

***Comprehensive, Community-
Based Projects for Early
Childhood Development***

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**Banff, Alberta
March 2003**

LIMITATIONS: re Effective Demonstrations

Lots of rhetoric about the importance of programs being comprehensive, ecological, holistic, community-based, collaborative *and/or* integrated

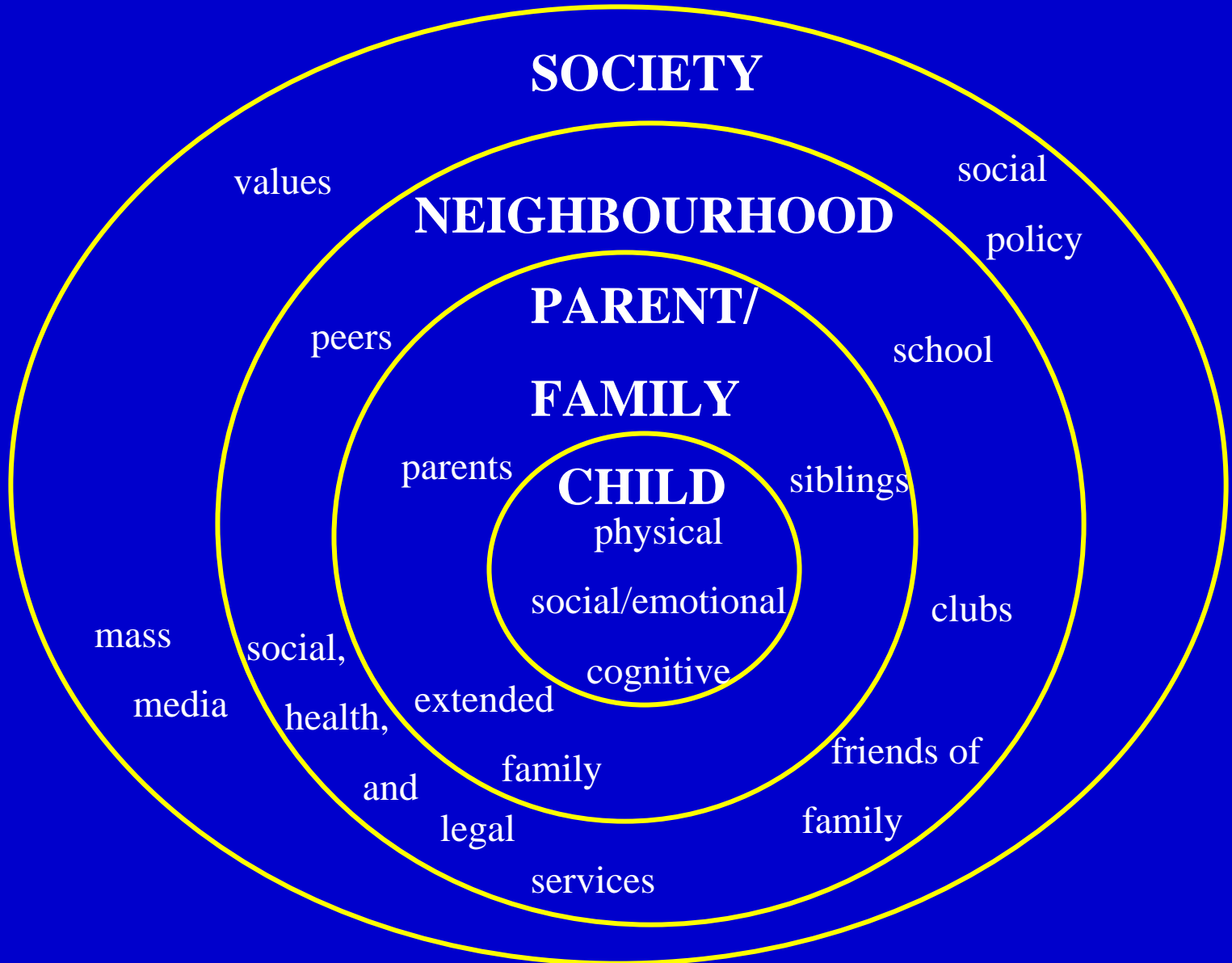
However, there are virtually no well-researched programs for young children that have successfully incorporated these characteristics into the program model.

