BC Evaluation Project Report:

Can We Agree on Common Child Outcomes for BC?

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BC Evaluation Project Report

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Project Summary:

This paper deals with research related to evaluation frameworks and outcomes for early child development initiatives, provincially, nationally and internationally, with a view to determining an appropriate set of outcomes that could be agreed upon across the spectrum of Early Childhood Development [ECD] funders and service providers in British Columbia.

Methods:

1. With the help of a research assistant I began by creating some context for the work, and looked at the high level frameworks outlined in the UN Convention on the Rights of the Child, The First Ministers Communiqué, The Public Health Goals for Canada, and A Canada Fit for Children.
2. Next, we looked at commonalities in outcomes defined by provincial and Canada wide ECD initiatives. We also looked at outcomes in other jurisdictions in North America.
3. We then examined a variety of BC province-wide programs, with a view to identifying areas of agreement and capacity to work within a set of shared outcomes. While we looked at some programs in jurisdictions outside of BC, the data on these is not reported in each table, unless it has significance for the goals of the project.
4. Having determined that there are areas of agreement, particularly in relation to the four key areas for action identified in the First Ministers Communiqué, we looked at the existing BC ECD framework, which defines a reasonably wide variety of outcomes under the key action areas.
5. The outcomes specified in the BC ECD framework were then compared to the outcomes identified for a variety of different programs and services delivered in BC – looking for connections.
6. We reviewed how well the existing frameworks in BC are doing, in terms of being able to measure and report out on outcomes.
7. We looked for province or statewide evaluation frameworks that we could learn from, were we to agree upon long term child outcomes in BC, prior to developing a provincial evaluation framework for ECD work.
8. The BC ECD framework was brought forward to the Advisory and Funders groups for consideration as a model that could be used across ECD programs. After discussion, both groups recommended drafting a new set of long-term outcomes based on the 4 key areas for action agreed upon by the First Ministers. The outcomes were re-drafted in this format and sent to the ECD funders, the Advisory and the BC Healthy Child Development Alliance for feedback.
   Feedback was integrated into a new draft. Subsequently, the Funders and Advisory groups met again and reached agreement long-term outcomes statements.

Limitations:
As will become apparent in what follows, the surface of some very complex issues has been scratched! This report does not deal with the topic of indicators in any depth, nor does it propose any criteria for testing. The short time-line to bring some work to the attention of the Advisory Committee and Funders group has not allowed for detailed references to the literature; however, a Bibliography at the end of this report cites key documents and web sites examined.

The information on programs and services was gleaned from online reports as well as contact with program representatives at different levels within systems. It has not been verified at this time. Outcome information provided for the provinces may refer to outcomes at different levels of the "outcome chain".

The Main Findings:

Within the exception of one outcome (Improved Maternal Health), the programs and services in BC that were researched fell within the existing MCFD long-term outcomes framework. While outcomes within programs delivered around the province appear to be different, for the most part the outcomes statements could be described as short/intermediate term outcomes and these short/intermediate outcomes all related to the long-term outcomes in the MCFD ECD framework. With this in mind, it was initially recommended that the funders adopt the MCFD framework. However, meetings with the Advisory and Funders groups revealed some uncertainty about this course of action.

It did seem however that there was agreement that the four key areas of action could be translated to high-level outcome statements that all might agree upon and the Funders and Advisory groups agreed to the following four long term outcomes statements:

> **Outcome #1. Mothers are healthy and give birth to healthy infants who remain healthy.**
>
> **Outcome #2. Children experience healthy early child development, including optimal early learning and care.**
>
> **Outcome #3. Parents and families have the knowledge, resources and support they need to help their children develop to their full potential**
>
> **Outcome #4. Communities support the development of all children and families.**

Other findings, which will be important to consider in ongoing work around building systems of accountability, deserve the serious attention of ECD funders:

- ***Cross systems outcomes measurement is possible and there are models that we can learn from.***

- ***Agreement on high-level outcomes provides an overarching framework for the different early childhood programs and services to make decisions about short/intermediate term outcomes and indicators, however there is much work still to be done to create a coherent evaluation system.***

- ***Creating short/intermediate term outcomes that focus on assets will be productive and in line with new ideas about measuring children's well being.***

- ***Short/intermediate term outcomes need to be flexible enough to allow for local decision making, while still being logically connected to long-term outcomes.***

- ***Care needs to be taken in deciding what we will choose to measure and how much measurement is really useful. At the program level, where measurement tools are administered by front-line workers, it is important to keep the process simple – using clearly defined indicators and straightforward, easy to collate measurement tools.***

- ***Good evaluation work cannot happen without financial and professional support. Programs that have moved ahead in evaluation work allocate at least 10% of their budgets to evaluation support***

What has become abundantly clear is that *any* statements of vision, outcomes or indicators are value-laden for all involved and it is my sincere hope that by recommending outcomes statements at the highest possible level, this hurdle of reaching agreement on long-term outcomes can be overcome, in the best interest of improving accountability within the BC ECD system.

Respectfully submitted,

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A context for developing shared outcomes amongst early childhood development initiatives.

To create some context for the project, we began by looking at the overall framework that BC early childhood initiatives fit into, moving from the global to the local perspective, with the assumption that our work at the local level is "nested" in higher goals, as indicated below.

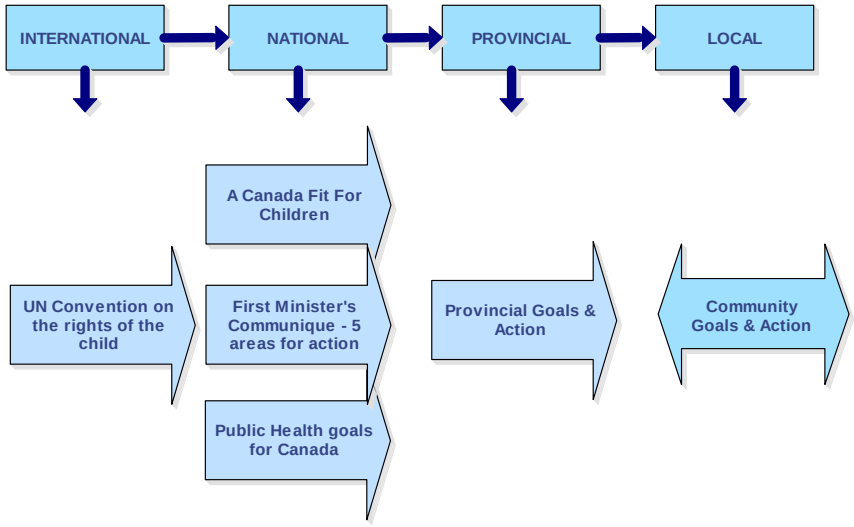


Figure 1

International and National Goals Relating to Early Childhood Development

Briefly put, **The United Nations Convention on the Rights of the Child,** which went into force on September 2, 1990 proclaims children's rights in the areas of:

- Protection and social security
- Freedom
- Privacy
- Access to information
- Adequate standard of living
- Education
- Respect for Culture
- Parental rights
- Opportunity for cultural, artistic and leisure activity
- The development of the child's personality, talents and mental and physical abilities to their fullest potential

Canada subsequently developed an action plan related to the goals identified in the Convention. Entitled **A Canada Fit for Children,** the plan identifies four categories of priorities:

- Supporting families and strengthening communities
- Promoting healthy lives
- Protecting from harm
- Promoting education and learning.

In November of this year, agreement was reached on **Public Health Goals for Canada:**

Overarching Goal: As a nation, we aspire to a Canada in which every person is as healthy as they can be – physically, mentally, emotionally, and spiritually. Under this overarching goal, other goals are described related to:

- Basic needs (Social and physical environments)
- Belonging and engagement
- Healthy Living
- A system for Health

In September 2000 the **First Ministers Communiqué on Early Childhood Development** was adopted across Canada (with the exception of Quebec). This produced agreement on a set of principles, two objectives and four key areas for action that would meet these objectives. It was agreed that governments would focus on any or all of these areas:

Objectives: Focussing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are:

- To promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- To help children reach their potential and to help families support their children within strong communities.

Four Key Areas for Action: To meet the objectives set out above, *First Ministers* agree on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made:

1. Promote Healthy Pregnancy, Birth and Infancy

2. Improve Parenting and Family Supports

3. Strengthen Early Childhood Development, Learning and Care

4. Strengthen Community Supports

It appears that the foregoing rights, priorities and goals are reflected in BC's planning and reporting frameworks.

The BC Context

British Columbia has an active ECD Funders network which meets regularly. In 2002, the ECD Funders agreed upon a policy framework for early childhood development in BC, "in order to develop capacity across the province in reducing vulnerability, increasing resilience, and reducing inequality in development in the 0-6 age group, so that all children may enjoy a maximum of health, well-being, and competence/coping skills throughout the course of their lives."

The ECD Funders vision is that healthy children and responsible families are living in safe, caring and inclusive communities. To achieve this, the funders identified seven components of a provincial early childhood development system:

1. *Healthy development for all children requires universal and targeted services*
2. *Comprehensive and accessible ECD programs*
3. *Collaboration between organizations providing ECD programs*
4. *Outreach programs to overcome barriers to ECD*
5. *Neighbourhood-based ECD programs and services*
6. *ECD resources for families on the move*
7. *Monitoring and accountability.*

BC has the benefit of the groundbreaking work of the Human Early Learning Partnership (HELP) led by Dr. Clyde Hertzman. HELP has devised a system to map the vulnerability of kindergarten children throughout BC, using the Early Development Instrument [EDI]. Through repeat administrations, the EDI can be used to indicate changes in children's development at the neighbourhood, community and provincial level. With baseline EDI data and subsequent years of data, comparisons can be made over time.

In her June, 2005 report, *Healthy Early Childhood Development in British Columbia: From Words to Action,* Jane Morley, calls upon government and communities to transform the current fragmented, under-resourced patchwork of ECD support and services and to move forward in a coherent way to improve outcomes for our youngest children and their families. The report calls for a long term planning framework with built in public accountability measures.

It is clear that there is a desire for embedding accountability mechanisms that support integration, transparent reporting and quality management and improvement systems around the province. In addition to the foregoing, this is evident in The First Call Framework for Action, The MCFD Draft ECD Strategic Plan, The Healthy Child BC Forum documentation, The Many Voices Common Cause report, Fraser Mustard and Frances

Picherack's report - Early Childhood Development in British Columbia: Enabling Communities. Conversations with a large percentage of the members of the ECD funders group over the past few weeks indicate that there is widespread agreement on the need for agreement on child related outcomes.

