social worker select a facilitator for the family, seeking to achieve an optimal match between the facilitator's character and background, and the parents. The facilitators all have undergraduate degrees in education or special education, and are kindergarten teachers or educational counselors, with proven work experience of at least two years with preschoolers, preferably with children from families of disadvantaged background. All are driven by a strong sense of mission and commitment.

The facilitators undergo training when entering the program and are closely guided by the program head, who serves as a facilitator himself, and as the pedagogical director of the program. The program head reviews the activity protocols with the facilitators and trains them how to play with the children and what to pay attention to in each game. Every few months, a tutoring session of each facilitator and the child is videotaped or observed by the program head, and the facilitators receive feedback on their tutoring. Before accepting a child for tutoring, the facilitators agree to continue for the full term of the program with the same child. This commitment is critically important because of the close bonds formed amongst the facilitator, the child, and the family, and the importance of preventing an experience of abandonment.

Facilitators in the intervention program give parents bi-weekly reports on the child's progress, and a weekly work plan that they carry out with the child. They also help parents cope with the educational challenges they face. As a result, parents acquire skills that were not previously in their toolbox. One mother noted that she used to avoid talking to the child's teacher when there were problems. With the guidance and support of the facilitator, she learned to cope with this task. The relationship between the facilitator and the family becomes special because of the frequency of the meetings and the duration of the intervention. Mothers who participated in the program testified that the facilitator became a trustworthy figure to rely upon, had a great deal of knowledge, and served as an emotional anchor in their lives. The facilitator is a source of strength for mothers both in dealing with the child's developmental challenges and in their own life challenges.

Facilitating Social Mobility

The Intervention Tutoring

Based on a thorough study of the developmental psychology literature, the program staff members, with the help of professionals, designed detailed tutoring protocols to cultivate the various skills required of children at each stage of development between the first and the sixth years of life. The protocols address skills in various areas: thinking and problem solving, language, space relations, gross motor skills, fine motor skills, memory, general knowledge, arithmetic, and basic knowledge of a second language (English). For each developmental stage and skill, the intervention program sets clear goals based on predefined activity protocols. An example of activities and goals of the protocol for the age of 30-36 months is presented in Appendix A.

Learning in the intervention is achieved primarily through the child playing with the facilitator and the parent. The choice of playing as a learning strategy was evidence-based, as many studies show the benefits of playful learning in increasing a child's involvement and motivation to learn (Hassinger-Das, 2017). Each tutoring session with the child is divided into a didactic part, in which the facilitator plays with the child a pre-planned game aimed at a particular cognitive goal, and a less structured part that involves physical activity or games that are less mentally demanding (e.g., playing with a ball). If the child does not want to play the pre-planned game, the facilitator allows the child to choose another game, after which they play the pre-planned game. The children look forward to the meetings with excitement and enjoy learning through games.

The facilitator is equipped with a portfolio of games, carefully selected by the program team and adapted to each skill according to every developmental stage. If no suitable game was found, the program team creates such a game. For example, to enhance thinking and problem solving at ages 4-5, a perforated board was created, in which colored plastic mushrooms can be placed. The child is given a certain sequence (e.g., red-yellow-red-yellow) and is asked to choose the next one that fits the sequence. Alternatively, one of the mushrooms in the sequence is removed and the child is asked to guess which one is missing. The complexity of the sequences can be increased gradually. In another example, the facilitators created short humoristic animations in English to expose children to the vocabulary of a second language, and created a Monopoly-like board game to help children learn the same vocabulary by repetition in a playful way (see Appendix B). Another important element in the tutoring are the songs and the joint reading of classic Israeli stories, which serve to enhance early literacy skills as well as to bridge cultural gaps between the children and their peers.

The activities are built spirally, every stage growing out of the preceding one. For example, activities that target the development of spatial perception and concepts for ages 5-6 years are based on the fact that already at the age of 12 months the children have learned basic spatial skills. In all subsequent programs, as children grow up, there is reference to spatial perception and its verbal conceptualization, with increasing levels of difficulty. This approach and construction are followed for all the targeted skills mentioned above.