These concepts or ideal characteristics of programs for early childhood came from several influences.

Bronfenbrenner's ecological model of human development

Emphasizes a broad range of direct, indirect, interacting and multiplicative influences on children's development.

Ecological Model of Child Development



Comprehensive Community Initiatives (CCIs)

A long history in U.S. and Canada of comprehensive community initiatives which are designed to improve the lives of children and families in neighbourhoods characterized by extreme and concentrated poverty.

(Halpern, 1996; Stagner & Duran, 1997)

Comprehensive Community Initiatives (CCIs)

- Settlement houses in early 1900's by social reformers
- 1930's depression; Clifford Shaw's Chicago Area Project delinquency prevention by changing the local community as opposed to the child focused child guidance clinics
- 1960's War on Poverty

Comprehensive Community Initiatives (CCIs)

- New wave of community programs in the 1980's and early 1990's.
- An increased devolution of social programs from Federal to Provincial/State jurisdictions, and further devolution from Provinces and States to regional and municipal jurisdictions.

These new initiatives have strived to incorporate some or all of the following characteristics:

- ***Comprehensive***-- multifaceted, addressing many issues at once;
- ***Coordinated, integrated, and collaborative***--not operating in isolation;
- ***Accountable***-- improving the outcomes for children and families, not simply providing services;

Flexible-- to use funds to address the locally determined needs of poor families;

Preventive-- focusing on prevention and early intervention to lessen the need to deal with crises;

Ecological-- focusing on children as individuals and as part of a family and on families as part of neighbourhoods and communities;

Citizen participation-- encouraging active participation by community residents, clients of the service system, and other community stakeholders in planning, designing, and implementing initiatives;

Strength-focused--building on the strengths of the families and communities;

Responsive to individual differences-- responsive to the needs of individuals with disabilities and of culturally, ethnically, linguistically, and economically diverse populations; and

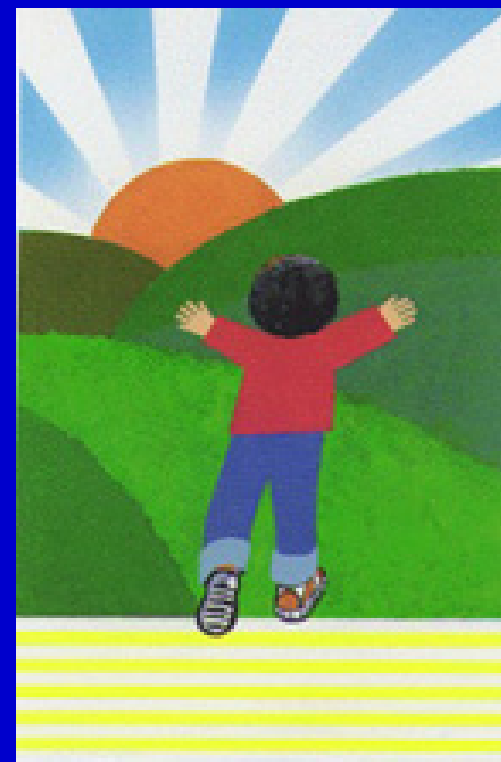
Universally available--making services available to anyone in the community who wants or needs access to them.

It was in this social policy context that the Ontario, Canada provincial government announced the Better Beginnings, Better Futures Project in 1990.

Better Beginnings, Better Futures

Purpose:

A 25-year longitudinal prevention policy research demonstration project to provide information on the effectiveness of prevention as a policy for children.



GOALS



Prevention

- To reduce the incidence of serious, long-term emotional and behavioural problems in children living in high risk neighbourhoods.