Systems wide change is co-created through our acts of observation – what we choose to notice and worry about. In her ground breaking work, which takes leadership theory from the Newtonian mechanistic view to a quantum view of interconnectedness, leadership theorist Margaret Wheatley talks about the positive impact of creating chaos within relationships in any given system, related to readiness for change. We have, perhaps unwittingly created that chaos and to quote Wheatley "What is as work here is a whole system invisibly creating the conditions that suddenly enable it to jump to a new place." ***It appears that the ECD system in BC may be ready to jump to a new place and become more unified.***

Defining Short, Intermediate and Long-Term Outcomes:

Generally accepted definitions:

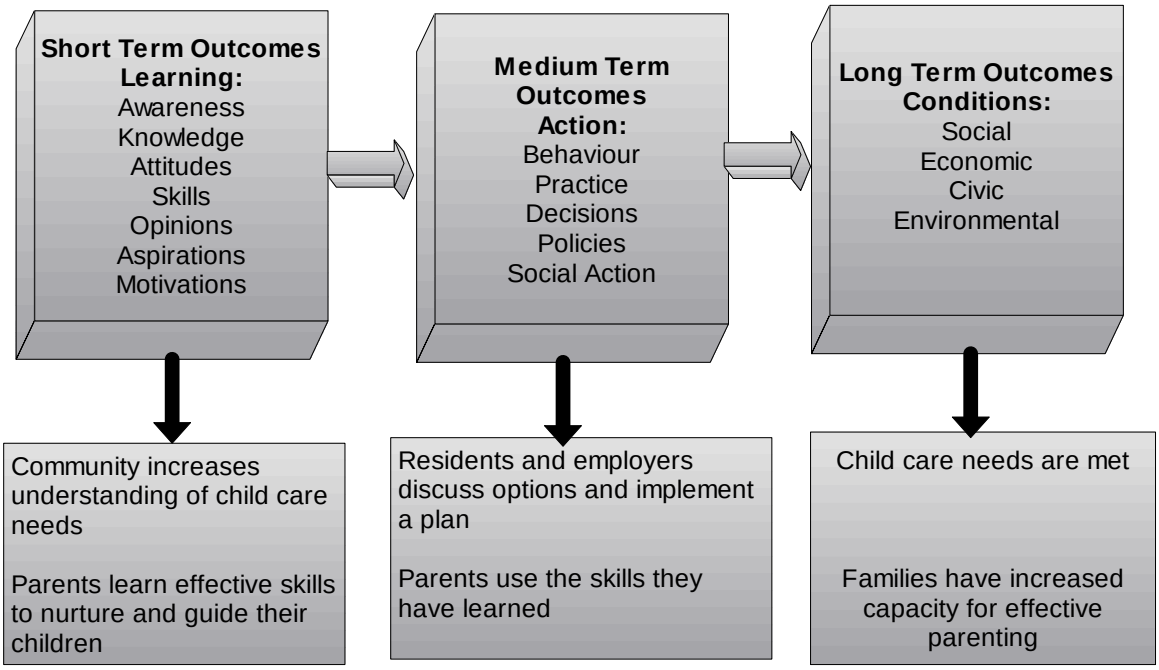


Figure 6

The ideas around short, intermediate and long-term outcomes can be confusing – even to an experienced evaluator. Although it is generally agreed that long-term outcomes represent the "ultimate impact" of an intervention, decisions about whether an outcome is long term or not are still somewhat subjective.

In terms of how far out the "outcome chain" we go we need to consider:

- What is logical,
- What is realistic
- What is meaningful
- What can be measured in time for us to realize that our work is worthwhile?

If we can agree upon the long-term outcomes across ECD systems, short/intermediate outcomes and indicators will logically fall under these. ***It seems that what is most important is that the short and intermediate term outcomes and indicators we choose can demonstrate how they contribute to the long-term outcomes.***

A look at ECD outcomes across Canada:

Across the country, provincial initiatives have developed outcomes specific to their communities of interest:

Province	Outcomes
BC ECD Action Plan	Reduction in number of low birth weight babies Increased rate of immunization Reduction in infant mortality rate Reduction in incidence of FASE Increased number of children entering kindergarten who are ready to learn Affordable child care is available to those who require it Fewer children in care Fewer families require protective family services Families are aware of and appropriately access services Families have increased capacity for effective parenting Aboriginal children and their families experience improved health status and healthier lifestyles Communities have comprehensive, integrated and coordinated service delivery systems for ECD Communities are empowered to deliver coordinated, culturally relevant programs and services Increased awareness of the value of and support for ECD
New Brunswick ECD Initiative Opportunities for children	Improved health of pregnant women and their newborns. Improved quality of childcare services. Improved child development and prevention of the cycle of family violence. Families and children live in supportive communities. Parents are supported in their parenting role. Children are ready for school. Infant-parent attachments are secure. Improved speech and language development. Successful implementation of all ECD initiatives.
Ontario	Promoting Healthy Pregnancy, Birth and Infancy - initiatives to help families and children get the best start in life · Improving Parenting Supports - initiatives that provide families with support and information to become the best parents possible

Ontario contd.	· Strengthening Early Childhood Development, Learning and Care - initiatives that help children develop the competencies and coping skills they will need to reach their full potential · Strengthening Community Supports - initiatives that provide evidence and research to inform policy and program decisions about children and youth.
Province	**Outcomes**
Yukon Early Childhood Development	Children are able to develop to their full potential; Parents and families raise children with healthy lifestyles
Alberta Sure Steps	Children are born healthy. Parents play the primary role in supporting and nurturing children and are provided with resources to meet the needs of their children. Children are ready to learn when they start school.
Nunavut	Healthy pregnancies resulting in full-term, uncomplicated births, healthy birth weights, and brain development. Coordinated information and child care referral for parents Increased connections between community based services Enhanced quality of care provided in all settings A coordinated system that provides increased training and support to caregivers and parents through the territory
Northwest Territories	Parents have increased knowledge about healthy prenatal nutrition, child dental health, healthy infant nutrition, developmental stages and child safety Increased parent-child interactions Increased parent knowledge about child development Increased opportunity to develop new skills for school entry programs All communities are represented at the regional training sessions and parenting /literacy programs are implemented within each community. Integration of service delivery is coordinated within interested communities
Saskatchewan	Integrated systems of strategies to promote healthy early childhood development – physical & emotional health; safety & security; social engagement; success at learning.
Manitoba	Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for Healthy Child Manitoba goals: To their fullest potential, Manitoba's children will be: physically and emotionally healthy safe and secure successful at learning socially engaged and responsible
Newfoundland	To help children reach their potential and to help families support their children within strong communities
Nova Scotia	Goals outlined under the 5 key action area: Healthy Beginnings Enhancing parenting and family support Stabilizing and enhancing childcare Community engagement and infrastructure support

Figure 2

Not surprisingly these outcomes all fall within the four action areas identified in the First Ministers' Communiqué, and the provinces are reporting on activities within the four key action areas.

In terms of agreeing to common outcomes for ECD programs and services delivered in BC, it seems that the four key action areas provide an overall framework for agreement on shared outcomes.

Outcomes in Other Jurisdictions:

Outcomes in other jurisdictions were researched to look for commonalities with those in Canada:

- **Making It Count,** a state-wide initiative of the Minnesota Department of Children, Families & Learning details outcomes in seven areas:

    1. Families and Communities provide a safe and stable environment for their children
    2. Families are supported by their communities
    3. Families have adequate economic resources to appropriately provide their children
    4. All children and their families have access to quality early childhood care and education
    5. Children and families are healthy and well nourished
    6. Parent and child relationships are positive and nurturing
    7. Children reach their individual developmental potential.

    A list of indicators related to these outcomes is attached as Appendix A.

- **Smart Start**, a statewide initiative in North Carolina. The Smart Start Mission is that every child in North Carolina will arrive at school healthy and prepared for success Outcomes are described in terms of a vision of success:

    1. Young children are our state's first priority.
    2. All children including children with special needs have access to safe, high quality early learning environments.
    3. Quality childcare is available and affordable for every family.
    4. Children's developmental needs are met and early intervention services are available to every child who needs them.
    5. Every child has access to primary health care and adequate health insurance.
    6. Every child has access to dental, hearing and vision screenings to detect and correct health problems early.
    7. Every family receives the support they need to be their child's first and most important teacher.
    8. All mothers receive appropriate prenatal care so their infants are born healthy.
    9. Every community places children in the highest regard and ensures that all children are healthy, safe and ready to succeed.
    10. Every childcare teacher has a college degree and is treated and compensated as a professional.
    11. Every public school is ready and equipped to educate kindergarteners and every kindergartener is ready to succeed in school.
    12. Every elected official considers the impact to the state's young children before making important policy and funding decisions.

- The US based **Children, Youth, and Families at Risk National Initiative** (CYFAR) identified four National Outcomes to support an objective of improving the quality and quantity of comprehensive community-based programs for children, youth, and families at risk:

    1. Children (ages 0-11 years) will have their basic physical, social, emotional, and intellectual needs met. Babies will be born healthy.
    2. Youth (ages 12-18 years) will demonstrate knowledge, skills, attitudes, and behaviour necessary for fulfilling, contributing lives.
    3. Parents will take primary responsibility for meeting their children's physical, social, emotional, and intellectual needs and provide moral guidance and direction.
    4. Families will promote positive, productive, and contributing lives for all family members
    5. Communities will provide safe, secure environments for families with children.

- **Every Child Matters**: Change for Children is a new approach to the well being of children and young people from birth to age 19 in England. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to achieve the following outcomes:

    1. Be healthy
    2. Stay safe
    3. Enjoy and achieve
    4. Make a positive contribution
    5. Achieve economic well-being

- The **Pennsylvania** statewide model, which identifies primary and secondary outcomes in the areas of community change, program change and system change. Programs and services are expected to give preference to the primary measures, and are given the freedom to choose other indicators they may wish to use in one or more of the community outcome areas (more information in Appendix B). Long term outcomes, described as "Primary Indicators are:

    1. Prenatal and Infant Health / Healthy Child and Youth Development
    2. Healthy Child Development
    3. Healthy Youth Development
    4. Children Ready for School
    5. Children Succeeding in School
    6. Safe Families and Communities
    7. Stable and Self Sufficient Families

Outcomes described in these jurisdictions are not unlike those in Canada in that they relate to infant and child health, parenting and family support, children's readiness for school and supportive communities.

Are outcomes shared within programs in BC?

A number of different evaluation frameworks were examined to see if programs were actually using systems of shared outcomes and if indicators of success had been developed. This was done with a view to assessing BC ECD systems-wide capacity to create evaluation frameworks that use shared outcomes:

Name of Program	Outcome targets are shared amongst:	Indicators defined?
Children First (Provincial Initiative)	44 initiatives	No
CAPC, BC (Community Action Program for Children)	BC CAPC – 21 coalitions	Yes – at the program level – approved by PHAC Program Consultants
BC Provincial Success By 6	19 initiatives that cover 150 communities	Yes
Lawson Foundation TLC3	8 sites across the country	Site-specific outcome indicators defined locally
CUPS One World Child Development Centre, Calgary	1 Centre – 17 programs	Yes – listed as indicators for immediate, short-term and intermediate outcomes
POPs/CPNP (Pregnancy Outreach Program and Canada Prenatal and Nutrition Program)	45 POPs with varying funders: CAPC, CPNP & Health Regions	Yes-extensive list of "possible" indicators
Aboriginal Head Start	12 project sites	Yes (Work Sampling System)
IDP B.C. (Infant Development Program)	52 IDP's (as per IDP Program of BC Biennial Statistics report April 1 2003 – March 31, 2004)	Yes
Aboriginal IDP	44 (listed on website)	Yes
Young Parent Programs (YPP) B.C.	38.	Yes
YPP Child Care Centre	38 YPP	Yes
Supported Child Development	52 (as per Supported Child Care Phase II Survey 2003)	Yes
Building Blocks	Information not available	Some projects are using evaluation tools
Aboriginal ECD	37 (outcomes not shared by all agencies)	By 35% of programs

Name of Program	Outcome targets are shared amongst:	Indicators defined?
Child Care Resource & Referral	38 agencies with CCRR programs including 2 provincial services	Yes
Family Resource Programs (Canada)	Positive parenting practices, and parent-child relationship 175 programs.	Yes

Figure 3

It appears that there is capacity within ECD programs to develop and implement systems of shared outcomes.

