Integrated Early Childhood Services in Canada: Evidence from the Better Beginnings, Better Futures (BBBF) and Toronto First Duty (TFD) Projects

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Introduction

Context for Early Childhood Service Integration in Canada

Integrated approaches to early childhood services have taken a variety of forms in Canada. Demonstration projects, such as Better Beginnings, Better Futures and Toronto First Duty have examined the implementation and effects of merging a wide range of services types at the community level. On a broader scale, a number of provinces are moving to more integrated systems of educare, for example, by folding governance for child care into their ministries of education.[1] However, service integration is not a goal in itself; it is a means to various ends. In

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fact, across service integration initiatives in Canada, integration not only has multiple forms, it also has multiple social aims such as overall child development, school readiness, prevention of later problems and promotion of healthy development. The aims may also include healthier parenting and work-family balance. In some cases, such as the Aboriginal Head Start program, community development is a collateral aim of supporting child development and parenting,[2,3] as is the promotion of equity and social justice through effective and culturally-competent programming and outreach to the underserved.

Canadian policy interest extends beyond targeted approaches and includes universal programs that integrate traditionally separate services such as education and child care, areas where program quality may suffer with split provision.[4] Quebec moved towards integrating early care and learning to support young children and parents beginning with new family policy in 1997 and the ensuing establishment of Centres de la petite enfance (CPE). CPEs serve children up to five years of age in non-profit centre-based and family child care programs with widespread, but not universal uptake. Benefits and limitations of the system have been addressed in a number of research reports.[5] Ontario has integrated elements of care with universal education in its recently implemented full-day kindergarten program for all 4- and 5-year-olds, staffed by a teacher and an early childhood educator with integrated roles in the classroom.[6,7]

Despite the widespread and long-standing policy interest on early childhood service integration[8] and many initiatives beyond the well-researched Quebec example, the research has generally lagged behind the interest.[9,10] In Canada process evaluation of Aboriginal Head Start has emphasized the promise of integrated community approaches in bringing together services and community members, while limited empirical analysis has suggested possible benefits for children's readiness.[11] Although the research on the implementation and outcomes of in the Quebec system is extensive, it has not focused on the integration of services beyond the CPEs. To look more deeply at issues of integration, this report presents findings on two well-researched demonstration projects that brought together more comprehensive community programming with intensive research designs that include both process and outcome evaluation.

Research Context and Recent Research Results

The Better Beginnings, Better Futures Project

Better Beginnings, Better Futures (BBBF) is a large-scale, multi-year, longitudinal research-demonstration project designed to reduce children’s problems, promote healthy child

development, and enhance family and community environments in eight economically disadvantaged communities in the province of Ontario, Canada.[12] The initial intervention was implemented from 1993 to 1997. Five project sites focused their programs on children from birth to age four and their families ("the younger child sites"), and three project sites on children 4- to 8-years-old and their families ("the older child sites"). One key principle of BBBF was "service integration" in order for children and their families to receive seamless support from the BBBF projects, schools and other services.

Process evaluation of collaboration and partnerships was based on extensive descriptive, ethnographic data (e.g., interviews, field notes) collected and analyzed by site researchers in the eight BBBF sites during the start-up phase from 1991-93,[13] the intervention phase from 1993-97,[14] and in a follow-up study in 2003.[15] Outcome evaluation was based on a broad range of measures collected during the four years of project involvement, and again several years later both in the BBBF project sites and also in demographically matched comparison sites to assess effects on the children, their families and the local neighbourhoods.[16]

Findings on partnerships revealed: (a) the benefits of partnerships, (b) the process of partnerships and (c) the challenges of partnerships. Benefits included increased levels of programming available to community residents, an increased visibility of the projects in their communities over time, joint programming with other agencies, increased funding for programs, changes in attitudes and practices of other service providers in the community, increased collaboration among partner agencies, and the development of new settings in the community designed to improve the well-being of children, parents, and families.[14,15] Process findings on partnerships included learning how to select partners, creating a shared vision for collaboration, developing an organizational structure that facilitated partnerships, the importance of clarifying roles of partners, using a consensus approach to decision-making, the need to decide who represents partner organizations in the BBBF project, and the importance of agency support and resources for the participation of partners.[14,15] Challenges for partnerships included learning how to collaborate, differing levels of agency commitment and support for partnerships, and developing trust and positive working relationships.[14,15]

Positive outcomes were found for BBBF children, their families and the local neighbourhood at the end of the four-year intervention period in both the younger and the older BBBF sites relative to comparison sites.[17] However, follow-up measures indicated positive BBBF outcomes in the older child sites but not in the younger child sites. The positive BBBF outcomes actually

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strengthened in the older child sites over time in measures collected when children were in Grades 3, 6 and 9.[16] Further, measures collected when these children were in Grade 12 indicated lasting positive BBBF outcomes for the children and their parents, and an economic analysis demonstrated a cost savings to the Ontario Government funders of more than $2 for each $1 originally invested in the project.[18] Data are currently being collected on the longitudinal samples, in both the 3 BBBF sites and the comparison sites, when the participants are age 25 to determine if the long-term outcomes at Grade 12 last into young adulthood. Results are expected by 2020, making this one of the longest Canadian longitudinal studies of an early child development program.