Promotion

- To promote the optimal social, emotional, behavioural, physical and educational development in children.

Community Development

- To strengthen the ability of disadvantaged communities to respond effectively to the social and economic needs of children and their families.

PROGRAM MODEL



High Quality Programs

- For children and families from conception to age 4 or from ages 4 to 8.

Integrated Programs

- Health and social service providers “blend and unite.”

Community Involvement

- Parents and local citizens participate as equal partners with service-providers in planning, designing and carrying out programs in the neighbourhood.

PROGRAM MODEL:

Younger Child Sites: each site
required to establish:

Home visiting

Child care enrichment

Older Child Sites:

- In-class or in-school supports
- Child care enrichment



PROGRAM MODEL:

ALL Sites: additional prevention programs to meet local needs.

E.g.,

- If nutrition was an issue, then nutrition programs
- If before/after school care an issue, then...



APPROACH:

Each community to undertake as many high quality programs as possible, which could be expected to produce positive child development outcomes, within the limits of available resources and local needs.



WHY?

- 1) It would take a very long time to rigorously test each individual program for possible effects, and**
- 2) It would be nearly impossible to test the combinations and permutations of programs and location synergies which underlie the ecological model.**
- 3) The direction was to see if a moderate amount of funding in support of an ecological model could improve outcomes for children in high risk communities.**





Neighbourhoods/ Communities

83% of families in younger child sites, and 64% in the older child sites were below Statistics Canada's Low-Income Cut Offs in 1992-93.

37% of families were led by lone parents.

Younger Child Sites (0 - 4 yrs)

- Guelph: Willow Road
▪ 500 children
- Kingston: Northern Area
▪ 876 children
- Ottawa: Albion-
Heatherington
▪ 552 children
- Toronto: Regent Park
▪ 900 children
- Walpole Island First Nation:
▪ 200 children

Older Child Sites (4 - 8yrs)

- Cornwall: 4 Francophone
primary schools
▪ 530 children
- Etobicoke: Highfield Junior
School
▪ 517 children
- Sudbury: Flour Mill / le
Moulin à Fleur
and Donovan
▪ 503 children

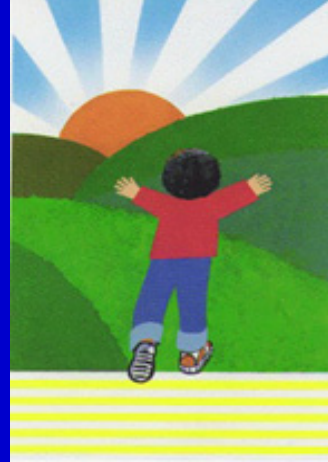
PROJECT BUDGET & CHILD POPULATION

YOUNGER SITES	96/97 BUDGET	# CHILDREN
Guelph	\$ 499,992	500
Kingston	\$ 723,559	876
Ottawa	\$ 515,979	552
Toronto	\$ 710,512	900
Walpole Is.	\$ 325,857	200
ALL SITES	\$2,775,899	3,028
OLDER SITES		
Cornwall	\$ 580,938	529
Highfield	\$ 512,166	517
Sudbury	\$ 657,942	503
ALL SITES	\$1,751,046	1,549

PROJECT BUDGET RESTRICTIONS

1. 85% of budget focusing on children and families in the age-group; 15% of budget on broader community – youth programs, community development, recreation
2. All budget on prevention – not intervention.
3. Child care budget to enhance existing, not start-up new centres.
4. Each program had to be “high quality” – decent salary, training, supervision.