The majority of these programs use some form of the program logic model, however there is a lack of consistency in how this is developed and applied. A provincial framework of agreed upon long-term and possibly short/intermediate term outcomes is achievable – perhaps even necessary. Because of specific foci and cultural differences, a system of shared indicators is problematic. The list of indicators shown in Appendix C provides an idea of the complexity involved. However, a "library" of appropriate indicators, could likely be developed. ***At the very least, short/intermediate term outcomes and indicators must logically connect with long-term outcomes.***

The Pennsylvania model, which will be described later in this report, provides what are described as "secondary" indicators that programs are expected to choose from. It appears that programs may also choose some of their own indicators, but these must logically connect to the Primary Indicator (outcome).

The BC Provincial ECD Framework

The BC MCFD ECD framework outlines the four key action areas agreed upon by the First Ministers and what could conceivably be described as "long term" outcomes related to these. Provincial MCFD programs would be expected to fall within this framework. While the federally funded CAPC model also identifies long term outcomes within the four key action areas, the MCFD outcomes framework is larger in that it encompasses aspects of ECD that are not within the CAPC mandate (e.g. increased rates of immunization), and in that it applies to all children, while CAPC is designed for children who are at risk in a specified number of areas.

It seemed to made sense to examine the evaluation frameworks of existing ECD programs to see how these fit with the BC ECD model, with the idea that if existing programs and services (and perhaps planned programs and services) fit within this model, there is no need to invent something new. Also, in view of the fact that the majority of ECD programs and services are funded through MCFD, this approach would cause the least disruption and be the most simple to reach agreement on.

In the work done to build a Meta Logic Model system in Ontario, the most difficult step was apparently reaching agreement on the language of outcomes. Preliminary discussion

with some of the project contacts indicated that this could also be problematic in BC! Of course, different values and understanding of the language we use come into play. For example, the term "school readiness" is frowned upon by some as being burdensome upon children and parents, or not holistic enough – should schools be ready for children rather than reverse, etc. Indeed, in some of the US ECD initiatives, "schools ready for children", has been identified as a desired outcome.

In the end, the overall principle is the same – we want children to have the best chance of achieving their potential and becoming satisfied members of society.

The key action areas and outcomes were numbered as illustrated below (figure 4), and compared to the different ECD programs and services pages 12-13, figure 5) to see if/how they fit into this model.

The BC MCFD ECD Framework:

Key Action Area	1. Promoting Healthy Pregnancy, Birth and Infancy	2. Strengthening Early Childhood Development, Care and Learning	3. Improved Parenting and Family Supports	4. Strengthening Community Supports
Long Term Outcomes	a. Reduction in the number of low birth weight babies	b. Increased numbers of children who enter kindergarten ready to learn	c. Fewer children in care	d. Increased numbers of children who are entering kindergarten ready to learn
	e. Increased rates of immunization	f. Affordable child care is available to those who require it	g. Increased numbers of children who enter kindergarten ready to learn	h. Fewer children in care
	i. Reduction in infant mortality rate		j. Fewer families require protective services	k. Communities have comprehensive, integrated and coordinated, culturally relevant ECD services
	l. Reduction in the incidence of FAS/E		m. Families are aware of and appropriately access services	n. Communities are empowered and supported to make decisions and provide ECD programs and services
	o. Fewer children in care		p. Families have increased capacity for effective parenting	q. Increased awareness of the value of and support for ECD
	r. Improved maternal health (proposed)		s. Aboriginal children and their families experience improved health status and healthier lifestyles	

Figure 4

Existing program outcomes and how they might fit into the MCFD ECD framework:

The following chart looks at the outcomes identified in a number of program evaluation frameworks. Some of these outcomes could be interpreted as indicators, however for the purpose of lessening confusion, they are treated as outcomes. The frameworks are examined from the perspective of:

- Can the outcomes be described as short, intermediate or long-term outcomes?
- Which of the four key action areas do they fit into?
- Which of the outcomes described in the MCFD ECD framework do they address?

Name of Program	Desired Outcomes	Key Action Area	Outcomes addressed
Children First (Provincial Initiative)	Increased responsiveness, effectiveness and efficiency; Increased Sustainability, Increased general community awareness, understanding and involvement in ECD; Increased awareness, understanding and involvement of the Aboriginal community and hard to reach families in ECD *(Short, intermediate term outcomes)*	**4**	**k,n,q**
CAPC, BC (Community Action Program for Children – Funded by the Public Health Agency for Canada)	Long term outcomes: Parents of children 0 to 6 years of age, living in conditions of risk, have Increased Parenting Skills and Parenting Support, Children Aged 0 to 6 years living in conditions of risk have improved health and social development, Increased Recognition and Support by the community of families and children who are at risk, their needs, interests, and rights. Programs choose from a menu of short and intermediate term outcomes *(Long term, medium term and short term outcomes)*	**1,2,3,4**	**b, j, k, m, n, p, q, r, s**
BC Provincial Success by 6 (Provincial Program)	Building community capacity in BC to strengthen and sustain a comprehensive range of ECD services Raising public awareness of the importance of the early years Mobilizing financial and volunteer resources to support children and families in BC. *(Short, intermediate term outcomes)*	**4**	**k, n, q**
Success by 6 Local Initiatives	Community Capacity A coordinated early childhood development strategy is developed through a private, public and voluntary sector partnership **Public Education** A supportive climate is developed to create a coordinated approach to ECD policy development and service delivery **Resource Mobilization** Additional resources are available that support ECD policy and service delivery *(Medium, long term outcomes)*	**4**	**k, n, q**
POPS/CPNP programs (Pregnancy Outreach & Canada Prenatal and Nutrition)	Improved nutrition status and access to nutritious food for participants and their families. Improved health status of participants using a population health approach. The healthy growth and development of infants. *(Intermediate, long term outcomes)*	**1,3**	**a, e, h, j, l, m, o, p, r, s**
Aboriginal Head Start	**Culture & Language** Children & parents will have an increased knowledge of Aboriginal culture & language Parents will have a sense of themselves as Aboriginal **Education**	**1,2,3,4**	**b, c, h, j, l, m, o, p, q, s**

Aboriginal Head Start contd.	Children's readiness for school/ developmental growth in 5 areas will be improved (physical, spiritual, emotional, intellectual, social) Children will have fun! **Health Promotion** Children will increase their knowledge of health promoting behaviours Parents will have improved knowledge about how to maintain & improve their own and their children's health **Nutrition** Short term: children & their parents will increase their knowledge about nutritious eating Intermediate term: children & their parents will develop/increased nutritional eating habits **Social Support** Parents are more connected to their community **Parents & Family Involvement** Parents have more skills and an increased understanding of themselves and their children **FASD** Outcomes for this new program component are under development Parents, staff and community members will increase their knowledge of the effects of alcohol and pregnancy Parents will increase their knowledge about parenting FASD affected children *(Short, intermediate term outcomes)*		
Name of Program	**Desired Outcomes**	**Key Action Area**	**Outcomes addressed**
IDP (Infant Development Program)	Yes – **Long term goals of the Infant Development Program are: To increase the capacity of individuals with disabilities to live as independently as possible. To improve quality of life for individuals with disabilities. To build inclusive communities. More immediate measurable outcomes which ultimately result in the above are: To maintain / improve healthy family relationships. To improve parent / infant attachment. To increase the capacity of families to advocate for their children and form effective partnerships. To increase families' knowledge of their children's development and thereby optimize their developmental outcomes. To decrease the incidence of secondary disabilities *(Short, intermediate term outcomes)*	**1,2,3,**	**b, c, h, j, m, p**
Aboriginal IDP	Family & Professional Collaboration Healthy Child Development Positive Parent-Child Interactions Problem-Solving and/or Goal-Setting Resources and Support Prevention & Intervention Services *(Short, intermediate term outcomes)*	**1,2,3,**	**b, c, h, j, m, p, s**
Supported Child Development	Children in SCDP actively participate in inclusive childcare settings. Children in SCDP attain or make progress toward the developmental goals that are identified in their Individual Service Plans. Children in SCDP successfully transition to school *(Intermediate, long term outcomes)*	**2,3**	**b, m, p**
Young Parents Program (BC)	Young parents consistently practice their enhanced and gained parenting skills. Young parents know of and use relevant community resources. Young Parents maintain and complete involvement in	**3**	**m, p**

Young Parents Program (BC) contd.	education and/or training programs. Young parents maintain a healthy lifestyle for themselves and child. *(Short, intermediate term outcomes)*		
Name of Program	**Desired Outcomes**	**Key Action Area**	**Outcomes addressed**
Young Parents Child Care Centres	Quality childcare services are consistently provided and maintained. Children consistently attending the program develop to their capacity. *(Intermediate term outcomes)*	**2**	**b, f**
Aboriginal ECD	Outcomes are defined for 12 of 37 reporting agencies. There are no common outcomes listed (BC STATS Evaluation Summary of AECD Initiatives DRAFT July 2004)	**2,3**	**b, s**
Family Resource Programs	Positive parenting practices, and parent-child relationship	**3, 4**	**k, k**

Figure 5

The above does not constitute a comprehensive list of all ECD related programs in BC. In particular, **childcare/daycare/preschool** is a very important component of the ECD system in BC and affects large numbers of children and families. No evaluation framework for childcare/daycare/preschool was identified and thus has been omitted from the above table. It is recognized this is a significant gap and it is hoped that with a new federal-provincial childcare agreement an evaluation framework could be developed that links with long-term ECD outcomes in BC.

Ministry of Health: While there do not appear to be specific "outcomes" for children outlined in Ministry of Health documents, the Ministry is reporting on indicators related to the four key areas of action and there is therefore some alignment with the MCFD ECD outcomes. However, there are health related activities in the areas of physical and mental health that are not described in the MCFD framework.

Ministry of Education: The Ministry of Education's mandate for ECD related programs is quite new and outcomes have not been defined at this time. Again, however, MOE goals will be required to fall within the four key areas for action, for the purpose of national reporting.

These three extremely significant areas referred to above have not received the attention they deserve in this piece of research. Further work on this project will benefit from the feedback of the various "players" as well as a look at child related goals within Health Authorities.

With the foregoing in mind, our scan of provincial outcomes showed that:

1. With the exception of the federally funded Community Action Plan for Children (CAPC), POPS/CPNP and Supported Child Development, the outcomes in the programs described above could be classed as either "short" or "intermediate" term, and are therefore further down the outcomes chain than those outlined in the MCFD ECD plan – *i.e. these short and intermediate term outcomes logically fall within the long term outcomes defined in the MCFD framework.*

2. The long term outcomes identified by CAPC, POPS, CPNP and Supported Child Development are not incongruent with the BC MCFD framework with the exception of the POPS/CPNP long-term outcome of improved maternal health. For example the SCD long-term outcome identified as "Children in SCDP successfully transition to school", could be interpreted as "ready to learn".

Initially it appeared that using the MFCD framework and adding the outcome of "improved maternal health" to the long-term outcomes, and agreeing upon the same wording of similar long-term outcomes could create the beginning of a unified outcome language across different funding streams. Outcomes related to physical and mental health of children, as well as "schools being ready for children" appeared to warrant further discussion.

