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Boston Children Thrive in 5: Connecting Families, Building Community, Year 4 - Summative Evaluation Brief, Prepared for Thrive in 5

Donna Haig Friedman

University of Massachusetts Boston, donna.friedman@umb.edu

Mary Coonan

University of Massachusetts Boston, Mary.Coonan@umb.edu

Anne Douglass

University of Massachusetts Boston, anne.douglass@umb.edu

Alice Carter

University of Massachusetts Boston, alice.carter@umb.edu

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Recommended Citation

Friedman, Donna Haig; Coonan, Mary; Douglass, Anne; and Carter, Alice, "Boston Children Thrive in 5: Connecting Families, Building Community, Year 4 - Summative Evaluation Brief, Prepared for Thrive in 5" (2016). *Center for Social Policy Publications*. 84.

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John W. McCormack Graduate School of Policy and Global Studies
University of Massachusetts Boston

BOSTON CHILDREN THRIVE IN 5: CONNECTING FAMILIES, BUILDING COMMUNITY YEAR 4 – SUMMATIVE EVALUATION BRIEF

PREPARED FOR *THRIVE IN 5*

AUTHORED BY

A UNIVERSITY OF MASSACHUSETTS BOSTON
TRANSDISCIPLINARY TEAM

Donna Haig Friedman, Ph.D. Center for Social Policy

Mary Coonan, M.S., Center for Social Policy

Anne Douglass, Ph.D., College of Education and Human Development

Alice Carter, Ph.D., Department of Psychology

Spring 2016

With contributions from Public Policy and Psychology graduate and undergraduate students:

Elizabeth Moniz, Ana Maria Sanchez, To Dieu Lien, Priyanka Kabir

And Tim Davis, CSP Research Consultant

I. Overview and Background

Boston is a diverse vibrant community that has become a 'majority minority' city; 64% of Boston households with young children are people of color. However, economic and racial disparities hinder the realization of children's potential: over 38,000 children five and younger live in the city and 24% of these children live below the federal poverty line.¹

In 2008, cognizant of persistent academic achievement gaps, especially for low income children and children of color in the city, the late Mayor, Thomas M. Menino, and United Way of Massachusetts Bay issued a school readiness call for action. Sixty-five community leaders, representing all of the systems and sectors that touch the lives of children, and 34 parents engaged in a School Readiness Action Planning effort, creating a School Readiness Roadmap which identified a set of ambitious goals, strategies and success indicators for change. ***Thrive in 5*, "Boston's Promise to Its Children", became the backbone organization leading this citywide initiative.**

The *Thrive in 5* goal, established by broad consensus, is for 100% of Boston's children to be ready for school success upon kindergarten entry by 2018. *Thrive in 5* is focusing its efforts on three core strategies to reach this important objective:

Family engagement through the **Boston Children Thrive (BCT)** approach and interventions, *the focus of this YR 4 evaluation report.*

Universal screenings of young children in the BCT neighborhoods and across the city, well underway, being carried out by early education and care providers, family service agencies, parent screeners, pediatric providers, and other community-based organizations.

Quality improvements for early education and care settings receiving support from Thrive in 5 to make program improvements in quality domains integral to the state Quality Rating and Improvement System.

II. Boston Children Thrive (BCT): Thrive in 5's Family Engagement Strategy

In 2010, five communities (Fields Corner, Allston-Brighton, East Boston, Roxbury/Dudley, South End/Lower Roxbury) --- with strong existing networks and high concentrations of young children in low resourced families least connected to early childhood/family services and supports --- were selected to be **pioneers of the initiative, called Boston Children Thrive**. In 2014, South Boston joined the BCT initiative.

Although the emphasis, context and efforts in each BCT neighborhood are unique, there are core components across all initiatives.

A hub agency (lead agency) responsible for convening, organizing, and providing a backbone structure for local efforts to advance children's development.²

Parent partners (parent leaders) from diverse linguistic and racial backgrounds responsible for weaving connections between and among parents and community resources. Parent partners also take an active role in determining appropriate programming and supporting its implementation. In three of the six communities (ABCT, FCCT, and DCT), parent partners have also been trained to administer the *Ages and Stages Questionnaire* to families whose young children are not in an early education and care setting ---- a second *Thrive in 5* strategy.