For each tutoring session with the child, the facilitator documents the activities that were conducted in the session and the child's achievements relative to the protocol and the specified goals. The reports are sent to the program head. If a child does not reach the goals set for a given skill, the program seeks additional professional consultation and intervention. Gradual and systematic advancement in all areas makes it possible for graduates of the intervention program to manage the transition to first grade in the best way. Some graduates of the program show an advantage over their peer group in both knowledge

Facilitating Social Mobility

and skills. As a result, the children achieve a high status in relation to the rest of their class, strengthening their self-image, which is one of the main goals of the program.

Guiding the Parents

Parallel to the tutoring of the child within the educational framework, the facilitator meets with the parents at home, once every other week, and instructs them how to create optimal parent-child communication and cultivate the child's skills. For example, the facilitator guides the parents in how to conduct joint reading with the child: how to talk about the illustrations in the book, to ask the child open-ended questions, to ask the child to predict what is about to happen in the story, and how to direct the child's attention to letters and sounds. These are all characteristics of interactive or dialogic reading that have been shown to improve early literacy skills in particular and cognitive development in general (Li et al., 2021, Towson et al., 2017). At each session, the facilitator updates the parents on the development of their child, reviews the difficulties, and suggests possible solutions. The facilitator provides guidance on how to develop relevant skills adapted to the age of the child, usually by playing appropriate games. In addition to instruction, the facilitator supplies parents with all the games and means required for the activities. Often the parents report that because of the many hardships in their lives, they have no energy or time to devote to the child, but when they witness the child's progress, it gives them motivation. Mothers in the program report with amazement that they began to realize that their child was capable of learning, succeeding, and even excelling.

Ongoing guidance leads to the empowerment of the parents. In the early stages, the facilitator works to create experiences of parenting success. After a good relationship has been established with the parent, the facilitator begins to comment on the parent's performance. It is a process in which the parents build trust in the facilitator and in themselves, and gradually reclaim their place in leading the family, based on a more conscious, intelligent, and confident position. This is the place to point out that the cost of games delivered to parents is very high, but it fits the approach of the program, that the parents should be provided with the best means to enable them to lead their child to high achievement.

Commitment to the program is not self-understood, and in some cases, requires parents to change their habits. The success of the program significantly depends on the cooperation of the parents. According to mothers' reports, the close guidance and the emotional support it provided increased their motivation to persevere. Mothers' perceptions of their children in the program have gradually changed. They also began to believe more in their parental abilities and discovered in themselves strengths they had not known existed. Several mothers blamed their children's developmental gaps on their own inexperience, but as the program progressed, they realized that they have a responsibility for the proper development of their children. Mothers talk about the great pride they have in their children's achievements, which is projected to wider circles (extended family, neighbors). The sense of pride also stems from the participation in the program, which is perceived in their environment as a prestigious one that not all children can participate in. Another effect of the program is the transfer of parenting knowledge to the wider circle of the community. In some cases, mothers shared the knowledge they gained from the program and helped their friends improve their play with their children.

The mothers' perception of themselves over the course of the intervention changed not only in the parental context. Their personal backgrounds affected the process they went through, and with the support of the facilitators, they began to strive to improve their personal lives as well. The time, availability,

Facilitating Social Mobility

empathy, and willingness of the facilitators to help the mothers themselves led to a greater sense of competence and an improvement in their self-image.

The Program as an Organizing Framework

The program carefully monitors the children's progress. During each session, the facilitator evaluates the child's advancement in each activity and skill. If the progress is slow or non-existent, and/or if the facilitator and the program manager do not find a way to support the child, parents are referred to additional professional care.

The program approaches professionals (speech therapists, occupational therapists, educational psychologists) as needed, and invites them to observe the child. The professional performs skill mapping and provides recommendations on how to advance the child's abilities. If, for example, a speech therapist has been contacted because of the child's language difficulty, the speech therapist meets with the facilitator and occasionally with the kindergarten teacher and instructs them on how to improve the child's abilities with the means at their disposal. The facilitator integrates the required activities and the kindergarten teacher implements some of the recommendations during school hours. The facilitator instructs the parents in accordance with the speech therapist's recommendations. Experience shows that a few months after the implementation of the professional's recommendations, there is a marked improvement in the child's abilities, and in some cases, the need for professional treatment is obviated. Referral to professionals outside the program reflects the program's holistic approach and illustrates the depth of the program's responsibility for the children and their parents.