However, in meetings with the project Advisory group and the ECD Funders group, concerns were expressed around the "child protection focus" of the MCFD framework as well as a lack of focus on children's health. Therefore ***it was decided to test the idea of taking the outcomes statements to a higher level – the level of the four key action areas agreed to by the First Ministers and identified in the MCFD framework. Doing so would still encompass the outcomes identified in the MCFD framework and would mean that these outcomes would become either short/intermediate term outcomes or indicators.***

Accordingly the four key action areas were re-drafted as long-term outcomes statements:

1. Mothers are healthy and give birth to healthy children who remain healthy throughout their childhood. (Key Action area: Promote Healthy Pregnancy, Birth and Infancy).

2. There are effective systems of support for early childhood development, learning and care (Key Action area: Strengthen Early Childhood Development, Learning and Care).

3. Parents and families have the support they need to help their children develop to their full potential – physically, socially, mentally (Key Action area: Improve Parenting and Family Supports).

4. Children and families are strongly supported by inclusive communities. (Key Action area: Strengthen Community Supports).

These outcomes were sent out to the Advisory and Funders groups and to members of the BC Healthy Child Alliance for feedback.

For the most part, feedback was positive. The concept of using the four key action areas as a basis for long term outcomes appeared to be acceptable. However some changes in

wording were suggested. A new draft of the outcomes statements was created using the feedback and this draft was presented to a joint meeting of the Advisory and Funders groups. ***Participants at this meeting re-worked the outcomes statements and agreed to the following long-term outcomes:***

Overall Goal:
Children are healthy and develop to their full potential

Key Action Area #1: Promoting Healthy Pregnancy, Birth and Infancy
Outcome: Mothers are healthy and give birth to healthy infants who remain healthy.

Key Action Area #2: Strengthen Early Childhood Development, Learning and Care
Outcome: Children experience healthy early child development, including optimal early learning and care.

Key Action Area #3: Improve Parenting and Family Supports
Outcome: Parents and families have the knowledge, resources and support they need to help their children develop to their full potential

Key Action Area #4: Strengthen Community Supports
Outcome: Communities support the development of all children and families.

Note: With respect to outcome #2: There was some discussion of whether the Overall Goal "Children are healthy and develop to their full potential" should actually be outcome #2. Consensus was not reached on this.

Once agreement was reached on the foregoing long-term outcomes, the existing program outcomes (Pages 16-18) were reviewed to ensure that they are consistent with these long-term outcomes.

The graphics shown in the attached document "From Outcomes to Indicators" illustrate how the long-term outcomes relate to short/intermediate term outcomes and indicators.

The concept of indicators can be confusing. In this context, the indicators are the evidence or measures of the outcome we want to see. Other indicators should likely be added to the foregoing. (Often there can be multiple indicators of progress towards a desired outcome. Indicators may be qualitative or quantitative and should be culturally appropriate).

While the subject of indicators cannot be fully dealt with in this report, I would like to draw the reader's attention to the Multi-National Project for Monitoring and Measuring Children's Well-Being. During Phase One (1996-2000), over 80 experts from a variety of disciplines and organizations in 28 countries worked collaboratively to redefine the

concept of children's well-being, and to identify new and more appropriate indicators for measuring and monitoring the status of children beyond survival. During this phase five domains of children's well being and approximately 60 indicators were identified (Appendix D). Possible scales and questions to use are available for many of the indicators.

According to Asher Ben-Arieh, one of the project's principal's coordinators, *the field of child indicators still lacks a common language and there is a need on the international front to look beyond survival (infant mortality) and include aspects of children's well-being.* This aspect of building a common language relates to having either a negative or positive focus. Indicators such as high-school dropout rates or teen pregnancy rates measure problems, but a lack of problems does not necessarily mean that a child is doing well. It is harder to identify positive indicators than to point out negative indicators. Ben Asher believes that while people recognize the need to look at positive indicators, they are unsure of how to measure them. Notably, Ben Asher has observed that people are beginning to take a more interdisciplinary approach to measuring child well being; cutting across traditional fields to focus on children in general – and that this will help to ensure that all aspects of child well-being are being considered.

This line of reasoning is in tune with the currently popular asset-based approaches and the field of Appreciative Inquiry, where the focus is on identifying the strengths of an individual, organization or community and discovering how we can build upon these.

As we move along the outcome chain from long term to the development of short/intermediate term outcomes, to indicators, we would do well to consider those that focus on strengths.

Utility - Are current evaluation practices fulfilling a useful purpose?

The frameworks chosen for study were examined to see if evaluation results are being used to improve/modify/report on the work (why else would we do evaluation?):

Name of Program	Demonstrating results?	Results being used to improve programming	Notes
Children First (Provincial Initiative)	Annual activity reports by projects detailing outputs. Annual provincial report. Results not reported in terms of identified outcomes as yet	?	There has been a shift to an outcomes-based evaluation framework, and local initiatives will work with a basic framework and add in complementary evaluation questions and methodology where appropriate
Community Action Program (CAPC), BC	Yes – annual roll-up of outcomes and outputs Annual snapshot of participant demographics	Yes	Outcomes and outputs are reported in a provincial roll-up. More work currently being done to streamline outcomes and evaluation tools
BC Provincial Success by 6	Report Cards based on evaluation frameworks for December 2004 and June 2005	Partially	Expecting to change framework, based on this work

Name of Program	Demonstrating results?	Results being used to improve programming	Notes
Success by 6 Ottawa	Proposed framework; results not indicated as yet	N/A	Proposed framework – Feb 2000 Framework for evaluation divided into 4 categories – long term objectives; strategic objectives; operational objectives; governance; indicators and tools are included
Lawson Foundation TLC3	Yes – Annual reporting, site visits and attendance at annual symposia Anecdotal feedback and staff structured observation Improvement on direct tests and standardized measures of language and cognition.	Yes – multi-year program funding, and sites encouraged to evolve as results confirmed usefulness of program or suggested a need to change.	This project started with a commitment of stable, multi-year funding from the Lawson Foundation. The funding was given on the basis of a site project proposal that had to fit within the criteria and goals of TLC3. But within those parameters, the sites were allowed to change implementation plans if they were not working well. It was assumed that the sites would evolve, and learning was considered a valuable part of the process. ...The experience with this project affirmed the wisdom of balancing "accountability with trust" and acting as a "supportive rather than an adversarial" partner with grants recipients.
POPs programs (Pregnancy Outreach)	Reaching the appropriate population and demonstrating outcomes re birth weights and breastfeeding initiation Self assessment of eating habits Exit tools	Yes numerous examples	Barriers to implementing systemic evaluation: staff turnover is a big barrier. Also, consistent implementation of tools – constant training and support are essential
Aboriginal Head Start	Yes demonstrating both parent and child outcomes	Yes numerous examples.	
Building Blocks	Unclear at this time. Community based initiatives self-evaluate		Progress evaluated in different ways. Further information has been difficult to access. Two key contacts have moved to different positions.
Family Resource Programs	?		Field testing an evaluation framework
Child Care Resource & Referral	Demonstrating outputs - 04/05 summary statistics, provided information on who actually used the services.		Knowing who is using the service and what the demand is has been useful
Aboriginal IDP (Infant Development)	Yes – this is a first draft – living document that will be reviewed this fall. AIDP is still a very new program (most AIDP programs 5 years or younger)	Some things in the framework have already changed, and in the programs.	Barriers – unlike with mainstream IDP there is no consistent and guaranteed funding source. Difficult to work towards best practice when half the year is lost reporting in preparation for applying for renewed funding. AIDP funding is from different sources, some Federal, some provincial, success by 6 money for start-up, Building Blocks, Brighter Futures, etc.
IDP B.C. (Infant Development)	IDP Biennial Statistics Report provides a roll up of demographics stats.	See notes	The Scale for Evaluating Early Intervention Programs was developed by Dr. David Mitchell and field-tested with 8 IDPs in 1987. This is a tool that is fine tuned to evaluating results that make a difference directly to families. The IDP policy and procedures manual is based on best practices and includes the evaluation framework in it. However, there is a barrier to using this framework. Since a majority of IDPs in BC are part of accredited associations (either with CARF or COA) and accreditation is such an onerous process, the use of the evaluation system was discontinued

Name of Program	Demonstrating results?	Results being used to improve programming	Notes
Young Parent Programs B.C.	Collation and summary of questionnaire/interview results across 35 responding out of the 38 YPPs	Yes - The profile information is to serve the goals of both the provincial government YPP Working Group in their efforts to review Child Care Policy and the Partners Task Group in its Efforts to build on research done in 2004.	Draft logic model Young Parent Programs are an anomaly. They exist in name and in concept in the Child Care Subsidy Procedures Manual but are not formally a program area that is funded, except in the form of a surcharge or 'top-up' added to basic childcare subsidy for qualifying young parents (YP).
YPP Child Care Centre	As above	As above	Draft logic model
Supported Child Development	Province wide survey in 2002 prompted development of a draft evaluation framework introduced in 2005		Although the term," outputs" is defined in the glossary. There are no outputs given in the model. A province wide survey of Supported Child Care (SCC) services was conducted in the Fall of 2002. For the first time data was collected on a province wide basis to create a Snapshot of SCC and to answer some of the questions that parents, service providers and government were asking about SCC services. Barriers to implementing evaluation: 1. The framework is brand new – out for less than a year 2. Some of the programs are still in transition from Supported Child Care to Supported Child Development (3 of the largest won't be on board for a couple of months) 3. Some of the instruments are still conceptually in development 4. Agency time and resources

Figure 7

Clearly different parts of the ECD system are at different stages of being able to report outcomes and/or use evaluation results to improve programming. Federally funded programs, which have support for evaluation built into budgets, appear to have made more progress. On the positive side, there appears to be an "all-round" understanding that evaluation is a worthwhile endeavour, and serious attempts to create sound evaluation frameworks are being made.

This is a good start, however we are still at a distance from systems-wide effectiveness in showing evaluation results that demonstrate which programs and services are actually making a difference and which programs and services are actually using evaluation results to make ECD investments more effective.

Promising Practices

It is highly unlikely that a "cookie cutter" approach could be applied to a systems-wide ECD evaluation framework, however the research uncovered some frameworks that we could learn from:

The Community Action Program for Children (CAPC)

CAPC BC is a ten-year old initiative funded by the Public Health Agency of Canada. There are 22 coalitions, which include a total of 96 agencies, delivering programs at 129 sites across the province. The long-term outcomes are:

- Parents of children 0 to 6 years of age, living in conditions of risk, have increased parenting skills and parenting support,
- Children aged 0 to 6 years living in conditions of risk have improved health and social development,
- Increased recognition and support by the community of families and children who are at risk, their needs, interests, and rights.

Outcome based evaluation methods were introduced in 2000. Short-term outcomes are suggested and indicators are chosen at the local level with the guidance of a PHAC Program Consultant. Program logic models follow a standardized format.

Over the years, CAPC in BC has progressed in the evaluation effort from providing long, sometimes difficult to interpret (and impossible to compare) reports, to a short annual evaluation report which provides evidence of outcomes, outputs and the demographics of program participants.

This year, a roll-up of outcomes and outputs for the province demonstrated that 92% of coalitions were achieving the desired outcomes and that evaluation expertise is improving. What is really encouraging is that *91% of the coalitions drew conclusions from their evaluation data and 95% indicated how they would use the findings.*

The roll-up has led to one more step in refining the model. Work is now underway to:

- Develop an overall list of refined outcomes for the BC CAPC program areas
- Develop a sample list of success indicators for the refined outcomes
- Develop an output reporting template for use by all coalitions
- Develop a template which will proved a way for coalitions to compare their planned program logic model with actual results
- Develop a template for use in reporting basic background information for Coalition reports.
- Provide focused evaluation assistance to coalitions that require it.