¹ 2007 – 2012 American Community Survey

² A complete list of hub agencies and core partners can be found in the appendix

School Readiness Roundtable (SRR), a leadership board comprised of partnering agencies, parent leaders, and other key stakeholders. The SRRs in each community meet regularly to create and implement an aligned neighborhood network of resources and supports for families and caregivers.

An array of programs for families offered by the hub agency and other members of the SRR. Although programs vary from community to community, some core activities include playgroups, field trips, family nights, parent trainings, welcome baby visits, and trainings for early educators.

A membership card system (launched in 2012), where a membership card with a bar code for each adult caregiver is issued to participating families. The card is designed to be scanned when families participate in planned activities. At the time of this report, four of the six communities continue to use the card system and *Thrive in 5* is developing a mobile app.

A learning community, comprised of hub agency and parent representatives from each neighborhood, met regularly during the first three years to share learnings and promote cross community actions.

During the first three years, the BCT initiative was funded by the Kellogg Foundation. In January 2014, direct funding for the initiative ended. Despite the loss of funding, at the writing of this report, all of the BCT sites continue to engage with the work and the SRRs meet on a regular basis. All sites (not necessarily through the same hub leader) receive funding from the

Boston Family Engagement Network³, which has adopted the parent partner model.

III. Findings

The purpose of this report is summative in nature, reviewing the findings and lessons to date and drawing on the insights and learnings from the previous three years of evaluations. The major learnings from the BCT initiative are summarized and presented below.

BCT is successful at reaching the target population - families more likely to be disconnected from services.

Reaching families who were more likely to be disconnected from services to support their children's success in school was a major BCT goal. This included low income families, families of color, immigrant families, and family speaking languages other than English.

To date, from the six participating communities, there are a total of **4,494 families, 6,874 adults** and **5,310 children** aged birth through 5 enrolled in BCT.⁴ Enrollment was heaviest in the first two years and then tapered gradually during years three and four.

BCT is currently reaching 24% of **ALL** children birth through five and their families across the six neighborhoods. Of all the families enrolled, **66% across the six sites live in poverty** – the population most likely to be affected by the achievement gap.⁵

³ BFEN is a collaborative made up of the BCT Hub agencies and community-based organizations receiving funds from the state's Coordinated Family and Community Engagement Programs (BFEN).

⁴ Additional statistical information about enrollment and participation rates can be found in the appendices for both aggregate and individual BCT sites.

⁵ Receipt of one or more the following subsidies was used as a proxy for poverty: DTA, WIC, SSI or SNAP. This was then compared to poverty rates for the BCT communities from the 2007-2012 American Community Survey.

The children of enrolled BCT members represent **59% of children ages birth through five living in poverty** in the original 5 neighborhoods (n= 3,351) and **39% of all children living in poverty in Boston**.

Racial, ethnic, economic and educational characteristics of parents who are enrolling suggest that all six of the BCT communities are reaching families whose children are most likely to be affected by the achievement gap. (See graph)

- To date, 56% of enrolled BCT families speak a language other than or in addition to English, compared with a combined BCT neighborhood average of 43%⁶.
- To date, at least one adult in 58% of enrolled BCT family households is born outside of the USA compared with a combined BCT neighborhood average of 49%⁷.
- To date, 51% of the enrolled BCT adults have a high school degree or less, compared with a combined BCT neighborhood average of 32%⁸.
- To date, 80% of enrolled BCT families are families of color (enrolling adult is non-white or mixed), compared with a combined BCT neighborhood average of 73%⁹.

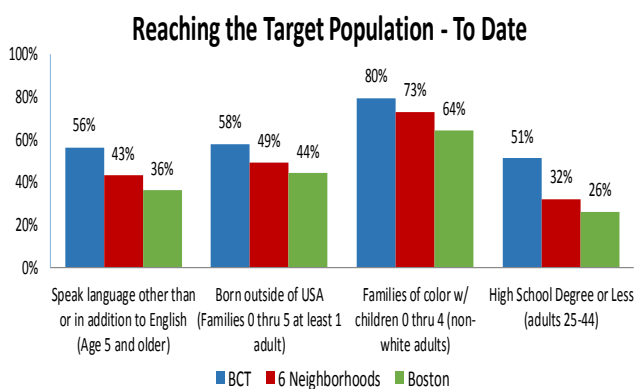
Families, more likely to be disconnected from services, participate at similar rates to all other families.

