



Implementing Multi-Sectoral Healthy Child Development Initiatives:

LESSONS LEARNED FROM COMMUNITY-BASED INTERVENTIONS

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CONTACT INFORMATION:

Email: CCSDH.Correspondence@phac-aspc.gc.ca

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1. Introduction

IMPORTANCE OF EARLY YEARS

Between the ages of 0 and 6, children experience a phase of accelerated growth. This period is considered a critical window of opportunity for brain development. In fact, it is the interplay of the developing brain and the environment that drives child development. Early experiences can therefore have a significant impact on children’s physical, cognitive, emotional, and social development.¹

Numerous studies have shown that the environments in which children live can profoundly affect their health, performance in school, and achievement later in life.^{2,3} According to the Total Environment Assessment Model for Early Child Development (TEAM-ECD, see Figure 1), the interacting and interdependent spheres of the individual, family and housing; residential and relational communities; programs and services; regional, national and global environments; and

civil society are all instrumental for early child development (ECD).^{4,4} The socioeconomic, social capital, physical, ecological, and service characteristics of communities influence ECD; in turn, ECD is the most important determinant of health and well-being across life course.⁵ For example, access to high-quality services—learning and recreation, childcare, medical, transportation, food markets, and opportunities for employment—often varies according to the socioeconomic status (SES) of a community, and these variations are in turn associated with disparities in children’s development. Residents of lower SES communities are also more likely to be exposed to toxic elements such as wastes, air pollutants, poor water quality, excessive noise, residential crowding, or poor-quality housing, thus compromising child health outcomes. At the national level, national policy and economic factors also impact families and children through policies related to income

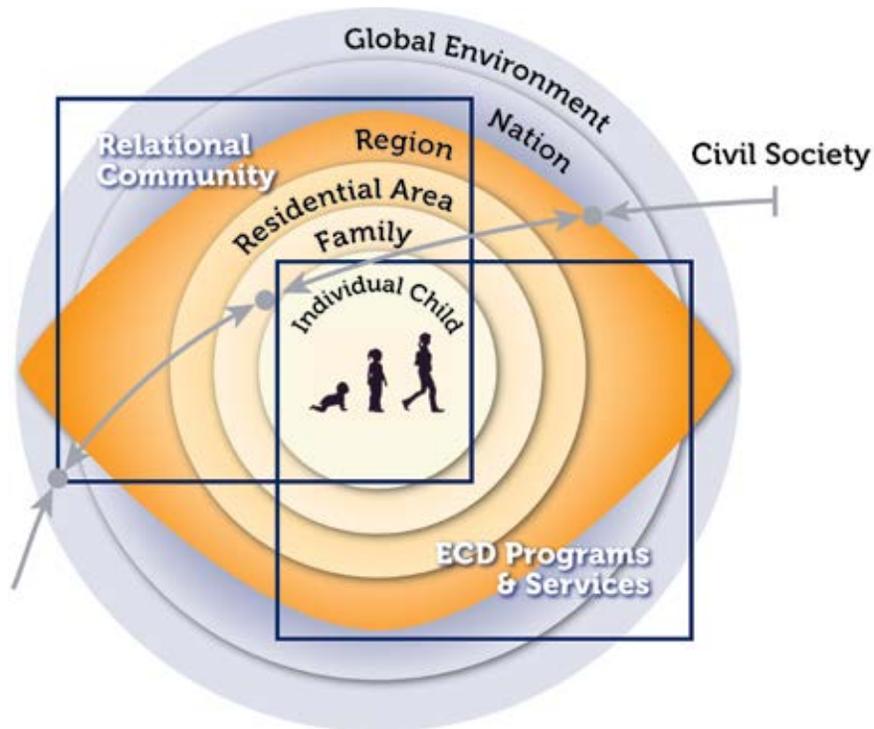


Figure 1. Total Environment Assessment Model for Early Child Development (TEAM-ECD)

transfers, employment, parental leave, early childhood education and care services, and teen pregnancy interventions, while even the global environment affects economic and social conditions within nations.^{1,4}

Children require nurturant conditions to thrive. The education, care, and attention they receive during this critical period of development are of great importance.⁶ As well, enriched environments and the quality of stimulation, security, and support during sensitive periods of development are of utmost importance for the early childhood period and beyond.⁴

PURPOSE OF THIS REPORT

To respond to the *2012 Rio Political Declaration on Social Determinants of Health*^a action plan to reduce health inequalities, and to contribute to the Healthy Child Development (HCD) initiative of the Canadian Council on Social Determinants of Health (CCSDH), a review was conducted of community-based multi-sectoral initiatives for HCD, including those targeting Indigenous children, in Canada and internationally. The objective was to describe the initiatives and to highlight key lessons, challenges, and recommendations in order to inform others who are interested in working across sectors to address HCD. The report was not intended to provide an exhaustive list of community-based multi-sectoral initiatives; rather, it profiles some practical and useful examples for consideration. This document provides guidance to actors in various sectors striving to implement effective multi-sectoral initiatives for HCD.