Additionally, a national evaluation framework exists where CAPC projects across the country enter specific output data into web-based forms. This information is rolled up into an annual National Project Profile.

The CAPC evaluation system has made significant progress over the last few years. This is due in large part to the Public Health Agency's support for evaluation. At the Provincial level, PHAC evaluation consultants continue to provide support for coalition evaluation processes. Coalitions are expected to spend up to 10% of overall budgets on evaluation. Another initiative, the CUPS project in Calgary has also made evaluation a priority with 10 – 15% of the overall budget dedicated to evaluation and assessment.

Better Beginnings, Better Futures, Ontario

Funded as a research demonstration project, the Better Beginnings Project was implemented in eight disadvantaged communities throughout Ontario over a five-year period. It is a comprehensive and complex prevention initiative for young children, their families and their local neighbourhoods.

Most prevention programs for disadvantaged young children and their parents are targeted to those that are considered highest risk including those with very low socioeconomic status or high levels of behavioural problems. Better Beginnings, is a universal program; i.e. intended to include *all* children in a particular age range and their families - living in a geographically disadvantaged neighbourhood.

In the Better Beginnings model, neighbourhood residents at each site are actively involved in all decisions regarding program development and implementation, and each site has developed the type and number of programs considered most appropriate to local needs.

Program Goals

- To prevent emotional and behavioural problems and promote social functioning in young children
- To promote optimal development in children
- To improve parents and families abilities to foster healthy development in their children
- To improve the quality of local neighbourhoods and schools for young children and their families
- To strengthen the ability of socio-economically disadvantaged communities to respond more effectively to the needs of young children and their families: developing community capacity through resident involvement
- To establish a local organization capable of implementing the Better Beginnings. Better Futures model
- To establish partnerships and programs with other educational and service-providing organizations: integrating services.

A broad multidisciplinary effort was made to collect, analyze, and report a) qualitative/descriptive data on local project development; b) quantitative outcome data on over one hundred measures of child, parent, family and neighbourhood outcomes; and c) economic analysis of program costs.

The project has now reported on short-term findings, and there is much to be learned about outcomes for children and families in different types of programs – too much to detail here. However, with respect to the evaluation framework:

- The research design as well as the community-driven nature of the Better Beginnings Project required outcome measures to be selected and approved by both the government funders and the local project sites before the programs were developed. This required adoption of an extremely large number of quantitative and qualitative measures that would reflect the broad goals of the Better Beginnings program.

- As the specific programs and organizations developed in each of the eight communities, some of the outcome measures employed were unrelated to specific program goals, and, in other cases, measures required to address unique program goals were inadequate or absent.

- Huge amounts of data were collected from the different sites, and some difficulty was experienced in creating a coherent picture of the outcomes. However, the findings provide information that will be useful in terms of large-scale project and evaluation design. For example, extensive effort was invested in analyzing program participation data in an attempt to identify any systematic patterns relating intensity or breadth of program involvement to all child and parent outcomes over the 5 years of the project. No such pattern was identified.

- Conclusions reached around evaluation in the short-term report include a recommendation that ongoing outcomes evaluation and the collection of several key outcome results will confirm whether or not the findings in the short term report are stable over time, or change in important ways.

Comprehensive evaluation design with the end product in sight is essential. In order to be able to look at and compare the efficacy of different programs, outcomes measures need to be related to program goals and program goals should be directly related to a consistent set of long-term outcomes.

Family Service System Reform in Pennsylvania

The State of Pennsylvania designed a collaborative investment partnership strategy that strives to achieve the following vision for Pennsylvania's families:

All Pennsylvania children and their families will be healthy, educated, self-sufficient and will be living in a safe home and community.

The hallmarks of this reform initiative are **locally based decision-making, public private partnership and cross-government support** (See Appendix E). There is recognition that as county/community partnerships demonstrate success with improving outcomes for children and their families, community success will be achieved and will then enable Pennsylvania to demonstrate improved child and family well being statewide.

As the “investor,” the State values and supports a continuous learning and improvement environment that uses collaborative partnerships, research in strategic development, and an outcomes focus for defining and measuring progress.

As “implementers,” local collaborative partnerships must set their goals for achieving the vision based upon an outcomes framework for defining and measuring progress, and are expected to draw upon best practices, research-based programs, principles and processes for their change activities.

In addition to the development of the state and local partnerships, the Collaborative Investment Strategy establishes a framework for improving the well being of children and families. This provides the opportunity for counties/communities to identify their priority outcome areas and implement research strategies to address their needs. Counties/ communities must identify the improvements in one or more of the six broad outcome areas of child, family and community well being related to achieving the vision.

These outcome areas are:

- Prenatal and Infant Health
- Healthy Child and Healthy Youth Development
- Children Ready for School
- Children Succeeding in School
- Stable and Self-Sufficient Families
- Safe Families and Communities

Within this outcomes framework, collaborative boards identify local assets, interests and needs; set priorities; and direct resources to build strong service networks.

Projects develop accountability frameworks at three levels – the community level, the systems level, and the program level.

1. At the community level there are community outcome areas, community outcome indicators, and specific community goals.
2. At the program level there are program outcome areas, program outcome indicators, and specific program goals.
3. At the systems level there are systems change areas, systems change indicators, and specific systems change goals.

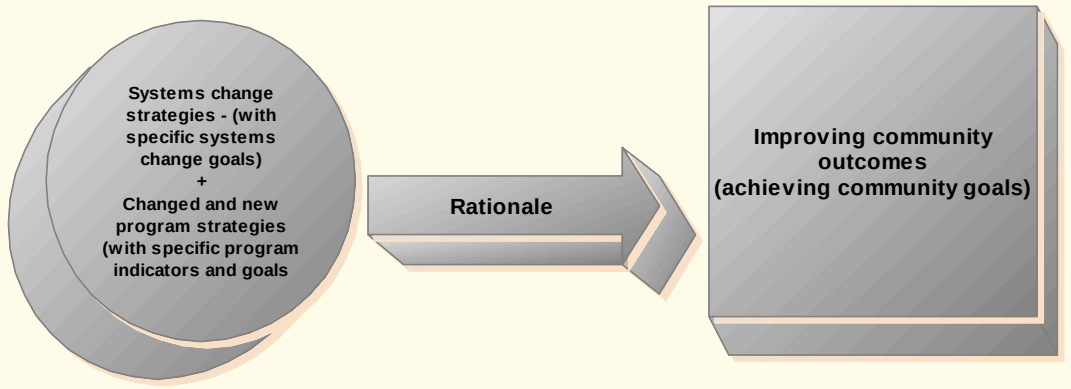


Figure 8

Connecting specific program goals and specific systems change goals is a rationale for how those strategies can – taken together over a long enough period of time - achieve community goals. (For the elements of Pennsylvania's systems reform, refer to Appendix F)

Similar community based partnership models are in place in Missouri, Georgia and Vermont and a comprehensive series of Learning Guides for building capacity of local decision makers for such initiatives is available through the Centre for the Study of Social Policy. These partnership models build a strong case for:

- Local governance - A decision making process whereby the community takes responsibility for developing and implementing strategies to improve results for children families and communities
- Local governance partnership – A decision making partnership between state, private sector, local government, community leaders and residents to carry out process of local governance
- Results based accountability.

Over time, and through investment in building collaborative infrastructures, Pennsylvania has begun to see organizations and systems using data to create outcome baselines, developing community strategies that align programs and services to achieve outcome goals, and promoting system and policy changes that redeploy traditional system funds into proven programs and services that support families. ***This system demonstrates both the ability of communities to develop accountable collaboratives within a framework of high-level outcomes, and the types and amount of support required for community-level decision making and effective evaluation.***

Making It Count: Minnesota Department of Children, Families & Learning

The Minnesota Interagency Early Childhood Network - a network made up of representatives of early childhood, family and health-related programs from four Minnesota state agencies, developed a common set of outcomes and measurable indicators bridging individual state agencies and programs, to measure the well-being of children and families in Minnesota.

The outcomes and indicators were designed to be used as a resource for community programs that focus on young children and families with the idea that they could be effectively used as benchmarks of progress to:

- Guide discussion with state and local policy makers, potential funders and community members
- Enhance existing programs and services by providing a focus for evaluating progress in meeting community priorities; and
- Promote healthy and child focused initiatives.

The indicators were not designed to be all-inclusive but were intended to invite expansion and elaboration by community members as programs and services for young children and families were planned. A detailed list of the outcomes and indicators is appended (Appendix A).

Unfortunately we have been unable to determine the success of this model. The last entry on the project website was in 2004 and a request for information had not been responded to at the time of writing.

The long-term outcomes in this model are not dissimilar to those of the other models examined in this project. The list of indicators appears to be quite comprehensive and could be useful in evaluation design. However, whatever indicators are chosen, it is important to ask the question "Are these indicators that can reasonably be measured over time, and will the resulting data actually demonstrate long term impact."

Smart Start, North Carolina

Smart Start is North Carolina's nationally recognized and award-winning early childhood initiative designed to ensure that young children enter school healthy and ready to succeed. Smart Start has garnered much national recognition and is considered a model for comprehensive early childhood education initiatives.

Smart Start is a public-private initiative that provides early education funding to all of the state's 100 counties. Smart Start funds are administered at the local level through 82 local non-profit organizations called Local Partnerships. The North Carolina Partnership for Children (NCPC) is the statewide non-profit organization that provides oversight and technical assistance for local partnerships. Services at the local level range depending on local needs. Funding for Smart Start is currently $192 million in state funds. Smart Start has raised more than $200 million in donations since it began.

Currently, 82 local partnerships are established throughout the state to administer funding and programs. Smart Start funds are used to improve the quality of childcare, make child care more affordable and accessible, provide access to health services and offer family support. Smart Start has apparently achieved tremendous results in these areas and continues to strive to reach all children in North Carolina.

The work of Smart Start is supported by The Smart Start Evaluation Team at the Frank Porter Graham Child Development Institute of the University of North Carolina at Chapel Hill, which conducts the statewide evaluation of North Carolina's Smart Start Initiative, through a contract from the NC Department of Health and Human Services.

Smart Start provides another good example of a public-private initiative where funds are administered through well structured, accountable and collaborative local partnerships.

Support For Evaluation

While BC ECD evaluation efforts are occurring in one way or another, they are not coordinated. Different initiatives are working to learn more about evaluation, developing their own logic models and creating reports in all sorts of formats. ***Some coordination of evaluation efforts would reduce the duplication of effort within the evaluation "silos" and could lead to more coherent evaluation of our ECD work.***

What follows are some examples of systems of support for evaluation:

1. **Children, Youth, and Families at Risk National Initiative - (CYFAR/CYFERnet):**
   Based at the University of Arizona, CYFERnet is a national network of Land Grant university faculty and county extension educators working to support community-based educational programs for children, youth, parents and families. Through CYFERnet, partnering institutions merge resources into a "national network of expertise" working collaboratively to assist communities. CYFERnet provides program, evaluation and technology assistance for children, youth and family community-based programs. Materials on the CYFERnet web site are screened, peer reviewed and posted by CYFERnet's Editorial Board members from universities across the United States. Cyfernet provides tools and information for working with youth, parents, families, and communities including:

   - Practical research-based tools, curricula and activities with a national audience.
   - Help to locate experts in the areas of children, youth, and family across the country.
   - Access to the latest research, statistical, and demographic information.
   - Funding opportunities and grant writing information.
   - Resources and instruments for program evaluation.
   - Information on 3000 community-based State Strengthening programs targeting at-risk audiences

2. As indicated previously, the work of **Smart Start** is supported by The Smart Start Evaluation Team at the Frank Porter Graham Child Development Institute of the University of North Carolina at Chapel Hill.