CASE DESCRIPTIONS

The following are case descriptions of two of the program graduates, Maya and David (pseudonyms). Both children met with their facilitator twice a week for an hour for about five years. Their tutoring followed the program protocols of literacy activities described above. In this section, we describe mostly the families of the children, specific challenges met in the work with each child, and the outcomes of their long-term tutoring. Maya and David exemplify some of the successes and the difficulties encountered in the intervention.

Maya

Maya was accepted to the intervention program when she was ten months old, and was in the program for five years, until the age of six, when she started school. Her family was referred to the program by the Department of Welfare. Maya was an only child. The family lived in a small, old apartment. The mother had 12 years and the father 11 years of schooling. The father worked as an aide in a hospital. The mother underwent two failed kidney transplants, and a successful third transplant, after which she gave birth to Maya. She was unemployed when the family started the program, and although she started several jobs over the course of the program, she did not succeed in securing a stable position. The family income was close to the minimum wage, and according to the criteria of the Social Security Institute in Israel, the family was economically below the poverty line. After introducing the program to the parents, who expressed a desire and commitment to participate, the facilitator met with Maya twice a week in

Facilitating Social Mobility

her educational setting and once every other week with Maya's mother at home. At each developmental stage, Maya's tutoring was conducted according to the detailed protocol of the program. The parents were highly motivated, cooperated with the facilitator, and followed the facilitator's instructions.

When Maya was 15 months old, she showed signs of internal unrest. The daycare staff complained that she had difficulty sitting around the dining table for more than five minutes. The facilitator also said that she had difficulty working with Maya. Maya exhausted games very quickly and had difficulty focusing on one game for more than a few minutes. A lack of attention habits was evident in her behavior. The facilitator tried to gradually increase the playing time with her, and although there was some improvement, it was not significant enough.

At this point, the team approached an educational psychologist and asked for her opinion and recommendations on how to address the issue. The psychologist made a home visit, spoke with the mother, and conducted an observation. She concluded that Maya's mother was the main cause of Maya's unrest. The mother was very worried that Maya was not eating enough, and at every opportunity, she tried to convince Maya to eat, and even forced her. More than once, while Maya was asleep, the mother tried to put the bottle in her mouth. The mother perceived these actions as positive and necessary. The psychologist attributed her actions to anxiety that stemmed from the fact that the child's birth after the third kidney transplant was perceived by the mother as a miracle. It was clear that there was a need to change the mother's behavior.

The psychologist explained to the mother that Maya looked like a healthy girl, as confirmed by the developmental checkup. A healthy girl does not need to be forced to eat, on the contrary, she needs to learn when she is hungry or thirsty and how much she should eat. When the mother forced Maya to eat, she conveyed a message that she did not trust her and taught her not to trust the signals from her own body. The mother was instructed to create regular meal situations, in which the entire family (or at least the mother and Maya) sit together, eat, and talk. At the same time, the mother must stop forcing Maya to eat.

In a conversation with the psychologist, the mother disclosed that the father spent very little time with Maya, at times not seeing her for days. Yet, it was evident that the relationship between the father and Maya was strong and healthy, and that his presence balanced the mother's anxiety. Therefore, the psychologist recommended increasing the time the father spends with Maya. Although the reason for the father's absence was work, he was asked to try and make efforts to increase the length of the time he spent with Maya.

Both parents accepted and implemented the recommendations. The facilitator, who was aware of the recommendations, tried to help the mother implement them. Three-four weeks after the psychologist's visit, the time that Maya could attend and focus on one game increased significantly, which has led to progress at the cognitive level. At the same time, the daycare staff reported that Maya managed to sit at the dining table for about half an hour, indeed until the end of the meal. This example illustrates the extent of the influence of parental behavior not only on the children's behavior but also on children's ability to benefit from the tutoring and improve their cognitive skills.