METHOD

A thorough literature review of scientific articles and government documents on HCD initiatives was conducted through different search engines and websites (e.g., Université Laval and Université de Montréal scientific databases, Google, and Canadian federal and provincial government and major cities' websites). Relevant keywords searched for included cross-sectoral, multi-sectoral, intersectoral initiatives (including research, programs, policies, intervention); healthy child development; program effectiveness; social and health determinants; business; philanthropy; and technology.

Although the majority of the initiatives reviewed in this report were from Canada, a non-exhaustive list of initiatives from other developed countries (e.g., England, France, Norway, Australia, United States) was also explored.

The databases used were PsycNet[®], the American Psychological Association (APA) search platform in the field of psychology and related social sciences, which includes peer-reviewed literature, scientific articles, book chapters and more; the Web of Sciences[™], an online scientific citation index produced by the Institute for Scientific Information (ISI) that gives access to multiple databases that reference cross-disciplinary research; and Ovid[®], a platform that allows searches of multiple specialized databases from diverse fields all at once.

The search method was inspired by the AMSTAR measurement tool⁸ and was based on the methodological quality of the evaluation, age of the sample (preschool to early school-age), and child outcomes. The literature review allowed for the identification of criteria associated with effective and promising multi-sectoral HCD initiatives.

^a Endorsed in 2012 by Canada and other United Nations (UN) Member States, the Rio Declaration is a non-binding pledge that calls on World Health Organization (WHO) Member States to improve/influence the working and living conditions that affect health and well-being.⁷

The Total Environment Assessment Model for Early Child Development (TEAM-ECD) was used as the framework to elaborate on the selection criteria and determine the final initiatives to be included. This model offers a comprehensive framework that relies on the latest research findings, acknowledging the interdependent influence of biological and social determinants on health and development. Based on the principle that the nurturant quality of the environments in which children grow up, live and learn has the strongest influence on their development, this model also acknowledges the impact of actions that target social determinants of health through not only the individual child and family but also by acting on the broader society.^{4,9}

Each initiative had to meet the following criteria in order to be selected:

1. Target children aged 0 to 6 and their families:

The initiative targets children aged 0 to 6 and their families and aims to support child health and well-being.

2. Involve multi-sectoral partnership: The initiative involves the active participation of at least two different sectors of activity. These may come from the private sector (e.g., financial institutions, businesses), public sector (e.g., government, government agencies, and institutions) and non-governmental sector (e.g., charitable, non-profit). The partnership may be formal (i.e., signed agreement) or informal (i.e., oriented towards achieving the same goals and results without requiring a formal agreement).

3. Be community-based: The initiative has demonstrated that it fosters safe and supportive environments at the community level in order for children and their family to feel socially, emotionally, and physically safe and valued. It fosters the provision of local services that meet the needs of children and families (e.g., provides access to playgrounds, recreational facilities, daycare centres, pre-school programs, primary health care).

4. Act on the social determinants of health¹⁰ to improve HCD:

The initiative has positive outcomes for children and parents and positive impacts on a range of conditions influencing participants' health (e.g., community cohesion, children's school readiness).

5. Be relevant and/or applicable to Canada: The initiative has to be relevant and/or applicable to Canada and has to be based on a population health approach to child health and well-being.

6. Be reputable, replicable, and adaptable: The initiative is beyond the pilot stage and has been replicated or adapted in other settings or communities.

Based on the above criteria and through consultations with early childhood program experts, 10 multi-sectoral initiatives were selected out of 18 initiatives that were under consideration.