   The Frank Porter Graham UNC-CH Smart Start State-wide Evaluation staff is available to provide evaluation technical assistance to North Carolina Smart Start partnerships. The following are areas in which the FPG Evaluation Assistance staff are prepared to assist:

   - Providing an overview of basic evaluation principles, definitions and steps
   - Leading discussions of how/whether activities are tied to goals and objectives
   - Developing or identifying partnership benchmarks
   - Developing or identifying activity measurable outcomes
   - Designing evaluations of local activities

- Providing procedures or measures for local evaluations
- Facilitating efficient and accurate quarterly reporting
- Using existing data, including state-wide and local Smart Start evaluation data

The FPG Evaluation Assistance Team responds through one-on-one consultation, regional and county workshops, E-mail or phone contacts, mailings and a Web site.

As part of the funding from several foundations, Smart Start's National Technical Assistance Center is providing intensive technical assistance grants to support the development of early childhood initiatives like Smart Start in six states (Alabama, Colorado, Iowa, Oklahoma, South Carolina, Vermont) and one community (Memphis). Participating states receive many resources, including site visits to North Carolina, participation in the National Smart Start Conference, consultation with Smart Start experts and ongoing support from a coach who provides one-on-one assistance to early childhood system building efforts.

Reporting Framework:

- Programs report to Local Partnerships
- Locals report to North Carolina Partnership for Children (NCPC)
- NCPC reports to NC Division of Child Development
- Division of Child Development reports to NC General Assembly
- NC General Assembly responds to the NC public

3. An initiative in Ontario, led by Jason Newberry of the Centre for Research in Education and Human Studies produced **Logic Meta Models** and visual databases, for the purposes of developing evaluation frameworks for large multi-program projects. Consistent and concrete theories of change across diverse situations were built. The work was done with local programs and province-wide systems at the same time. The model is complex, but bears further investigation. Dr. Newberry has advised that although the framework is established it has not been applied full-scale down to program level, but it has been useful to government from a policy/planning perspective.

4. Since inception of the program, a requirement of coalitions funded to provide **CAPC** programming was that resources be allocated to evaluation (up to 10% of the total budget). As well, BC PHAC evaluation consultants are on hand to coordinate and advise upon evaluation activity.

Useful evaluation work requires a significant investment.

Conclusions:

Based upon the research, a number of conclusions emerge that are useful as ECD funders and practitioners in British Columbia move towards developing ECD evaluation frameworks that can demonstrate system-wide results.

- ***Cross systems outcomes measurement is possible and there are models that we can learn from.***

- ***Agreement on high-level outcomes provides an overall framework for the different early childhood programs and services to make decisions about short/intermediate term outcomes and indicators.***

- ***Creating short/intermediate term outcomes that focus on assets will be productive and in line with new ideas about measuring children's well being.***

- ***Short/intermediate term outcomes need to be flexible enough to allow for local decision making, while still being logically connected to long-term outcomes.***

- ***Care needs to be taken in deciding what we will choose to measure and how much measurement is really useful.***

- ***Good evaluation work cannot happen without financial and professional support***

We have a tool, the EDI that can be used to indicate changes in children's development at the neighbourhood, community and provincial level. This provides us with ways to see where our intervention efforts are needed. What is does not tell us is which of those interventions actually make a difference. Program standards, evidence based programming, training and community involvement and empowering approaches will certainly improve outcomes, however systematic outcomes based measurement within agreed upon frameworks can lead to a culture of ongoing improvement as well as new evidence of the impact of our efforts. ***Logically, the starting place for this work is a set of long-term outcomes for ECD.***

Appendix A

Making It Count:
Minnesota Department of Children, Families & Learning – Outcomes and Indicators:

Outcome: Families and Communities provide a safe and stable environment for their children

Indicators:

- Percentage of children who feel safe in their homes and communities
- Percentage of parents using quality child care arrangements
- Percentage of housing units that meet health, safety and building codes
- Percentage of children and families needing homeless shelter who are served
- Percentage of children who have a significant ongoing positive relationship with more than one caring adult
- Rate of teen pregnancy
- Percentage of children and adults who have been victims of crime
- Number and rate of children who have experienced multiple placements prior to family reunification of permanent placement
- Number and rate of substantiated child maltreatment
- Percentage of families who have access to resources in making child care decisions.

Outcome: Families are supported by their communities

Indicators:

- Percentage of expectant and new parents supported by their families and communities
- Percentage of families knowledgeable about community resources and programs needed by their child and family members
- Percentage of families using community resources and programs needed by their child and family members
- Percentage of communities with parent and family support, education and education services
- Percentage of families who advocate for themselves and others
- Percentage of families involved in community building activities for themselves and others
- Percentage of families whose transportation needs are met
- Percentage of workplaces with family-friendly policies
- Percentage of families who are satisfied with available community resources and programs
- Percentage of communities providing resources and support for families experiencing divorce
- Percentage of adolescent parents who are receiving comprehensive services.

Outcome: Families have adequate economic resources to appropriately provide their children

Indicators

- Percentage of families with children living in households at or below federal Family Income Guidelines
- Percentage of families with children living in households at 100-200% of the federal Family Income Guidelines
- Percentage of parents who receive full payment of awarded child support
- Percentage of families paying more than 30% of their income for housing
- Percentage of population living in census tracts with poverty rated 1.5 times the state average
- Percentage of parents employed who have advanced training beyond high school
- Percentage of families who feel they are able to provide for the basic needs of their family
- Percentage of parents with functional life and literacy skills

Outcome: **All children and their families have access to quality early childhood care and education.**

Indicators:

- Percentage of children birth through 2 whose families are seeking and participating in high-quality early childhood care and education experiences.
- Percentage of children ages 3 to 5 participating in high-quality early childhood care and education.
- Percentage of children participating in early childhood care and education who do not require special education services at kindergarten or the first grade.
- Percentage of family members who attend or participate in school or community-based early care and education experiences in which their child is enrolled.
- Percentage of early childhood care and education programs and services that include a parent education component.

Outcomes: Children and families are healthy and well nourished

Indicators:

- Percentage of children and families covered by health insurance
- Percentage of children who are immunized on appropriate schedule
- Percentage of children who receive regular child examinations and anticipatory guidance
- Percentage of children who have healthy mouths
- Percentage of babies born at term and at appropriate weight
- Percentage of children with vision and hearing problems at entry to kindergarten
- Rate of infant mortality
- Percentage of children born with two or more health and environmental risks
- Percentage of women who receive appropriate prenatal care and anticipatory guidance
- Percentage of children who achieve and maintain appropriate growth patterns
- Percentage of women who use illicit drugs and/or alcohol during pregnancy
- Percentage of children and families who have access to diets that meet daily nutritional requirements
- Percentage of women who receive appropriate prenatal care and anticipatory guidance, diagnosis and treatment services
- Percentage of children exposed to tobacco in utero or through second hand smoke
- Rate of child mortality

Outcome: Parent and child relationships are positive and nurturing

Indicators:

- Percentage of families with parenting knowledge and skills to anticipate and meet developmental needs
- Percentage for families who participate together in activities
- Percentage of parents who take positive action to support the expectations they have for their child's success
- Percentage of children who receive their primary care and education from adults who are committed and emotionally connected to them
- Percentage of children who live with and/or have frequent involvement with and receive emotional support from their fathers

Outcome: Children reach their individual developmental potential

Indicators:

- Percentage of children showing individual developmentally appropriate progress in their physical/motor development
- Percentage of children showing individual developmentally appropriate progress in their cognitive development
- Percentage of children showing individual developmentally appropriate progress in their communication and language development
- Percentage of children showing individual developmentally appropriate progress in their social development
- Percentage of children showing individual developmentally appropriate progress in their emotional development
- Percentage of children showing individual developmentally appropriate progress in their moral development
- Percentage of children showing individual developmental progress in integrating all major areas of their development
- Percentage of children showing individual progress in their approaches to learning (i.e. curiosity, persistence, attentiveness, reflection, interpretation, imagination and invention).

Appendix B

Pennysylvania Outcomes areas

Community level:

These community outcomes areas and indicators represent the long-term goals for FSSR and other Pennsylvania Initiatives – "the eye on the prize." While actions FSSR sites take may not directly or immediately impact these community outcomes and indicators, there should be a rationale that connects these actions to the outcomes and indicators and a commitment to building and strengthening effective strategies so they can achieve these outcomes.
Where possible, preference is given to using primary measures. It is expected that while some communities have other indicators they wish to use in one or more of these community outcome areas that they will select at least some indicators from the list of primary indicators.

Both "primary indicators" and "secondary indicators" are detailed. For example:

Outcome Area: Prenatal and Infant Health

Primary Indicators	Low birth weight Early entry into prenatal care Infant mortality
Secondary Indicator	Reported smoking, drinking, drug use during pregnancy

Systems level:

FSSR has established seven systems change areas that are recognized as important for improving systems performance in achieving better results for children and families. Sites have developed strategies for systems reform that are based upon systems change goals.

Systems change areas include:

1. Governance and Leadership
2. Policy Reforms
3. Results-Based Accountability, Outcomes, and Evaluation
4. Capacity Building and Service Strategies
5. Financing Strategies and Resource Development
6. Communications/Developing Public Will
7. Professional Development and Training

Outcomes and indicators are attached to each of the seven areas. For example:

Communications/Developing Public Will

Broad Community Commitment to Addressing Child and Family Needs
Communications plan on child and family outcomes reaches public through variety of channels (report card, focus groups, meeting reports, press, etc.)
Children and family issues rank high on community list of priorities (e.g. chamber of commerce and united way make children's issue a priority)
Press provides extensive coverage of collaborative activities and children and family issues

Collaborative understands how institutions are organized and how they can be enlisted
Cross-systems information is included in orientation materials to new collaborative members

Community understands and is involved in mission and purpose of collaborative
Community members call collaborative for help and information
Community members volunteer to help collaborative in areas of---- Collaborative seeks and receives guidance from community (through focus groups, meetings, etc.)

Figure 9

Program Level:

Each program may have its own set of program outcome goals, but these must be connected in some way to program outcome areas. Each must be measurable over time.