When Maya was two years old, the facilitator noticed that she showed difficulty in spatial perception. For example, when given a teddy bear, Maya grabbed it if the toy was handed to her with its back facing her, but if asked to turn it, she would not. The same happened if she was handed a book upside down and asked to rotate it. She also appeared to have difficulties in other spatial perception tasks.

To address this problem, the team approached an occupational therapist who observed Maya and her mother in their home and discovered many limitations imposed by the mother on Maya. She prevented Maya from going up the stairs alone, and held her hand while going up the stairs. At the playground near

Facilitating Social Mobility

the house, the mother accompanied Maya to each facility and held her throughout the activity. According to the occupational therapist, the mother's anxiety and over-concern about Maya were evident in the activities and restrictions she imposed on the girl, and compromised Maya's spatial perception skills. Once again, a plan and recommendations on how to deal with Maya were provided for the mother. First, she was asked to allow Maya freedom of action in space. For example, when going up the stairs, she could be watched from behind and there was no need to hold her hand. The mother was asked to visit the playground daily and allow Maya to use all the facilities freely, without physical contact. To assist in this process, the association purchased a swing for the family, which was hung in the house and the parents were asked to rock Maya several times a day to allow for vestibular activity. At the same time, the daycare staff was also asked to encourage Maya to use the yard facilities, such as swings, slides, and the like. The facilitator reduced static activities and increased movement activities during the weekly sessions. About two weeks after starting to implement the recommendations, Maya rotated the book and the bear as instructed, and about a month later, when she was given an inverted book and a bear with its back to her, she rotated them without guidance. Again, the effect of parental behavior on the child's cognitive and motor abilities was clear.

Another area of difficulties started at about the age of two and a half years and hurt the bond between the mother and Maya. This was due to the mother's inability to set boundaries. It manifested in anger and at times an aggressive attitude toward Maya. The lack of boundaries was also reflected in the facilitator's activities with Maya. During story reading, Maya would flip the pages non-stop, without looking at them, making reading impossible. She moved from one side of the room to the other, insisting on choosing a game and resisting playing the game the facilitator offered her.

In this situation, the program enlisted the guidance of an educational psychologist, who designed a focused program on the subject of boundaries. The rules and guidelines for setting boundaries were communicated to the parents during the sessions with the facilitator. At one point, when the mother, being an outstanding student, already knew the rules but had difficulty applying them because of her health condition, we referred the mother and Maya to dyadic treatment with an educational psychologist. After about a year of treatment, which consisted of weekly meetings (in addition to the regular meeting with the facilitator), there was a significant improvement in the mother's ability to set boundaries for Maya and an improvement in Maya's behavior was observed.

In addition to the impressive progress Maya demonstrated both behaviorally and cognitively, the program also affected the mother. Several times, after joining the program, the mother applied for various jobs, but about two-to-three weeks after starting a job, she decided to quit. About two years into the program, the mother applied for a position in an educational setting as an aid to a child with special needs at school. At the job interview, the mother represented herself as having knowledge in education, which, as she explained, was passed on to her by the program facilitator. The mother was accepted for the position, persisted in it for several years, and functioned adequately. Consequently, the financial situation of the family improved. This improvement allowed the family to purchase a larger, higher-quality apartment. Eventually, the family requested that the Welfare Department of the municipality terminate their support and close their file.

One of the most notable results of the program is the empowerment of the parents, especially the mothers. Maya's mother talks about the sense of security that the relationship with the facilitator and her availability provided for her. She felt she could ask and consult with the facilitator on any matter or problem. Parental involvement in the childcare process causes them to feel that they are the main contributing factor to the child's success. Maya's mother is a prominent example. More than once she claimed that

Facilitating Social Mobility

Maya was the smartest girl in town, and she believed that she was the main factor that led to the girl's success. This parental pride improved the mother's self-image and increased her sense of self-efficacy.