The selected initiatives were classified as *Effective* or *Promising*, according to the definitions drawn from the Canadian Best Practices Portal¹¹ and the What Works, Wisconsin – Research to Practice Series.¹²

An initiative was classified as *Effective* when its evaluation was evidence based, meaning evaluation research demonstrated both of the following:

- The initiative produces the expected positive outcomes (e.g., improved outcomes in learning, behaviour, and health for children and their families).
- Positive outcomes can be attributed to the initiative itself instead of other external factors (i.e., evaluation research used experimental or quasi-experimental designs)^{11,12} or when effectiveness was demonstrated through detailed reports and the evaluation used strong methodology such as comparison group, longitudinal research design, or case-control study.

Promising initiatives tend to show potential effectiveness, which is difficult to generalize or draw clear key learnings from due to limited evidence. For *Promising* initiatives, effectiveness can be demonstrated mostly through informal methods, such as focus groups, reported perceived satisfaction, and interviews.¹³ These initiatives are often considered reputable and to “make a difference” by participants and are recognized and supported by leaders within the community where they have been implemented (through grey literature and other articles).

An initiative was classified as *Promising* when:

- There was insufficient scientific evidence to support the outcomes, or a lack of documentation regarding the methodology used, or when less rigorous evaluation design was used (e.g., in-house survey, no comparison groups), although the existing reports offered promising results.^{11, 12}

The 10 selected initiatives are summarized in section 2. Several of these include specific streams for Indigenous populations. The initiatives work to address family and community outcomes; however, they do not include more upstream interventions that address the structural determinants of health.

Through available documentation (reports, journal articles, government documents, in-house documentation) and interviews with some of the selected initiative leaders, information on key lessons, challenges, and recommendations for implementation of HCD initiatives was collected. Interviews were conducted with seven directors from five of the 10 selected initiatives in order to explore in more detail how partners were mobilized and to draw a clear portrait of the actions that were taken to work in partnership within the context of multi-sectoral initiatives. Key to the interview process was access to a program manager, executive director, or research

director who was involved in the initiative from its start and was able to provide information on the process of mobilizing multi-sector partners for the respective initiatives. As well, in this process, a balance was sought between interviewing leaders of *Effective* and *Promising* initiatives. Lessons learned, challenges and recommendations are presented in section 3.



2. Overview of 10 Healthy Child Development (HCD) Initiatives

EFFECTIVE INITIATIVES

Better Beginnings, Better Futures (BBBF)

Classification: Effective^{14, 15}

Region: Ontario

Years active: 1991–current

Sectors involved: Community, government, and private

Target population: Families with children (0–8) living in economically disadvantaged communities.

Key partners: Ontario ministries (Community and Social Services, Health and Long-Term Care, Children and Youth Services), Public Safety Canada, Federal Department of Indian and Northern Affairs (first few years only), Max Bell Foundation, university researchers, social and health service professionals, educators, community residents, and other local organizations.

Description: BBBF began as a large-scale, multi-year, longitudinal research-demonstration project, and has become a program model designed to reduce emotional and behavioural problems experienced by children, promote healthy child development, and enhance family and community. Service integration is a key principle of BBBF: the aim is that children and their families receive seamless support from the BBBF projects, schools, and other services. The initiative has a proven economic outcome, with cost savings to Ontario government funders of more than \$2 for each \$1 originally invested.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Reduces stressful life events for parents and leads to greater marital satisfaction.
- **Education and literacy:** Lowers rates of special education and increases child school readiness at junior kindergarten.
- **Social environments:** Increases satisfaction with one's community and positive perceptions of neighbourhood quality (e.g., greater community cohesion and less deviant activity, safety walking on the street, increases children's use of neighbourhood playgrounds).
- **Personal health practices and coping skills:** Results in improved health behaviours in parents (e.g., lower rates of smoking and alcohol use).
- **Healthy child development:** Has positive impacts on children's socio-emotional functioning (e.g., reduced emotional and behavioural problems, increased pro-social behaviour) and physical health; improves parent-child interactions.

WEBSITE: <http://bbbf.ca>

Children's Centres in England

Classification: Effective^{16, 17}

Region: England, United Kingdom

Years active: 2009–current

Sectors involved: Academic, community, and government

Target population: Young children and their families living in disadvantaged neighbourhoods.

Key partners: Healthcare professionals, social care workers, schools, job centres, credit unions, Citizen Advice Bureau, housing agencies, adult education, police and fire departments, libraries, toy libraries, women's refuges, child-minding networks, Home Start, NatCen Social Research, University of Oxford, Frontier Economics, United Kingdom Department for Children, Schools and Families.