For example:

Outcome Area: Prenatal and Infant Health, Healthy Child Development and Healthy Youth Development	
Prenatal and Infant Health	
Program Outcome Goals	Increased participation in prenatal and postnatal care Reduction in risk behaviors (smoking, alcohol and drug use) Reduction in low birth weight births Establishment of a regular source of infant care (medical home)

Figure 10

Outcome Area: Children Ready for School	
Prenatal and Infant Health	
Program Outcome Goals	Improved parental knowledge of child development (discipline, nurturing, parenting skills) Increased parent involvement in family-child language and literacy activities Greater pre-school participation Increased screening, detection, and response to developmental delays Greater childhood achievement of developmental milestones according to validated tests

Figure 11

Each collaborative within the system establishes and tracks community child and family indicators

- Regular reports on child and family well-being published and made available

- Common outcomes and language (community, program, and system) shared across systems and community initiatives

Data is collected, evaluated, and used in decision-making

- Community indicators used to establish priorities
- Performance targets established for programs and used to assess program effectiveness
- Systems performance targets established and used to assess systems improvement
- Funding decisions based upon outcomes evaluation

Collaborative has and implements a plan to evaluate progress toward desired outcomes

- Evaluation strategies developed for all actions taken
- Data routinely used in planning and decision-making, with course changes made as a result of information gathered
- Interim measures used to refine and adapt strategies

Outcomes become part of accountability structure for all systems

- Common outcomes are basis of partnerships

Appendix C

Success Indicators Identified in the Research

POPs programs	Listed as possible indicators # & % of participants who report making more health food choices as a result of the program #&% of participants who increase prenatal vit/min use after involvement in the program\# & % participants who know the appropriate age to introduce solids and the importance of infant cereal and# & % who know about new food sources # & % who access new food sources in the community egg. community kitchen, food buying co-ops # & % participants who report they stayed on the [program because they felt comfortable with staff and other participants and for social support # & % socio economically at risk women reached by the programs includes income, cultural groups, level of education, age # & % of participants who report that they feel respected and valued # & % who report contacting other parents outside the program # & % who report knowing and or improved use of existing community resources # & % involved in development of work/evaluation plan, program delivery, evaluation, mentoring # & % who report a decrease in their use of tobacco, alcohol, drugs # & % who know about the side affects of prenatal alcohol use on fetal development # & % who can name 3 ways to handle anger and frustration # & % of infants with birth weight between 2500 and 4500 grams # & % infants breastfeeding at birth # & % who report that the program helped them understand their infant's development # & % who knew the correct infant sleeping position # & % who understand the causes of shaken baby syndrome
Aboriginal Head Start	WSS checklists and guidelines plus Knows numbers in Aboriginal language Knows how to greet in an Aboriginal language Can sing a song in an Aboriginal language Knows the traditional territory the school is on Knows nation of ancestry Honours Aboriginal culture i.e. shows respect for elders & ceremonial drum Can identify traditional foods Knows how to brush their teeth Knows the bathroom routine Knows good meal hygiene Can identify 'everyday"/ healthy vs. sometimes/ unhealthy foods
IDP B.C	% infants and families who attain or make progress toward achieving goals related to the overall development of the child % of infants and families who attain/progress toward achieving shared goals related to parents' knowledge about child development and community services % infants and families who attain or make progress toward achieving shared goals related to parents' relationship with the child and other family members
Aboriginal IDP	% families who believe they are in control of the program % families who attain or gain an awareness of how child development relates to their child % families who believe they have enhanced parent-child interactions due to participation in the program % of families who have attained or are making progress towards goals % of families accessing identified resources and supports, both formal and informal %of families who have discontinued or decreased consumption of toxic substances while pregnant or breastfeeding % of families who believe they are receiving the service they need to support them in caring for a child with special needs
. Young Parent Programs B.C.	1a. 90% of young parent participants describe two parenting skills learned and the impact of these on self and child. 2a. 90% of young parent participants check off 1-3 community parent supports used in the past year and state how it was helpful. 3a. 85% of YPs meet the learning goals they set for the school year. 3b. 100% of YPs develop learning goals for upcoming school year. 3c. 100% of graduating YPs have an ongoing education or employment plan.

	4a. 95% of YP participants report a minimum of three things they regularly do to maintain a healthy lifestyle for themselves, and 4b. same, for maintaining healthy lifestyle for their child
YPP Child Care Centre	1a. Consistent low license rating. 1b. 100% of staff have or are working towards completion of ECE, SN and I/T training 1c. 90% of staff have FN or other cultural training 1d. 100% of clients rate satisfaction with service at 5 or above (on a rating scale of 7) 2a 100% of child development checklists indicate consistent progress in line with each child's individual capacity. 2b. Each child identified with developmental and/or health issues is appropriately supported and referred in a timely manner, (with parental consent/involvement?)
Supported Child Development	**Children Birth to 6th Birthday** Percentage of children in SCDP in inclusive settings who participate actively Percentage of children in SCDP who achieve/partially achieve developmental goals Percentage of children in SCDP who enter school at an appropriate time as identified in the Individual Service Plan **Children 6-13th Birthday** Percentage of children in SCDP in inclusive settings who participate actively Percentage of children in SCDP who achieve/partially achieve developmental goals **Children 13-19th Birthday** Percentage of children in SCDP in inclusive settings who participate actively Percentage of SCDP children who achieve/partially achieve developmental goals **Families** Percentage of families in SCDP who participate in development of the Individual Service Plan Percentage of families in SCDP who participate in the review of the Individual Service Plan every 6 months Percentage of families in SCDP having increased knowledge of child development and growth Percentage of families in SCDP having increased awareness of supports in their community Percentage of families in SCDP feeling supported: a. to access same range of services as all families b. to actively participate in their community c. in maintaining the economic integrity of their family **Child Care Settings** Percentage of inclusive settings that include a child with extra support needs for the first time Percentage of inclusive settings that include more than one child at the same time who require extra support Percentage of inclusive settings that include children with extra support needs on an ongoing basis Percentage of inclusive settings having increased knowledge of needs of families and children with extra support needs Percentage of inclusive settings having increased skills in supporting families and children with extra support needs Percentage of inclusive settings feeling supported in responding to the child care needs of families and children with extra support needs Percentage of inclusive settings having increased awareness of community services for families and children with extra support needs **Community** Percentage of members of the Local Advisory Committee that are parents Percentage of members of the Local Advisory Committee that are community members Percentage of community partners that have increased awareness of SCDP Percentage of community partners feeling supported to build capacity to determine their preferred method of service delivery **Aboriginal Community** Percentage of Aboriginal children with extra support needs in SCDP program (Note: This could be based on targets reflecting the number of Aboriginal children in the community) Percentage of Aboriginal families feeling supported to access SCDP Percentage of community partners feeling supported to build capacity to determine their preferred method of service delivery
CAPC	Indicators chosen at the community level. 239 success indicator described in the 2005 Annual Report
Pennsylvania's Outcomes Framework	**Primary Indicators** Low birth weight Early entry into prenatal care Infant mortality On-time immunization schedules Births to adolescents Juvenile delinquency petitions

	Test scores at mid-elementary, middle school, and high school level High school graduation/drop-out rate Abuse and neglect/re-abuse Out-of-home placements Index crime rates – adults Index crime rates – juveniles Child poverty/Free and reduced price lunch Family employment **Secondary Indicators** Reported smoking, drinking, drug use during pregnancy Identification and treatment of health conditions (vision, hearing, developmental delays) Health insurance coverage Medicaid/CHIP enrollment Student assistance program identification Reported adolescent alcohol, tobacco, and drug use and anti-social behavior (Pennsylvania Youth Survey) Homicides, suicides, and accidental deaths (15-19, 15-24) Head Start enrollment Grade retention (K-2 years) Early intervention program participation rate School attendance (especially 7-12) School attachment/commitment to school (Pennsylvania Youth Survey) Special education participation rates (K-6; 7-12) Percentage seniors with post high school education plans Family violence/domestic abuse data DUI arrest data
CUPS One World	Increased number of request for information, requests to become part of programs Changes in lifestyle Increased number of attendees at clinics Greater representation of "hard to reach" clients in programs Shared resources, referrals from other agencies, providers, greater client awareness of connections, development of shared vision, greater involvement of business community, donations, voluntary services Continuous service More efficient service
BC ECD	within four key areas: availability, accessibility, quality, affordability E.g. # funded, licensed full-time child care spaces;# parent referrals by CC and referral program **1. PHYSICAL HEALTH** Healthy Birth weight Pre-term Birth Rate Immunization Rates Prevalence of Breastfeeding Duration of Breastfeeding Infant and Child Mortality Rate **2. SAFETY AND SECURITY** Injury Mortality Rate Injury Hospitalization Rate **3. EARLY DEVELOPMENT** Physical Health & Motor Development Emotional Health & Social Knowledge Language Skills **4. FAMILY RELATED INDICATORS** Parental Education Level of Income Parental Depression Tobacco Use Family Functioning Positive Parenting Reading By Adult **5. COMMUNITY-RELATED INDICATORS** Neighbourhood Satisfaction, Safety and Cohesion
Family Resource Programs Canada	**Core Indicators for participants** When I come to this centre, I feel welcomed and accepted. Staff members of this centre treat me with respect. Programs and activities at this centre are designed in a way that makes it possible for me to

	participate Staff and services are available when I need them There are opportunities for me to become involved in decision making about the programming and operations of this centre. This centre does its best to be welcoming to the diverse groups of people who live in this community Since we have been participating in this centre, our family gets along better Since coming to this centre, I am able to deal more effectively with the day-to-day challenges that we encounter as a family.. Since coming to this centre, I have felt more confident as a parent or caregiver. Since coming to this centre, I have made friends I can connect with and turn to outside of the centre. Since coming to this centre, I have become more aware of the services and resources available in my community. **Expnanded Indicators for participants** Since coming to this centre, I am more aware of activities that are appropriate for my child/children Since coming to this centre, I am more aware of behaviours to expect from my child/children. I use strategies for guiding my child's/children's behaviour that I learned at the centre. I use activities at home that I learned at the centre. Since coming to this centre, I feel more supported in my role as a parent. Since coming to this centre, I understand my child/children better. Since coming to this centre, my child is more comfortable in social situations. Since coming to this centre, my child has increased opportunities to play with other children. Since coming to this centre, my child has increased opportunities to interact with adults. Since coming to this centre, my child has increased opportunities to explore new environments. Since coming to this centre, my child has increased opportunities to play with age-appropriate toys and equipment Since coming to this centre, my child has increased opportunities to interact with people from different cultures. **Core Indicators for staff and volunteers** My work at this centre is meaningful to me and contributes to my organization. When I wish to do so, there are opportunities for me to become involved in day-to-day program decisions, strategic planning, policy-making and program development. This organization provides opportunities for me to develop my knowledge or skills. Workplace policies and procedures take the needs of staff members and volunteers into consideration. The policies of this centre reflect family support principles. The policies of this centre provide clear guidance and direction to staff and volunteers. Stakeholders and community partners support this organization. Stakeholders and partners seem satisfied with the services offered by the centre. This organization engages in partnerships that enable it to provide enhanced services.
Fed/Prov/Terr agreement	11 child-related indicators: Healthy birth weight, Immunization (including invasive meningococcal disease, measles, HIb) Physical health and motor development Emotional health (including emotional problem/anxiety and hyperactivity) Social knowledge and competence (including physical aggression/conduct problem and prosocial behaviour) Language skills. In addition, F/P/T officials have identified a broader set of 23 indicators, which includes the 11 indicators listed above as well as an additional 12 indicators related to child and environmental (family and community) outcomes. Several participating governments have indicated an intention to report, in part or in whole, on the additional indicators included in the broader set.
New Brunswick ECD Initiative Opportunities for children	Common set of 11 indicators **Physical Health and Motor Development** Healthy Birth weight Incidence of Meningococcal Group C Disease Incidence of Measles Incidence of Haemophilus Influenzae–b (Hib) Infant Mortality Rate **Motor and Social Development** **Emotional Health**

	Emotional Problem-Anxiety Hyperactivity-Inattention Physical Aggression-Conduct Problem **Social Knowledge and Competence** Personal-Social Behaviour **Cognitive Learning and Language Communication** Language
Yukon Early Childhood Development	References 11 common indicators but doesn't use them fully due to not being included in National Longitudinal Survey of Children and Youth; Indicators limited to birth and vaccination facts
Nunavut	References 11 common indicators but doesn't use them fully due to not being included in National Longitudinal Survey of Children and Youth; Percentage of low birth weights (under 2500 Grams) Percentage of high birth weights (over 4000 Grams) Percentage of pre-term births (under 37 weeks) Infant Mortality Rate (per 1,000 live births) Low income rates - % below after-tax LIM (Families with children under 6 years)
North West Territories	References 11 common indicators but doesn't use them fully due to not being included in National Longitudinal Survey of Children and Youth
Alberta Sure Steps	11 common indicators F/P/T ECD Agreement. Alberta also reports on three optional indicators: breastfeeding; cigarette smoking during pregnancy and reading to a child by an adult. Also - reporting on common F/P/T ECD agreement indicators of availability, affordability, accessibility and quality

Figure 13

Appendix D

Multi-National Project for Monitoring and Measuring Children's Well-Being - Indicators

Safety and Physical Status

The safety and physical status domain addresses the most basic components of well being, whether a child is and feels safe from physical injury and trauma or is affected by physical or environmental threats, and the extent to which the child leads a physically healthy lifestyle.