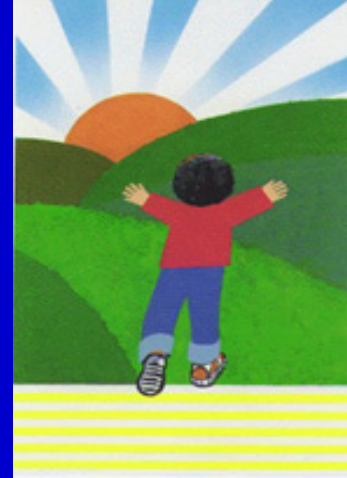
CHILD PROGRAMS AT YOUNGER SITES



**In addition to 1) home visiting
and 2) child care enhancements:**

- **playgroups**
- **parent and child drop-in**
- **parent “take-a-break”**
- **parent and infant group**

CHILD PROGRAMS AT OLDER SITES



In addition to 1) in-class and in-school programs and 2) child care enhancements:

- **before & after-school activities**
- **school “breakfast club”**
- **kindergarten readiness**
- **toy lending library**
- **“Books for Birthdays”**

FAMILY HEALTH & SUPPORT PROGRAMS



- **parent support groups**
- **parenting workshops**
- **one-on-one support**
- **food, clothing & infant emergency supplies**
- **adult education**
- **ESL programs**
- **family camps**
- **outreach to families**

COMMUNITY DEVELOPMENT PROGRAMS



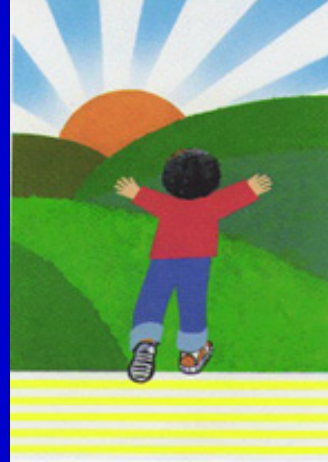
- **community leadership development**
- **special community events and celebrations**
- **safety initiatives in the neighbourhood**
- **community field trips**
- **community gardens & co-op food purchasing**
- **youth recreation programs**
- **youth leadership training**

PROGRAMS OFFERED

Younger Sites: Average = 26
Range = 18-35

Older Sites: Average = 16
Range = 12-19

Larry Schweinhart calls the Better Beginnings,
Better Futures Project a “Meta Program.”



PROGRAM EMPHASIS



- **Some sites put more emphasis on children's programs, some on supports for parents, and others on development of community leadership and partnership-building.**
- **Having a range of programs and trying to meet many goals may have diluted the impact that the project could make on any one of the three goals.**



RESEARCH QUESTIONS

Project Development & Program Model Research

1 How do the Better Beginnings communities develop and implement programs?

Are they characterized by:

- Parent and community involvement?
- Integration of services?
- High quality programs?



RESEARCH QUESTIONS

Outcome Evaluation Research

- 2 Are Better Beginnings programs effective in:**
- Preventing serious problems in young children?
 - Promoting healthy child and family development?
 - Enhancing the ability of disadvantaged neighbourhoods to provide for their children and families?



RESEARCH QUESTIONS

Economic Analysis Research

3 What is the annual cost of these programs?



RESEARCH QUESTIONS

Long Term Follow-up Research

- What are the long-term effects and cost-benefits for children and their families in terms of:
 - Educational achievements and high school graduation rates?
 - Use of special education, health, and social services?
 - Employment and social assistance?
 - Criminal charges and convictions?
 - Teen pregnancy?
 - Drug and alcohol abuse?

RESEARCH DESIGNS

Multi-method, quasi-experimental

- **Baseline cohort**
- **Longitudinal cohort**
- **Comparison communities**
- **Provincial and national norms**

Program funding to the 8 sites began April 1991.





DATA COLLECTION

Took 2½ years for projects to become “proud” and evaluable.

Extensive ethnographic and qualitative information collected on “start up” and subsequently on “process.”

Baseline measures on children, families, and neighbourhoods were collected in 1992-1993.



DATA COLLECTION

In 1993-94, a longitudinal research cohort of 1,400 children and their families was recruited in the 8 project and 3 comparison sites.

Outcome measures were collected on these children/families for 5 years: 1993-1998.