Description: Children's centres offer services to all families with young children living in disadvantaged neighbourhoods without stigmatizing users. They assess local needs by studying the characteristics of local communities and undertaking outreach to attract and serve the most vulnerable families. Some services are therefore targeted to particular groups of high-risk families (e.g., teenage parents, jobless households).

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Improves support for parents' personal needs, parenting skills, knowledge of child development and confidence in parenting. Decreases parental distress and parent-child dysfunctional interactions.
- **Education and literacy:** Develops children's skills to support their vocabulary, school readiness, and social interaction; improves home learning environment.
- **Healthy child development:** Supports children's physical, personal, social, and emotional development, and their understanding of the world. Results show a decrease in internalizing and externalizing problems.

WEBSITE: <https://www.gov.uk/government/publications/childrens-centres-their-impact-on-children-and-families>

Positive Parenting Program (Triple P)

Classification: Effective¹⁸

Region: In operation in 25 countries and translated into 19 languages

Years active: Over 30 years (start date unspecified)–current

Sectors involved: Academic, community, and government

Target population: Parents of children aged 0–16. Although Triple P does not directly target children aged 0–6, it impacts children by providing positive family environments that promote healthy child development.

Key partners: Government, multi-sectoral community partners, universities.

Description: Triple P is a parenting and family support system, a suite of interventions of increasing intensity for parents, designed to prevent—as well as treat—behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise, and to create family environments that encourage children to reach their potential.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Parents report increased satisfaction as parents, improved child behaviour, and better partner relationships.
- **Personal health practices and coping skills:** Parents say they are less stressed, less depressed and don't use harsh discipline.
- **Healthy child development:** Reduces emotional and behavioural problems experienced by children; improves parental well-being and parenting skills.
- **Health services:** Results in lower rates of child abuse, fewer foster care placements, and a decrease in hospitalizations from child abuse injuries.
- **Culture:** Effective across culturally and ethnically diverse populations.

WEBSITE: <http://www.triplep-parenting.net>

Toronto First Duty (TFD)

Classification: Effective¹⁹

Region: Toronto, Ontario

Years active: 2001–current

Sectors involved: Academic, community, and government

Target population: Children aged 0–8 and their families.

Key partners: Schools, Toronto District School Board, Foundation for Student Success, Toronto Public Health, Child Development Institute, Woodgreen Community Centre, Macaulay Child Development Centre, City of Toronto Children’s Services, Atkinson Centre for Society and Child Development, Eric Jackman Institute for Child Studies, Atkinson Charitable Foundation.

Description: TFD is a service integration model that consolidates early childhood programs (from conception to Grade 2) of education, childcare and family support services into a single program. It is located in primary schools and coordinated with early intervention and family health services. It features five core elements: integrated governance, staff team, integrated early learning environment, seamless access, and parent participation.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Reduces parental daily hassles and stress in family life through the integration of childcare services, education, and family support.
- **Education and literacy:** Has a positive impact on children’s language and cognitive development, as well as their communication skills and general knowledge.
- **Employment/working conditions:** By supporting full-day kindergarten for 4-year-olds, TFD facilitates mothers’ employment. Mothers with children in full-day kindergarten for 4-year-olds are in the labour force at the same rate as mothers with children in Grade 1.
- **Social environments:** Contributed to the development of both local (school board and municipality) and provincial policies in Ontario (Full-Day Early Learning Kindergarten).
- **Healthy child development:** Has positive effects on children’s social-emotional development and on parents’ engagement with school and learning.
- **Health services:** Supports the quality improvement of services through its integration efforts.

WEBSITE: http://www.oise.utoronto.ca/atkinson/About_Us/What_We_Do/Toronto_First_Duty/

PROMISING INITIATIVES

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and Aboriginal Head Start On Reserve (AHSOR)

Classification: Promising²⁰

Region: Pan-Canadian

Years active: 1995–current

Sectors involved: Community, government, and private

Target population: Indigenous families with children aged 0–6 living off reserve and on reserve.

Key partners: Public Health Agency of Canada, Health Canada, Indigenous community organizations, health professionals (community health centres, public and regional health authorities), non-profit community organizations, businesses, schools, Friendship Centres, educators, community residents, and other local organizations.

Description: AHSUNC and AHSOR programs are national community-based programs, locally managed, that address the unique needs of each community. The programs focus on providing culturally appropriate early childhood development programs for Indigenous children and their families living off reserve in urban, rural, remote and northern communities, as well as for those living on reserve.