Toward the end of the intervention program, at the age of five, Maya passed the test for first-grade readiness with great success. She exhibited high achievements in all areas examined: visual and auditory memory, general knowledge, knowledge of spatial concepts, arranging images in sequence, listening comprehension, counting to 20, counting backward from 10, naming all the digits, and understanding verbal math problems. Maya could also name all the Hebrew letters, and demonstrated a high level of phonological awareness. These high capabilities were the result of four years of work, which allowed the facilitator to continue developing Maya's abilities for the remaining year, until she entered first grade. At the end of kindergarten, Maya knew how to read at a basic level. Her abilities in the field of spatial perception were impressive: she was able to build three-dimensional models with a straw construction set, and her visual and verbal memory improved. In arithmetic, she was capable of divergent thinking (finding different solutions to the same problem), and in English as a second language, she knew 50 basic words. Moreover, she was mature for her age, and the kindergarten teacher defined her as a sociable and highly significant child to the social fabric of the kindergarten.

Maya's farewell ceremony at the end of the intervention program was very moving. It took place in the town council hall. The ceremony was addressed by the head of the council, and was attended by Maya's parents and grandparents, as well as by employees of the Welfare Department of the municipality. Maya was awarded a graduation certificate by the program and received much praise all around.

The program followed up on Maya's progress after the intervention ended. Upon Maya entering school, the program head met with her homeroom teacher, introduced her to the program, and described Maya's accomplishments. The purpose of the meeting was to create a sense of commitment on the part of the teacher toward Maya and to declare that the program regards her as a partner and expects her to continue to nurture Maya's abilities and guide her on a path to success. Although the program ended, contact with the family continued, and Maya's academic achievements and abilities were monitored at school. Maya's academic achievements were very high, and as expected, she was an outstanding student. At the end of first grade, her teacher wrote in her report card: "... you are a sensitive girl with wonderful insights that enrich the class discourse. You participate in class and enrich us with your knowledge and opinions on various topics." In the sixth grade, there was a slight decline in Maya's achievements in mathematics. The decline was due to many absences during the COVID-19 period. The association assigned a private tutor to Maya, funded both by the parents and by the association program. Maya was very successful in bridging the learning gaps, and the tutor was impressed by Maya's extraordinary diligence.

Maya is socially active in the town where she lives. The instructor at the local community center praises her and says that she is a central and significant figure in social activities. In second grade, Maya started playing the electric piano and has been studying and practicing it for 5 years. At every ceremony that takes place in the town, she performs and plays impressively. In a connection initiated by the program between Maya and another student, who is also a graduate of the program, Maya volunteered to teach her how to play the electric piano. Maya's parents even donated an electric piano that they owned to that girl. In this and other ways, Maya transferred her acquired leadership to the community.

David

David's was a case where we encountered difficulties and learned about the critical importance of parental cooperation. David joined the intervention program when he was twelve months old. His family

Facilitating Social Mobility

lived in a small trailer in one of the peripheral villages in the north of Israel. At the time, the family had five children, and David was the youngest. The father had 11 years of schooling and worked in a factory, earning minimum wage. The mother had 12 years of schooling and was unemployed. She grew up in boarding schools because her father died when she was a child and her mother had difficulty raising her on her own. Poverty was evident in the family home in every aspect: housing, food, and clothing. All five children slept in one room of about 8 square meters. There were no beds in the room, and the mattresses on which the children slept were scattered on the floor. During the five years of the intervention, David's mother gave birth to two other children, David's father stopped working following an accident, and received an allowance from the Israeli National Insurance Institute.

The program was introduced to the parents and they expressed their desire and willingness to dedicate time to activities and games with the child, as required by the program. In the beginning, when the family joined the program, the parents were very cooperative, and both were present at each meeting with the facilitator. After a short time, however, the parents found it difficult to follow the guidelines of the facilitator. The mother claimed that it was taxing for her to sit with the child individually because she needed to pay attention to all her children. The father was busy working and did not carry out the instructions and activities with the child.