DATA COLLECTION

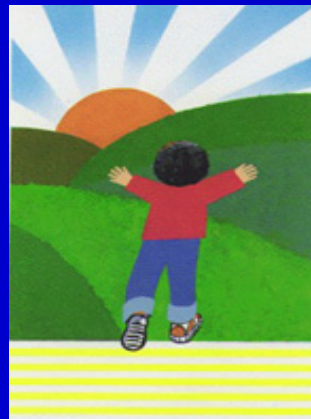
Child, Family and Neighbourhood Measures

- annual two-hour in-home parent interviews
- annual direct child measures
- annual teacher reports
- existing neighbourhood level data (e.g., police and CAS records, Statistics Canada Census data)
- federal and provincial databases (e.g., Health Canada's Recommended Nutrient Intake, Ontario Principals' Report data of Special Education Instruction)

DATA COLLECTION

Over 150 measures collected annually:

- Sociodemographics
- Child Emotional and Behavioural Problems and Social Functioning
- Child Development
- Cognitive Functioning and Academic Achievement
- Child Health
- Child Health Promotion/Prevention of Injuries
- Child Nutritional Health
- Use of Health Care Services for Children



DATA COLLECTION

- Parent Health
- Parent Health Promotion
- Parent Health Risk Behaviours
- Parenting
- Parent Social Activities
- Parent and Family Social and Emotional Functioning
- Use of Community Resources
- Sense of Community Cohesion
- Neighbourhood Ratings
- School Ratings
- Data from Other Sources (e.g., police, C.A.S.)

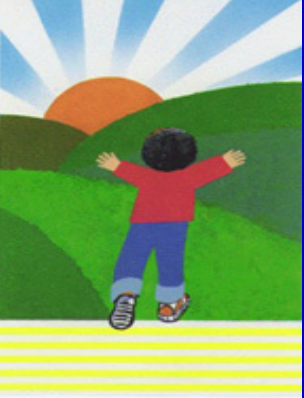




DATA COLLECTION

Data also regularly collected on:

- **Project organization**
- **Local programs**
- **Resident participation**
- **Service integration**
- **Program costs**



KEY SHORT-TERM FINDINGS

The following results are those evident after 6 years of demonstrating the Better Beginnings, Better Futures model.

1991-1997

-- 2 years of start-up and 4 years of programming

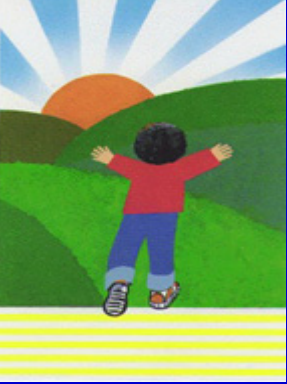


LOCALLY DEVELOPED & OPERATED ORGANIZATIONS

- **Each site successfully developed and operated a local organization delivering a broad range of programs, based on locally identified needs.**

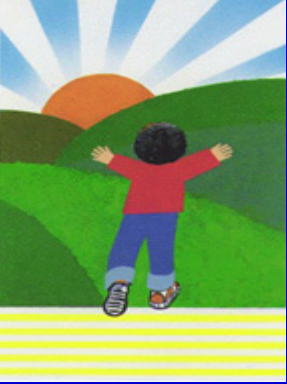
A MAJOR ACHIEVEMENT! Involved the building of local community leadership.

Took 2 years of up-front time, planning, and support to build enough trust to establish stable structures, procedures and programs.



COMMUNITY-BASED GOVERNANCE

The HALLMARK of *Better Beginnings, Better Futures* is the meaningful, significant involvement of local community members in the planning, execution and oversight of the local models.



COMMUNITY-BASED GOVERNANCE

Success at involving local community residents was achieved through a transfer of real power to committees, and through the diligent efforts to recruit, train and provide mentoring and concrete supports to community members.

This achievement set the stage for high levels of volunteerism in communities which traditionally shun involvement in any services.