Through six core components (Indigenous culture and language, education, health promotion, nutrition, social support, and parental/caregiver and family involvement), these programs support the spiritual, emotional, intellectual and physical development of Indigenous children, while supporting their parents and guardians as their primary teachers. The programs address general health concerns in vulnerable

populations and work to benefit the health, well-being, and social development of Indigenous children through a population health approach that embraces culture as a core determinant of health.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Provides access to social support programs and offers a supportive environment for children, parents, families, and communities to come together in a culturally appropriate environment.
- **Education and literacy:** Increases school readiness for children participating in the program.
- **Personal health practices and coping skills:** Parents report positive impacts of the program on physical well-being for children and families, increased parenting confidence and improved mental health.
- **Healthy child development:** Supports children's physical, personal, social, and emotional development and their understanding of their culture and language, promoting long-term resiliency. Provides nutritious and culturally appropriate food as well as nutritional counselling.
- **Culture:** Indigenous culture and language are woven into the design and delivery of the program. Cultural events are held for families to attend.

WEBSITE: http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2011-2012/ahsunc-papacun/index-eng.php

Canada Prenatal Nutrition Program (CPNP)

Classification: Promising^{21, 22}

Region: Pan-Canadian

Years active: 1994–current

Sectors involved: Community, government, and private

Target population: Pregnant women facing life challenges (poverty, teen pregnancy, social and geographic isolation, substance abuse, or family violence), Indigenous women, and recent immigrants.

Key partners: Health professionals (community health centres, public and regional health authorities), non-profit community organizations, businesses, schools, Friendship Centres, drop-in centres, service clubs, parks and recreation/ community centres, other levels of government, and Indigenous organizations.

Description: CPNP aims to improve maternal-infant health, increase the rates of healthy birth weights, and promote and support breastfeeding. It also promotes the creation of partnerships within communities and strengthens community capacity to increase support for vulnerable pregnant women and new mothers. This initiative includes a separate funding stream for First Nation Communities with activities related to nutrition screening, education, and counselling; maternal nourishment; and breastfeeding promotion, education, and support.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Reduces isolation and stress.
- **Personal health practices and coping skills:** Improves health, nutrition, and lifestyle, resulting in better parenting and greater self-confidence.
- **Healthy child development:** Results in healthier pregnancies through food and vitamin supplements and nutritional counselling.
- **Health services:** Improves access to services and to information on breastfeeding, infant care and child development.

WEBSITE: <http://www.phac-aspc.gc.ca/hpps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php>

Caring, Helping, And Nurturing, Children Every Step (CHANCES)

Classification: Promising²³

Region: Prince Edward Island

Years active: 1993–current

Sectors involved: Community, government, and private

Target population: Children (0–11) and their families, including new parents-to-be.

Key partners: Medavie Health Foundation, Government of PEI (Department of Education, Early Learning and Culture), National Crime Prevention Strategy, Provincial Department of Health & Wellness, PEI Department of Justice, Public Health Agency of Canada, Master Foundation, TD Bank Group, Windsor Foundation, Margaret & Wallace McCain Family Foundation, PEI Newcomers Association, University of Prince Edward Island, Holland College.

Description: CHANCES is a community-based, non-profit initiative that provides a range of child development and parent support services, particularly to more vulnerable families. The initiative carries out its mission through seven program streams: prenatal and postnatal programs (Canada Prenatal Nutrition Program); Best Start Program; Strong Start; Early Years Centres / Smart Start; parenting and child development programs; Smart Play; CHANCES Family Health Clinic.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Increases parent/caregiver competence and self-confidence.
- **Education and literacy:** Improves children’s attentiveness and ability to interact with peers during classroom activities; math, pre-reading and problem-solving skills; understanding of spoken language; and ability to express thoughts and feelings.
- **Social environments and physical environments:** Funding supports new outside play equipment and green space.
- **Personal health practices and coping skills:** Parenting sessions focus on physical and mental wellness.
- **Healthy child development:** Improves children’s gross and fine motor skills.
- **Health services:** Provides basic healthcare for children of families that do not have a family physician; engages families in the needs of their children; creates opportunities to incorporate strategies for health promotion and prevention.
- **Culture:** Partnership with Newcomers Association creates inclusive programming for newcomer families (e.g., Syrian refugees).

WEBSITE: <http://chancesfamily.ca/>

Community Action Program for Children (CAPC)

Classification: Promising²⁴

Region: Pan-Canadian

Years active: 1993–current

Sectors involved: Community, government, and private

Target population: Children (0–6) facing challenging life conditions.