Subdomain: Safety
Received Parenting Practices
Prevalence of Child Abuse and Neglect
Perceived Safety vs. Risk
Exposure to Environmental Hazards
Physical/Neighborhood Crime
Exposure to War and Terrorism
Rate of Injury or Trauma

Subdomain: Physical Status

Substance Abuse
Height, Weight and Body Mass Index
Level and Incidence of Physical Activity
Eating Habits and Diet

Personal Life

This domain includes measures of a child's ability to initiate and maintain social interactions, the extent and level of self-esteem, self-efficacy, and other emotional capacities, and culturally relevant measures of educational achievement and work-related skills.

The measures identified for General Knowledge under the subdomain Academic Skills and Resources come exclusively from the Civic Education Study (CIVED) developed by the International Association for the Evaluation of Educational Achievement (IEA). The CIVED measures 14-year old students' civic knowledge, skills and attitudes across the following three domains: democracy, national identity and international relations, and social cohesion and diversity. The survey was conducted in 1999 in 28 countries. Judith Torney-Purta, Coordinator of the CIVED, University of Maryland, and a participant in Phases I and II of the Multinational Indicators project guided the selection of the measures included to capture general knowledge, and gave permission for their inclusion in this study and database. For the CIVED report and full instrument see http://www.wam.umd.edu/~iea

Subdomain: Interpersonal Skills and Resources
Support from Family, Friends, and Others
Conflict Resolution Skills
Social Communication Skills
Behavior Among and With Peer Group

Subdomain: Intrapersonal Skills and Resources
Anxiety and Depression
Happiness, Life Satisfaction, Well-Being, and Quality of Life
Perceived Self-Efficacy and Self-Esteem

Subdomain: Academic Skills and Resources
Literacy
Numeracy
Knowledge of Information and Communication Technology
General Knowledge
Scientific Knowledge

Civic Life

Indicators in this domain measure the extent to which children have opportunities to engage in and engage in civic and community activities; and the level to which children are exposed to and trust government; their knowledge of the fundamental principles of democracy; recognition of international issues and organizations; and belief in civil rights and opportunities for all.

The measures identified in this domain come exclusively from the Civic Education Study (CIVED) developed by the International Association for the Evaluation of Educational Achievement (IEA). The CIVED measures 14-year old students' civic knowledge, skills and attitudes across the following three domains: democracy, national identity and international relations, and social cohesion and diversity. The survey was conducted in 1999 in 28 countries. Judith Torney-Purta, Coordinator of the CIVED, University of Maryland and a participant in Phases I and II of the Multinational Indicators project guided the selection of the measures included in this domain, and gave permission for their inclusion in this study and database. For the CIVED report and full instrument see http://www.wam.umd.edu/~iea Users of this database can choose among the measures/questions identified and the examples included can be adjusted to include college in industrialized countries.

Subdomain: Civic and Community Activities
Children's Formal and Informal Involvement in Community Life

Subdomain: Opportunities for Civic and Community Activities
Perception by Children of Children's Involvement in Decision Making in School

Subdomain: Civic and Community Values, Awareness, and Perception
Trust in Government and Community
Belief in Civil Rights
Exposure to and Trust in Newspapers/TV/Internet News
Knowledge of Fundamental Principles of Democracy and Skill in Interpreting Political Communications
Belief in Existence of Opportunities for Immigrants, National, Racial and Economic Groups, and for Girls/Women

Children's Economic Resources and Contribution
The impact of economic conditions on children and their lives cannot be ignored. Economic resources available for children play a critical role in enabling them to enjoy life as well as to develop. But children are not merely an economic burden on society (or the family). Children are also an economic resource, active actors and contributors within their households or societal

economies. Indicators in this domain focus on the objective and subjective economic status of children's' families, and measure the extent to which children themselves are an economic resource and active actors and contributors within their households.

Subdomain: Macro-economic and Intergenerational Distributive Justice
Percent of Children in Household in Bottom Two Quintiles
Relative Child Poverty Rates
Extreme Poverty
Family Level of Dependence
Subjective Measures of Material Well-Being and Poverty
Lack of Socially Perceived Necessities
Family Debt

Subdomain: Children's Contribution and Autonomy Indicators
Benefit Transfers Paid Directly to Children or to Family on Their Behalf
Children's perception of their contribution to family resources
Percentage of family resources contributed by children

Subdomain: Expenditure on Children
Average costs of children (for the household and for society) by age group
Percentage of family expenditures (spent by or on) by children

Subdomain: Access to Resources
Measures of children's share of the family's material and economic resources
Access to various social, educational, and health services regardless of economic status

Children's Activities

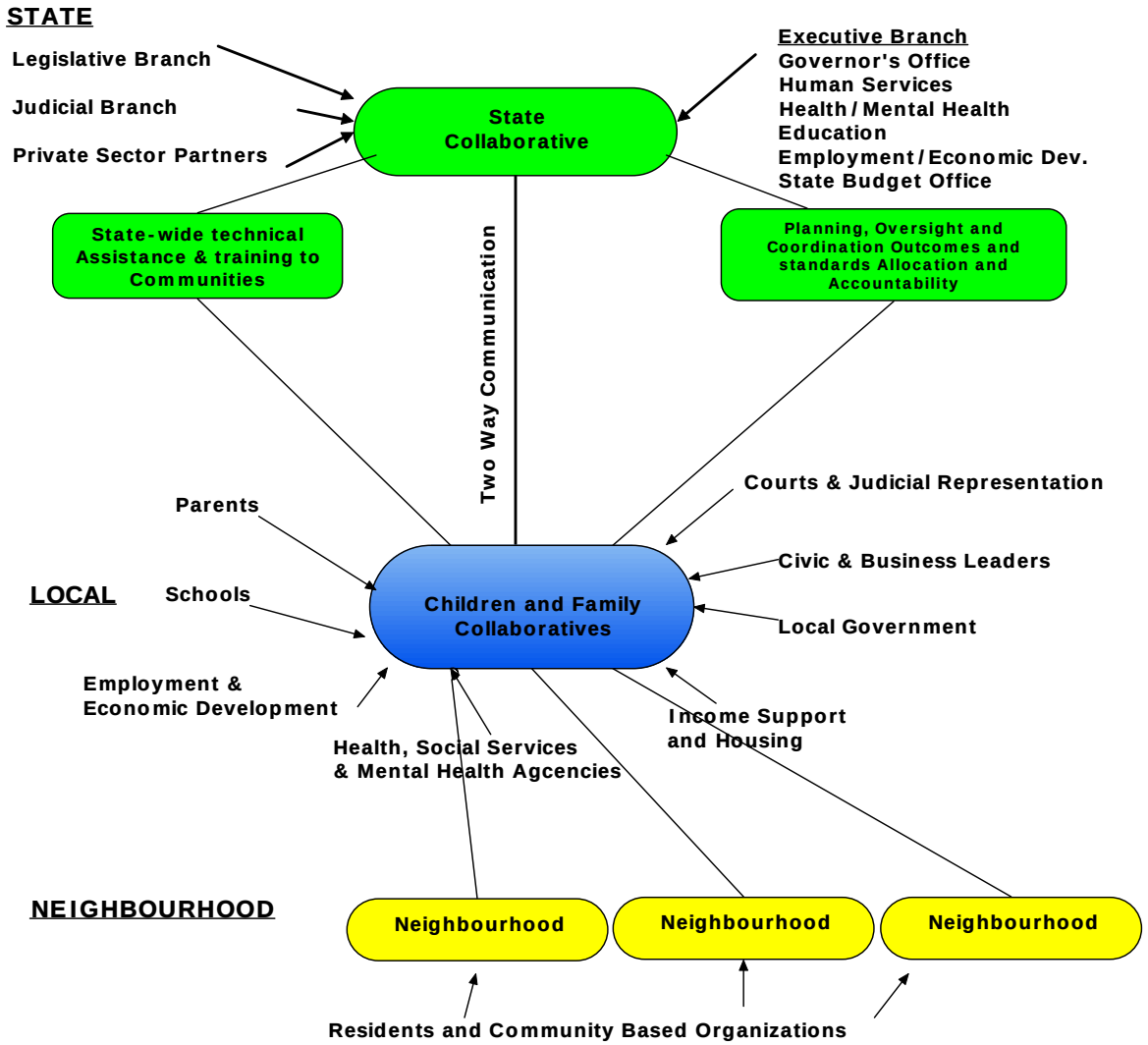
Across political jurisdictions and cultures, children engage in work, play, creative activities, consumption, social interactions, and other activities that are analogous to adult activities yet qualitatively different. Children are active in their families, among peers and community groups; in various social institutions and settings, such as schools, informal educational programs and institutions, and recreation facilities; as consumers and as users and creators of information networks and other media. Indicators in this domain are related to how children divide their time across different activities, the nature of the activities, places in which these activities occur, and children's perceptions of the relative importance and contribution of the different activities to their lives.

Subdomain: Children's Activities

Time Use – Activities
Where is Time Spent?
Time Spent with Parents

Appendix E

The Pennsylvannia Model - Alignment of State, Local and Neighbourhood Decision making



LOCAL COLLABORATIVES' EVOLVING RESPONSIBILITIES

- Sharing information
- Assessing community problems
- Disseminating Outcome
- Developing community strategies
- Advising Agencies
- Developing Creative Financing
- Allocating Funding
- Holding Agencies Accountable
- Incubating Innovative Systems
- Accountability for Child, Family and Neighbourhood Outcomess

Appendix F

Pennsylvania's Elements of System Reform

- Governance and Leadership: Governance is the decision-making process by which a community takes responsibility for developing strategies aimed at achieving desired results for children, youth, and families. Leadership is the catalyst for building and sustaining a shared vision and empowering members of the collaborative to share responsibility for attaining desired results.
- System Change and Policy Reform: Fundamental changes in the way that agencies and resources are designed and utilized that support improved outcomes for children and families.
- Results-Based Accountability, Outcomes and Evaluation: The process by which a community identifies results to be achieved, links strategies to achieve them, and uses objective data to track progress towards these results over time.
- Capacity-Building and Service Strategies: The process of giving the community tools to build capacity and plan and deliver programs, services, and practices which achieve positive outcomes/results for children and families.
- Financing Strategies and Resource Development: The means through which a community maximizes public, private, local, state, and federal funding sources to implement service strategies aimed at achieving desired results for children, youth, and families.
- Communications and Public Will: The process of building understanding and support from all appropriate stakeholders and community members to implement service strategies and system changes to improve results
- Professional Development and Training: The systemic application of resources to enhance leadership and staff competency, and to build capacity for communities and organizations to understand and apply knowledge, skills, service strategies and system changes to improve results.

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