In time, we discovered considerable neglect and low parental ability of both parents. David came to the preschool wearing clothes that were large for his size, at times wearing torn shoes and carrying a worn bag. At the initiative of the program, a group of volunteers was organized to renovate the family trailer. The family was not told that it was the program that initiated the renovation, not to cause the parents to regard the program as a welfare agency. From the point of view of the program, the renovation was performed out of humanitarian motives, although such activities are contrary to the principles of the association. The appearance of the trailer changed, but the neglect inside continued, and the signs of renovation soon disappeared. Equipment purchased for David also disappeared. For example, the association bought a new backpack for David to use for the preschool. After a few days, the bag disappeared, and David showed up with the old bag. The mother claimed the bag was too big for him and therefore she gave it to another child. During the home visits, the inability of the parents to care for all the children was evident: disorder at home, the parents' difficulty in setting boundaries for the children, irregular school attendance and more. Therefore, the association asked the Welfare Department to attach a parental counselor to the family, but the influence of the counselor was limited, and at some point, the guidance was discontinued because of the inability of the Welfare Department to continue it.

Despite the inadequate cooperation, the facilitator's home visits continued. In the early stages, the parents were also given games. Often, when the facilitator wanted to use one of those games during the home visit, it turned out that the mother was not able to find the game or brought a damaged game, with missing parts. In an attempt to conduct activities at home, the possibility of getting help from David's older brothers was examined. Each of the brothers was given a task or asked to play a particular game with David, for example, a memory game, or a general knowledge game. The father chose to read a story to David every day following the reading principles provided to him by the facilitator. The role of the mother was to manage the activities and make sure that each brother would play with David the game assigned for him. In the first few weeks, the program was implemented impressively, but as time passed, it ceased altogether, mainly because of the great challenges of the family.

As a result of regular tutoring sessions with the facilitator at the educational settings, David's abilities improved. He acquired all the cognitive skills expected of his age. At the age of two and a half, he showed language difficulties that were manifested in a limited vocabulary and unclear pronunciation.

Facilitating Social Mobility

He spoke only in isolated words, although at his age he was expected to express himself in short phrases or sentences. To minimize the language delay, the association brought in a speech therapist who noticed that he was drooling. This is a sign of reduced muscle tone around the mouth, which may affect language development. The speech therapist gave the facilitator instructions and recommendations on how to strengthen the mouth muscles, such as drinking with a straw, using a whistle, blowing in a flute, blowing soap bubbles, and playing a blowing game with a cotton ball. The facilitator implemented the recommendations with David (in addition to the literacy tutoring activities) and instructed the parents how to perform these activities at home. Gradually, his ability to express himself improved, but there were still deficiencies in his oral expression.

At the age of five and four months, a year before starting first grade, David took the test for first-grade readiness. The results of the assessment were good, except for the knowledge and naming of the Hebrew letters and phonological awareness. The need for further practice was evident, and there was time for improvement before starting school. Recognizing that even if David can be given tasks to perform at home, there will be no cooperation on the part of the parents, we decided to try to transfer responsibility to David himself. The facilitator handed David a worksheet and asked him to perform a task at home and return the page at the next meeting. At first, David did not return the page to the facilitator. When the mother was asked to help David do the assignment, it was only partially done. Sometimes David handed the facilitator a torn or wrinkled assignment page, and at other times did not return it at all. When we tried to find out from the mother why David was not performing the assignments, she claimed that his little sister was hiding the worksheet and she did not know where it was. The facilitator arrived at the family home with a binder for storing the worksheets. Together with the mother, she identified a shelf in the house that would be out of reach of the little sister. But the binder soon disappeared, and the attempts to assign tasks for David to do at home ceased.

In David's last year at the kindergarten, the COVID-19 pandemic broke out. David's parents decided not to send him to kindergarten. He stayed at home with his brothers for several months. Not to harm David's progress, the tutoring activity took place at home. Working conditions were not convenient. The brothers interfered with the meeting and often made a lot of noise. Nevertheless, the facilitator came twice a week regularly.

Before David started first grade, a graduation ceremony was held for him taking place in the council building in the presence of the chairman, social workers, representatives of the Education Department, and David's close family, including the grandparents. One of the main purposes of the ceremony was to strengthen David's self-image. At the ceremony, a video was shown that reflects David's high abilities in various fields.