Key partners: Public Health Agency of Canada, health organizations, educational institutions, community associations, early childhood or family resource centres, child protection services.

Description: CAPC provides funding to community-based groups and coalitions to develop and deliver comprehensive, locally and culturally appropriate prevention and early intervention initiatives. Programs aim to promote the health and social development of young children and families facing challenging life conditions (e.g., low-income families, teenage parents, children with developmental delays), Indigenous children, recent immigrants and refugees, single-parent families, and families in remote/isolated communities. Program-wide, many CAPC sites have developed partnerships with a broad variety of organizations from different sectors of activity (e.g., health organizations, educational institutions, community associations, early childhood or family resource centres). Programming may be offered through family resource centres, parenting classes, drop-in groups, parent-child groups, home visiting, or specialized programs.

IMPACT ON SOCIAL DETERMINANTS:

- **Education and literacy:** Offers child-focused activities, such as pre-school programs and play groups.
- **Social environments:** Increases and improves effectiveness of initiatives to enhance community capacity; decreases social isolation.
- **Healthy child development:** Improves children's physical well-being, social knowledge and competence, emotional development/maturity, and language and cognitive development; improves parenting skills.

WEBSITE: <http://www.phac-aspc.gc.ca/hpps/dca-dea/prog-ini/capc-pace/index-eng.php>

Early Childhood Development Centres (ECDCs)

Classification: Promising^{25, 26}

Region: New Brunswick

Years active: 2008–current

Sectors involved: Community, government, and private

Target population: Children and their families, from prenatal period to elementary school transition.

Key partners: Provincial government, Margaret and Wallace McCain Family Foundation, various community partners (schools, childcare, Family Resource Centres, Talk with Me, Victorian Order of Nurses Healthy Baby and Me, early intervention agencies).

Description: Located in schools and integrated into existing pre-school, childcare and parenting programs, the ECDC sites serve as neighbourhood hubs where early childhood services can be accessed in an integrated way, under the direction of a local community network and a non-profit board of directors. They also provide research and evaluation to inform provincial strategies.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Forges relationships among early childhood educators, parents, children, and school staff. Increases access and support for families through one central hub.
- **Education and literacy:** Improves school readiness in terms of emotional and social development; provides opportunities for children to gain skills and experiences to assist them in becoming responsible citizens and in developing critical thinking skills (as seen with children attending regulated child daycares).
- **Healthy child development:** School-based ECDCs minimize stress and anxiety related to the transition from early childhood to kindergarten.
- **Health services:** Enhances regional service delivery and outreach to parents and children through improved access to programming; strengthens partnerships and knowledge exchange among service providers by fostering collaborative work.
- **Culture:** School and community engagement events celebrate cultural identity and language, especially within the Francophone minority communities.

WEBSITE: <http://www2.gnb.ca/content/gnb/en/departments/education/elcc/content/ecs/ecdc.html>

Success by 6 (SB6)

Classification: Promising²⁷

Region: British Columbia

Years active: 2003–current

Sectors involved: Community, government, philanthropic, and private

Target population: Children (0–6) and their families, with a funding stream specifically dedicated to Indigenous communities.

Key partners: United Ways of BC, Credit Unions of BC, BC Government (Ministry of Children & Family Development), representatives from Indigenous organizations, various early years community partners.

Description: The SB6 Provincial Initiative and Partnership strengthens communities by funding programs and engaging citizens in building child- and family-friendly communities. A central pillar of the initiative is a focus on meaningful engagement of Indigenous peoples, guided by a province-wide strategy and framework based on recognition of self-determination, as well as the Truth and Reconciliation Commission's Report and Calls to Action. Its Aboriginal Engagement Strategy, developed in 2006 and backed by a dedicated funding stream, is designed to support Indigenous-identified priorities through the development of partnerships and relationships intended to promote collaboration across sectors and across cultures, as communities strive to support young Indigenous children and their families. To date, SB6 has supported the development and ongoing strategic planning of over 120 community-based Early Years and Aboriginal Early Years Planning Tables/Councils. These tables bring together local stakeholders from multiple sectors to plan and improve service integration and program delivery for young children and their families.

