Draft of Analysis

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**Needs of the Selected Age Group**

At the age of 3 to 5 years, children learn various development skills and functions like catching a ball, jumping with two feet. At age three, they are probably learning some motor skills like washing their hands, dressing with a little help, turn pages of a book. They should be made aware of the importance of relating or associating with others as this may be important to their development and attending schools at this early stage. Children from families with low income probably will lack such teachings, which makes this program relevant. Children at this age need to play to enhance their mental understanding and ability to grasp some useful information.

**Interventions Tailored**

The program offers various services such as early learning development, health, and family well-being to children from low-income families. Such services ensure that these children are ready for learning at the time they start school. Parents are also engaged in such services to build positive relationships (Dahlin et al., 2020).

**Interventions Not Tailored**

Head Start programs only encompass up to 10% of children above poverty lines, focusing on families living in poverty. Such children lack the financial support, and the program is tailored to help them prepare for learning through providing early learning education.

**Personal and Social Functioning**

The individualized learning experiences forester’s child’s readiness for school and beyond. Through play and relationships with adults, many aspects of development, including private function, is enhanced. The social skills, science concepts, mathematics, language and literacy skills, and emotional well-being are also strengthened. For example, through play, children learn to collaborate, be independent and alone, allows emotional release, encourages new vocabulary usage, develop problem-solving skills, and builds their confidence and self-esteem.

**Evidence-Based Practices**

Research evidence shows that the curriculum has been linked with positive child outcomes. The implemented curriculum was studied in early childhood home visiting programs, and the revealed a significant progressive effect on child outcomes. The effectiveness evidence has been acquired in meticulous research studies like regression discontinuity designs or randomized delimited trials. The curriculum research studies have optimally incorporated diverse, manifold groups of families and children. The research reported that parents recorded low parental trauma and stress symptoms after one year of Baby Talk participation.

**Risk and Resiliency Factors**

The risk and resilience factors include stunted growth, inadequate cognitive stimulation. Some children are likely to develop a lack of social skills; poor academic achievement supposes they do not undergo the support program as some may experience some life challenges. Children within this age bracket are at higher risk of portraying stunted growth. Some even have relationship difficulties since they do not know how to relate with others as they were never trained to do so while still developing (Robles et al., 2019).

**Interventions and Risk and Resiliency Factors**

Through play and participation in the Head Start program, children understand others and the normal world alongside how they can best relate to their fellows. This will enable them to build strong relationships with their peers. Stunted growth is witnessed among children with poor emotional development, and through engaging children in similar programs, they will share their issues and learn from experience (Stock et al., 2020).

**References**

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