As is customary in the program, in the transition to first grade, the program head met with the home-room teacher. Shortly after the start of school, the teacher called the program head and claimed that David had attention difficulties and challenges in getting organized, which made it difficult for him to learn in class. She added that David arrived at school neglected, wearing scruffy clothes, his hair was not combed, and his nails were not cut. She later complained that David failed to attend school for a whole month, opening an increasing learning gap with the class. The information was passed on to the Welfare Department of the local council. The family was informed that unless David attended school regularly, punitive measures would be taken against them. Furthermore, to minimize parental neglect, the Welfare Department referred David to a care center, which serves as a complementary educational-therapeutic framework after school hours. The care center offers a variety of social and enrichment

Facilitating Social Mobility

activities, sports, homework help, cultivating learning habits, organizational, and cleaning habits, and other basic living skills.

To reduce the academic gap that was created, the association assigned a college student who teaches David at the school for 20 hours a week. At the same time, the student comes to the care center for an hour every day to help him with his homework. After a few weeks, the academic gap narrowed considerably, and following the intervention of the care center principal, David attends school regularly. At the same time, the teacher continued to report that David had attention problems and challenges getting organized. The educational counselor of the school claimed that medication for attention deficit disorder was needed, but David's mother opposed it, arguing that one of her sons had used Ritalin in the past and suffered from serious side effects. At this stage, the association initiated alternative neurodevelopmental treatment for attention deficit disorder, which is currently being administered.

DISCUSSION

The cases of Maya and David show, on one hand, the significant success of the intervention program after five years of intensive and continuous work with the children and their families. On the other, the possible barriers to success stem mainly from the parents' immense challenges that render them unable to cooperate.

To assess the children's competencies following the intervention, a test for first-grade readiness based on the requirements of the Ministry of Education is administered at the age of five. Outside the program, this test is typically administered to children at ages 6-7, before starting first grade. For children in the program, the average score observed so far in the readiness tests stands at 86 out of 100, indicating good school readiness. These results are impressive given the children's backgrounds and the fact that they are tested almost a year before starting school. Kindergarten teachers greatly praise the children's progress and note that the children are role models in their kindergarten. They become leaders in the kindergarten and a source of pride, both for the family and for the facilitator. After the children complete the program and move on to school, the program's monitoring of their academic achievements, emotional and social status, hobbies, and leisure activities continue. If necessary, the association assists the children even after they have completed the program.

As of 2020, the weighted average of elementary school scores of the program graduates in all subjects was "very good" (85/100). In 2021, a decrease of about 10% in student achievements was recorded, probably due to the effect of the COVID-19 pandemic closures. Therefore, it was decided to provide academic support to the program graduates to reduce learning gaps. Note that apart from the academic achievements of program graduates, the assessment of their behavior according to the school certificates was very good, and all the children were defined by homeroom teachers as having high social skills.

The prolonged and consistent work with Maya throughout her early childhood years, as with most children in the program, enables them to realize their cognitive potential and reach achievements comparable to their peers who were not raised in environmental poverty and distress. The follow-up, which continues for several years after the children have completed the program, attests to the fact that the solid foundation built during the years of intervention continues to affect the children's academic and social success and has significant implications for their future, opening a door for social mobility.

The support provided by the program to the children and their families brings about a profound change not only in the children's self-efficacy but also in the parents' perceptions of their children and

Facilitating Social Mobility

themselves. As shown by previous studies, parents' beliefs about the effect of investment in early child development are associated with enriched parent-child interactions and higher vocabulary, math, and socio-emotional skills of their children (List et al., 2021). Most of the parents in our program assumed ownership of their lives and led their families with greater self-awareness, intelligence, and confidence. Eighty percent of the mothers who were unemployed when the families joined the program are currently employed in permanent positions, and some have begun academic studies, mainly in the field of education. In addition, as illustrated in Maya's case, some families also became transformative agents in their community. The children became leaders and role models in their kindergarten and actively contributed to the social activities in their community. The mothers became models and passed on the knowledge they acquired in the program to other parents in the neighborhood.