IMPACT ON SOCIAL DETERMINANTS:

- **Social support networks:** Offers support and outreach to meet basic needs of families living in poverty.
- **Education and literacy:** Provides early learning and child development programs.
- **Employment/working conditions:** Offers financial support to early years organizations to promote collaboration and planning across sectors and communities; supports new program development and job creation.
- **Social environments:** Works with Indigenous communities to strengthen community capacity.
- **Physical environments:** Supports new playground equipment, toys, furnishings, and community early years service hubs.
- **Healthy child development:** Connects families with health and early screening resources; supports early childhood development (ECD) community planning, leadership, and mobilization.
- **Culture:** Supports Indigenous language and culture through early learning resources and traditional teachings; plans Indigenous cultural events and encourages projects supporting cultural identity, self-determination, sense of belonging, health, and healing.

WEBSITE: <http://www.successby6bc.ca/>



3. Making Community-Based Multi-Sectoral Partnerships Work

LESSONS LEARNED FROM THE 10 HEALTHY CHILD DEVELOPMENT (HCD) INITIATIVES

What are the challenges of community-based multi-sectoral partnerships, and what strategies can be used to address them? How can project leaders get all partners to work together? Based on documentation from the 10 selected initiatives, the *BBBF Toolkit*,¹⁵ the online Community Toolbox²⁸ and interviews with program leaders from five of the initiatives (Better Beginnings, Better Futures; Caring, Helping, And Nurturing, Children Every Step; Early Childhood Development Centres; Success By 6; and Toronto First Duty), a number of key lessons were identified. Recommendations for implementing effective community-based multi-sectoral HCD initiatives are presented here.

ENGAGING PARTNERS

Be strategic in selecting who you invite to the table

- Target partners whose mission includes supporting children and/or families in their community and whose programs or services **align with your goals**.
- Look beyond the usual suspects: consider organizations outside the early years sector for whom achieving their **mission is dependent, at least in part, on healthy child development**.
- Develop individual relationships with partners before bringing everyone together. Make sure they are interested in becoming part of a network.
- Do your homework before approaching potential partners: find out what motivates them and present your message accordingly. **Support your message with research:** a business leader may be interested in the economic impacts; a health foundation may want to see the connection to long-term health outcomes.
- Partners can contribute time, resources, or **expertise**. They may serve as consultants, or be willing to act as a **spokesperson or champion** for the cause, leveraging their own networks and political capital.

Dare to involve non-traditional sectors

- Involve partners from other sectors – businesses, financial institutions, community planning and recreation services, chambers of commerce, etc. They bring a **different perspective** to the table. Their networks and spheres of influence are very distinct from those of government or non-profits.
- Business partners tend to be interested when they have **a clear role to play** through a tangible activity. You can also rally partners around a specific project or event.
- **Look for leaders in the community.** This may include businesses or individuals whose work is not directly connected to child development, but who value investing in the community or fostering a productive workforce by supporting families.

“Non-traditional partners come on board because they recognize and appreciate that they can open doors and provide audiences that traditional stakeholders can’t.”

– Kerry McCuaig, Toronto First Duty

“The overall approach is neither to impose Success by 6 on Aboriginal communities, nor get ‘buy in,’ but rather to work with Aboriginal communities to determine if Success by 6 is relevant to their own priorities for supporting children and families.”

– Joseph Dunn, Success by 6

Engage Indigenous stakeholders

- Ensure the initiative design encourages Indigenous participation and representation.
- Recognize the unique needs of Indigenous children and families with respect to their **history, language, culture, and traditions**. Efforts might include Indigenous-specific projects such as cultural resource development, training, and promotion of Indigenous early child development.
- Recognize the importance of **self-governance** for Indigenous peoples and ensure that Indigenous stakeholders are key to informing what is developed for children and families. **Dedicate specific funding resources** for Indigenous components or aspects of the project where possible.
- Develop a framework that reflects a **holistic understanding of Indigenous perspectives** of building communities. Ensure that it includes the key elements that Indigenous communities strive for within the context of children and families.

BUILDING THE TEAM

From the start, set up an early childhood working group and invite the stakeholders concerned, from all fields, to participate

- Have a **strong vision** with a clear mandate. Ensure that everyone has a **common understanding** of what you want to achieve.
- Ensure that all partners **understand each other's goals and mandates**. Take the time to make this happen.
- **Identify each partner's skills and abilities**, and how these can work in synergy to achieve the shared goals. By identifying what everyone brings to the table, partners can see how, by working together, they can accomplish much more than by working on their own.
- For each stakeholder at the table, present the **end benefit**: what's in it for them?

"Success came from the partners at the table sharing a common vision of what the program would look like and what parents and children would experience when they walked in the door."