CHILDREN'S BEHAVIOUR & EMOTIONAL HEALTH

- Major goal = reduce behavioural and emotional problems in young children.
- Children in several Better Beginnings communities showed significantly lower rates of emotional problems (anxiety and depression) and improved social skills (self-control and cooperative behaviour), compared to children from equally disadvantaged communities without Better Beginnings.



CHILDREN'S BEHAVIOUR & EMOTIONAL HEALTH

- Strongest improvements occurred when projects:
 - focused on the child, or the parent-and-child,
 - were intensive
 - were continuous over the 4 years of the demonstration.



CHILDREN'S BEHAVIOUR & EMOTIONAL HEALTH

- **NOTE:** These differences appear to illustrate a trade-off between program breadth and intensity.
- **Programs that are focused, intensive and continuous seem to have the greatest effect on the children's behaviour and emotional development.**



CHILDREN'S BEHAVIOUR & EMOTIONAL HEALTH

- **NOTE:** none of the sites that focused most of their programming on parent support and community development showed improvements in children's behaviour & emotional health.
- However, premature to conclude this is permanent.
- Longitudinal follow-up will examine whether community development programming may achieve positive emotional and behavioural outcomes for children over the long-term.



SCHOOL-FAMILY RELATIONS & SPECIAL EDUCATION

4 – 8 Age Group:

- **Special education placements decreased** in schools where educational assistants worked with children in classrooms from kindergarten through 2nd grade.

This, during a time, when special education placements increased in the comparison sites without Better Beginnings.



PARENT HEALTH & WELL-BEING

All sites:

- **Smoking by mothers and others in the home decreased**, although this was not a specific objective in any site.
 - From 45% to 35% in younger child sites
 - From 46% to 26% in older child sites
- **Dramatically reduced rates of domestic violence**, occurred during first 2 years of programming.



NEIGHBOURHOOD QUALITY OF LIFE

At the younger child sites

- Parents reported increased safety in the neighbourhood when walking at night.
- 2 sites also reported:
 - increased community cohesion
 - less deviant activity (alcohol and drug use, violence and theft)
 - increased satisfaction with their housing.



NEIGHBOURHOOD QUALITY OF LIFE

In the older child sites:

- **Parents reported:**
 - greater satisfaction with the general quality of their neighbourhood, and
 - the condition of their housing.

- **2 sites also reported:**
 - children made much more use of playground equipment and recreational facilities.



PARTNERSHIPS

- **The Better Beginnings, Better Futures organizations became successful catalysts for collaboration among service agencies.**
- **This resulted in:**
 - **improved service availability and accessibility.**
 - **leveraging additional resources for these neighbourhoods.**



SUMMARY

All sites:

A much improved quality of life in neighbourhoods, that were originally very neglected and demoralized.

At a community level, *Better Beginnings*, *Better Futures* engaged community members in ways that built leadership, capacity and cohesion.

Better Beginnings Program Costs Compared to Other Prevention Programs and Services

<u>Programs/Services</u>	<u>Costs in 1997 Cdn Dollars</u>
Better Beginnings, Better Futures	\$1,000 (\$2,000) per child per year

US Comp.Ch.Devel.Proj (1989-1994)	\$21,000 per child per year
US Infant Health & Devel. Plan	\$14,300 per child per year
Perry Preschool Project	\$ 8,600 per child per year
US Head Start Program	\$ 6,400 per child per year
Elmira (NY) Home Visiting Project	\$ 4,300 per child per year

Full-time licensed childcare in Ontario	\$ 8,500 per child per year
Ontario primary school	\$ 7,000 per child per year
Ontario Junior & Senior Kindergarten	\$ 3,200 per child per year

BETTER BEGINNINGS, BETTER FUTURES

**Implications for Policy and
Practice**



Community-Based Projects

- Locally developed and operated initiatives in high-risk neighbourhoods can be an effective and affordable strategy for governments to help counter the negative effects of family poverty on child development and well-being.
- However, meaningful resident involvement is not easy to achieve in high-risk neighbourhoods where residents are distrustful of governments and service agencies.