David's case shows that the success of the intervention depends critically on the parents' ability to cooperate. Yet, despite the lack of cooperation on the part of David's parents with respect to the literacy activities at home, similarly to Maya, David showed good early literacy development and was doing well cognitively and socially at kindergarten. The difference between David and Maya was evident mainly in the last year of kindergarten and later in school, after the end of the intervention. The follow-up shows that whereas Maya is an outstanding student at school, David has academic and behavioral difficulties. This difference may be attributed to the differences between the families of the two children and their ability to support the children's success in school. Although the two families had a similar economic condition and similar levels of parental education, Maya is an only child to a mother with an anxious parenting style, whereas David is one of seven children in his family. As was evident during the intervention period, David's mother could not allocate enough time to perform the home activities requested by the program. Furthermore, David's mother herself comes from a complex disadvantaged background, having grown up in boarding schools, without parental modeling. These family circumstances may explain the inability of David's parents to cooperate with the intervention program and to be affected by it. Additional reasons that may explain David's difficulties in school are his untreated attention deficit and his long absences from school.

Given the high cost of continuing the academic support of the children after the end of the five-year intervention, the program seeks to identify those families that have the potential to transform and learn to take responsibility for their children's development after the end of the intervention. David's case taught us that it is necessary to modify the criteria by which families are admitted into the program. One conclusion is that a new criterion should be added, having to do with the parents' motivation and ability to bring about change in their lives and strive to extricate themselves from the cycle of distress and poverty in which they live. To assess the potential ability of the parents, we should not rely on their declarations alone, but use the assessment of the family social worker.

The number of children participating in the intervention program today, in both full (five-year) and short (three-year) programs currently stands at 40, in five towns in Israel. Seven graduates of the program are currently in school, after participating in the program for about five years. In 2015, the program head won the Ashalim Award, granted by the Joint in Israel, for innovation and excellence in the development of services for children, youths, and young people at risk. Yet, despite the successes, one of the main challenges in running the program is raising the funds needed to increase the number of children that participate in the five-year program. Operating the program costs approximately \$5,500 per child per year. The program is currently funded only partly by the Ministry of Welfare, and mostly by private funds and donations. To ensure the functioning of such a longitudinal program, there is a need for permanent funding, whether by governmental or private entities.

Facilitating Social Mobility

In conclusion, the intervention program illustrates the fact that significant and long-term support is needed to lift a child from the circle of risk. Unfortunately, such programs are rare because of the substantial investment and commitment they require. Despite all the difficulties, every time we hear about the success of a child who graduated from our program, we are filled with satisfaction and hope, and acquire the strength to continue operating it.

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Facilitating Social Mobility

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Facilitating Social Mobility

APPENDIX A

An example of a protocol of activities for age 30-36 months (only some examples from the full protocol are listed in each area):

Fine motor skills

- × Threading beads on a rod, then on a string
- × Teaching the child how to peel a banana
- × Playing “connect the dots” with the child

Gross motor skills

- × Standing on one leg, climbing stairs, walking in a straight line
- × Playing at playgrounds with ladders, tunnels, slides, and swings
- × Bowling with a ball and bottles

Recognition of the self

- × Helping the child draw a face: eyes, nose, and mouth
- × Standing in front of the child, making different various gestures, and asking the child to imitate

Imagination

- × Playing with puppets
- × Using old clothes and fabrics and dressing up to look like different characters
- × Encouraging the child to pretend play, e.g., pretend to be driving a car using two chairs and a hoop

Time concepts

- × Using time concepts (e.g., yesterday, today, tomorrow)
- × Speaking about the shared activity schedule with the child

Thinking and problem solving

- × Making small, medium, and large squares, and asking the child to match them by size
- × Solving jigsaw puzzles of four or more pieces
- × Teaching the child to build a tower from cups of different sizes

Quantitative concepts

- × Teaching children to count to ten
- × Asking children how old they are and asking them to show it using their fingers
- × Showing the child a full and a half-full glass of water and asking the child which contains more/less water

Memory

- × Asking the child about the events of the previous day
- × Asking children where their shoes or other personal objects are
- × Placing two pictures in front of the child, asking the child to close his/her eyes, hiding one picture and asking which is missing; gradually increasing the number of pictures

Language

- × Singing and jointly reading a book using dialogic reading
- × Playing a board game with antonym words
- × Talking about the motion of objects using various verbs

Facilitating Social Mobility

APPENDIX B

A Monopoly-like board game created by the program staff to help children learn the English vocabulary by repetition in a playful way.

Figure 1.