– Kerry McCuaig, Toronto First Duty

Be clear from the outset about roles, responsibilities, and expectations

- Be clear about the commitment required (i.e., time, resources), what each partner's **role and responsibilities** will be, and how you are going to work together. Make sure everyone knows what is meant by the terms used.
- Set realistic goals within the constraints that you have.

Ensure that those sitting at the table have the power to make decisions

- The people sitting at the table must understand the project and **be committed** to it.
- They should have the **power and flexibility to make decisions**, without having to go back to a board or a superior.
- For school-located programs, having the school principal participate can make a huge difference to the program's success.
- It is essential that **front-line staff** endorse the collaboration or partnership as well.

“We have always stayed focused on listening to parents, in terms of what parents and communities were identifying as programs and services that they felt would benefit their children.”

— Ann Robertson, CHANCES

Include parents and members of the community at the table and in the discussions

- What do parents and families need? This should guide the choice of programs and services.
- Make sure they have a **meaningful role**, such as leading a committee.
- **Look for leaders** among participant families and in the community.

Invest in social capital

- Organize **joint professional development** for those providing the front-line services. Have professionals from different fields attend each other’s professional development sessions, or hold sessions designed for the multi-disciplinary team. For integrated learning programs, joint planning time is also critical.
- Create **opportunities to build interpersonal relationships**, such as informal gatherings to share food and conversation. Giving people a chance to get to know each other in “safe” settings can go a long way to building trust and long-term relationships.
- Specific mechanisms may facilitate participation (e.g., arranging release time for teachers to take part in planning; providing transportation for low-income community members or childcare for parents to enable them to attend meetings).

“Respectful partnerships between formal service providers, created by getting to know one another personally and having safe environments in which to interact, were seen as critical to their success in fostering cooperation between service organizations.”

— BBBF Toolkit, Chapter 5,
Engaging Community Partners

PRACTICAL CONSIDERATIONS

Be flexible

- The structure of your initiative will likely depend on the scope, the partners involved, and what you are trying to achieve. **Develop an initial decision-making group** or steering committee to get things started. Then, form **smaller working groups** to develop different aspects of the initiative.
- Some organizations and agencies may partner on specific programs and activities. Make sure the parameters of the collaboration are clear and straightforward.
- **Be respectful of people's time.** For example, business partners may prefer lunch meetings with set times.

"Partnerships or collaborations are an evolutionary process; the individuals involved need to be flexible to adapt to changes that occur."

— BBBF Toolkit, Chapter 5,
Engaging Community Partners

"Parents on the local research committee made a particularly valuable contribution to this process, pointing out when questions were unclear, serving as experts on how other parents were likely to react to the questions, and letting researchers know when their conclusions or interpretations were off-base or ill-informed."

— BBBF Toolkit Summary, p. 9

Conduct evidence-based research

- Evidence-based research is extremely valuable for engaging partners. Being able to **show impacts and outcomes** builds confidence in the project.
- Partner with **university researchers** to guide/support this process.
- Train and involve community residents in the research process. This type of participatory approach has been shown to improve the process/outcomes and empower participants.
- Publish the results of your research on your website and/or pertinent forums, in order to contribute to the evidence base on early childhood development interventions.

Plan for the long term

- Dedicate a portion of funds to building infrastructure and **capacity to maintain coordination** around the planning process.
- Provide seed money to develop pilot projects, which can demonstrate effectiveness and serve to attract other partners and funders.
- Ensure there are mechanisms in place to **train new representatives** from different agencies and organizations, as former representatives leave their positions.

Have a clear conflict-resolution mechanism

- Partnerships are about more than just getting along or being able to communicate. It's important to be clear about how you will deal with problems or issues that arise.
- When trying to resolve problems, **look for common ground**. Focus on what you're trying to achieve and how to get there.
- Remember that **building effective partnerships takes time** and energy.

“Ultimately, dealing with challenges is a process that can actually build stronger, more committed partnerships, if you're able to work through those challenges together. For us, this means using a consensus approach to decision-making, valuing what other partners bring... and identifying how, by working together, we'll be able to accomplish far more than we'd ever be able to accomplish separately on our own.”

— Ann Robertson, CHANCES

SUMMARY OF FINDINGS

Having a **strong vision** with a clear mandate; **strong leadership** at the community level, particularly in non-traditional sectors; and building **strong relationships** at all levels and across all sectors are key to implementing effective multi-sectoral healthy child development initiatives.



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