The Toronto First Duty Project

Toronto First Duty (TFD) began in 2001 as a demonstration project testing an ambitious model of service integration across early childhood programs of child care, kindergarten and family support in school-based hubs. Other services such as public health were also part of the service mix. The goal was to develop a universally-accessible service model that promotes the healthy development of children from conception through primary school, while at the same time facilitating parents' work or study and offering support to their parenting roles. Knowledge mobilization for practice and policy change, as well as research and evaluation were built into the project. Formative feedback on implementation and intermediate outcomes was regularly given to the participating partners: a charitable foundation funding partner, municipal children's services, school boards, and community agencies. Regular reporting also went to professional groups and provincial policy makers. Phase 1 of TFD, with implementation of the model in five community sites, concluded in 2005.[19] Phase 2, covering the period 2006 to 2008,[20] focused on knowledge mobilization, policy change, and further development of the TFD model in one of the original five sites, Bruce/WoodGreen Early Learning Centre (BWELC). Phase 3 of TFD extended to 2011 with focused research on integrated staff teams and learning environments in full day early learning programs, and additional studies on integration of community services for children under four.

The Phase 1 research described the implementation process in terms of variations and adaptations of the model across the five communities, as well as common struggles and successes across the sites. Struggles included issues related to professional turf, missing nuts and bolts of space and funding, staffing and leadership turnover, and working without system support across sectors "siloed" at higher levels of government. Nevertheless the process

evaluation also showed successes. Strong leadership and time to meet allowed staff teams to come together over time to improve program quality and delivery. In terms of the process of moving from separate to integrated service delivery, comparisons across the implementation period showed that progress was made in each of the sites on five dimensions of service integration (staff team, programming, access points, governance and parent involvement), as indexed by an Indicators of Change measure developed in the project[21] as well as on program quality improvement as assessed by the Early Childhood Environment Rating Scale-Revised, better known as ECERS-R.[22] Short-term positive effects were also found on children's social-emotional development on the Early Development Instrument[23] and on parents' engagement with school and learning, using comparisons with matched communities without TFD programs.[19] Dose-response analyses within the group of families using TFD, with various demographic controls, showed that more intense use (number of hours) also benefited children's physical health and well-being, language and cognitive development, and communication and general knowledge.[24] Despite the impact on children and families using TFD, there was little evidence of awareness of TFD programs in the communities surrounding them, in "person-on-the street" interviews and in surveys of parents who did not have young children.[19]

Further analyses in Phases 2 and 3 extended the findings on outcomes. For example in a small scale quasi-experimental comparison, integrated provision of care, education and family support in TFD appeared to reduce parental daily hassles in negotiating disconnected kindergarten and child care arrangement.[25] Importantly, the TFD project also contributed to both local policy development in several school boards and municipalities and to provincial policy in Ontario's Best Start and Full Day Early Learning Kindergarten educare initiatives.[26] The successful knowledge mobilization strategy was supported by the Atkinson Charitable Foundation and with the support of the Margaret and Wallace McCain Family Foundation[27] was extended to other provinces. Continuing efforts to improve ECE policy and services with integrative approaches in the maritime provinces are described in reports available on the Margaret and Wallace McCain Family Foundation website. The TFD research has also informed the policy discourse on integrated early years services in Australia.[28]

Conclusions

Process evaluations from both projects converge on factors underlying successful integration. Developing common goals and vision is a crucial step, involving community-level "conceptual integration"[29] to frame and guide the partnership activities. This means arranging time to

understand, develop and maintain integration among front-line staff and community members. Ongoing monitoring, review and organizational learning were also important to successful integration in the communities studied. Strong local leadership was a key. In both projects, these strong ”bottom-up principles were balanced against general “top-down design principles,” such as bringing services into a more seamless system and increasing quality in programs such as child care or integrated care and kindergarten. In both cases, the models were adapted on the basis of local participation to fit the unique characteristics of each community.

Both projects also reported short-term positive outcomes for children and for parents. BBBF, with its broad community development strategy, also found some effects on community cohesion-type measures. The TFD project focused more on the service-parent connections and did not register in community awareness, beyond the participating families. BBBF also conducted longitudinal follow-ups of outcomes for children into Grade 12. Long-term positive effects were found for the children and parents who had participated in the sites with programming for 4- to 8-year-olds. These BBBF prevention outcomes factored into an economic analysis showing savings to the Ontario government as a 2:1 return on investment in these programs.

It is notable that BBBF found no mid- to long-term effects for children from sites focused on birth to 4 years of age. There are number of possible interpretations of why the programs for younger children did not the have lasting effects that the programs for older children had.[9] One is that the modest investment in support per child was not enough to reach a critical level of intensity for younger children, but in the case of older children, the investment was on top of the thousands invested in every child via the public school system, so that BBBF programming was “value added.” A related argument is that schools provide a platform for coordination of services and new supports, but there is no equivalent universal platform for effective and integrated service in the preschool period. The evidence from TFD points to the value of the “school as hub model” as one type of integrative platform for a range of preschool services ranging from quality child care to family supports.[30] The value of a platform for community delivery of integrated programming is also suggested in other research, including reports on Aboriginal Head Start in Canada,[2] on the evolution in UK Sure Start programs towards more integrated programming in Children’s Centres[31] and in Australian experience with "place-based" integration.[32]

Converging evidence from the BBBF and TFD demonstration projects shows the promise of community level partnerships and integration for improving the lives of families and outcomes for children. Putting the design principles into scaled up programs requires broad system level support with policy integration across, and within, different levels of government and service

organizations.[33]

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