Comprehensive Programs

- continuous over a four or five year period of children's development
- be intensive enough to provide frequent opportunities for children to acquire the skills and attitudes required for optimal development
- designed to include the child's parent(s) as much as possible
- selected, when possible, on a solid evidence base

Project Costs

- Effective early childhood development projects require adequate financial resources.
- The findings from the Better Beginnings Project suggest that a minimum of \$2,000 per child per year for a four year period may be required for positive child and family outcomes.
- This level of investment is quite modest when compared with other projects.

Research and Evaluation

- Since most current knowledge of successful early childhood programs is based on findings from small-scale research projects implemented 20 to 30 years ago in the U.S. with very high-risk children, it is imperative that research and evaluation be an integral part of all currently funded projects.

Research and Evaluation

This research should include:

- detailed information on project development, organization and management;
- adequate research design;
- a broad range of child, family, and community outcome measures;
- information on program quality and participation;
- accurate information on project costs.

Research and Evaluation

- High quality research, like high quality programming, requires adequate resources. For new or experimental social programs, research resources should be approximately 15-20% of the overall project budget.

*The Next Generation of
Comprehensive Community-Based
Early Childhood Development
Projects: Large Scale Initiatives*

Two Types:

- Targeted to High Risk Children from 0-6
- Universal Initiatives for all Children from Prenatal to 6

***England's Sure Start Project:
Edward Melhuish***

Examples of Targeted Projects: Poverty/Disadvantages

- Community Action Program for Children -
Canada-wide 464 centres: \$1,000 per
child per year
- Early Years Centers in Ontario: one in
every political riding, total of 103: \$250
per child per year for vulnerable children

Examples of Large Scale Universal Initiatives:

- **Smart Start in North Carolina: Every County**

Proposed or “In Development”

- **First Five for California: Every County**

Examples of Large Scale Universal Initiatives:

- **Canadian National Early Childhood Development Initiatives**
- **Federal/Provincial/Territorial Collaboration: Provinces & Territories develop/decide on particular programs**

Examples of Large Scale Universal Initiatives:

- A Proposed Canadian Early Child Development System and its Program Components (Draft 1999; see www.johngodfrey.on.ca)
- McCain & Mustard (1999; 2002) propose a very similar model for Ontario in their Early Child Development and Parenting Centres

- **A Community-based early child development lead** to provide leadership, planning, evaluation and monitoring to the systems below with the **Municipal Government** in the lead.

- **A perinatal system:** capable of reaching 100% of all pregnancies, births and infants up to 12 months with the lead of the **Health Community**.

- **A Parent Resource System:** within comfortable reach of most families with children 0 to six years of age with the lead of the **Local Community**.

A childcare system accessible and affordable to all children whose parents choose to have them participate in group oriented early child development experiences with part-time services for children 18 months to 24 months and full time for children 25 to 48 months with the **Social Services Community** in the lead.

A Junior and Senior Kindergarten system for all children 4 and 5 years of age with after school programs with the **Education Community** in the lead.

- All systems and their programs would feature universal access (i.e., no means tests). Parental involvement in all aspects of the programs.
- Program delivery by local level government, boards or organizations.
- Coordination through a community table or forum that provides overall direction to the integrated approach.
- Long term stable funding that is based on regular performance reviews.
- A commitment at every level to the provision of quality inputs and monitored outputs.

The U.S. Maternal and Child Health Bureau is launching a new initiative, the State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS) Grants to operationalize the MCHB Strategic Plan for Early Childhood Health.

SECCS

Program Purpose

- Support up to 59 Grant funds are to be used to allow States to engage in those strategic planning and collaboration building efforts needed to promote the development of comprehensive systems of early childhood services.
- This planning grant should result in a State Comprehensive Early Childhood Plan.

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