Not only did BCT sites enroll large numbers of families more likely to be disconnected from services, but these families also participated in activities at similar rates

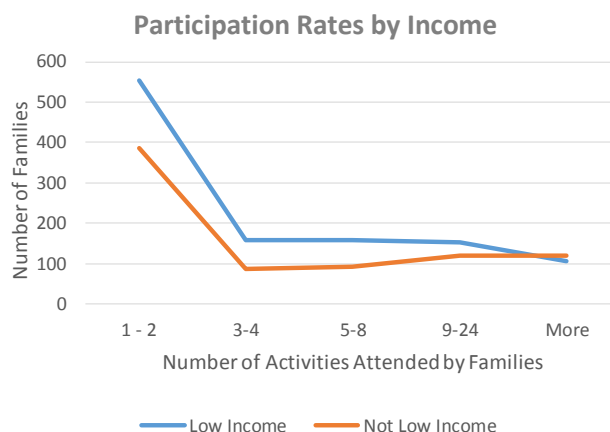
⁶ Comparative data children age 5 and younger, American Community Survey (ACS) 2007-2012

⁷ Comparative data, families with children age 5 and younger, at least one adult, ACS 2007-2012

⁸ Adults 25-44 years with high school degree or less, ACS 2007-2012



to all other families in the neighborhood. Income is perhaps one of the more predictive attributes of connection to services¹⁰. The chart below shows that participation patterns for low income families closely mirror that of all other families. In both cases, a large majority of families participate in fewer activities with smaller numbers of families connecting in a deeper, ongoing way.



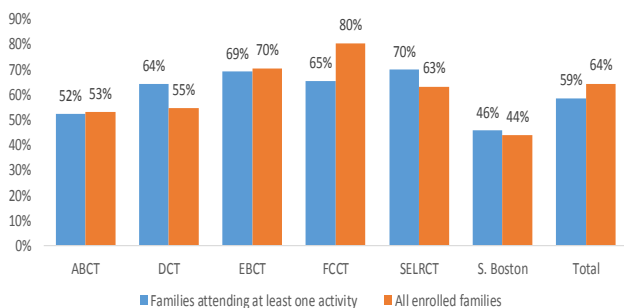
A further look at the data shows that low income families participate at slightly lower, but statistically

⁹ Families of color with children 0-4 – non-white adults, ACS 2007-2012

¹⁰ Additional information on participation rates by other demographics can be found in the appendix.

similar rates to the total number of families enrolled. For example, 59% of all families who attended at least one BCT activity were low income, while 64% of all enrolled families were low income. The slightly lower rate of participation by low income families was primarily due to FCCT, which had a relatively large percentage of Vietnamese families participating who were not low income.

% of Participating Families Who Are Low Income Compared to % of Enrolled Families



Slightly more than half of enrolled families (54%) do not participate in BCT activities.

Participation data from the membership card indicate that not all families who enroll actually participate. Although this varies from site to site¹¹, in the aggregate, 54% of all BCT enrolled families do not participate in any activities.

Not all instances of participation are actually recorded, particularly by partnering agencies (other than the hub agency). Additionally, after funding cuts, parent partner hours decreased, and therefore the capacity to conduct follow-up outreach was diminished.

In year four, the evaluation team interviewed 20 families who had enrolled in either ABCT or FCCT, but had no record of participation. These interviews revealed that several families had indeed participated

¹¹ Comparative data for the five sites can be found in the appendix

in some activities, generally not sponsored by the hub agencies - but rather by their partners.

Other families indicated a lack of communication about what activities were occurring. Although newsletters were sent out to all families, several indicated that they had not received them. Possibly the families failed to make the connection between the newsletter and the membership card. Other families simply did not have the time nor inclination to participate.

Some Spanish-speaking FCCT families saw a high prevalence of activities targeting Vietnamese families and interpreted that to mean that the programs were not for them.

The 2,427 enrolled families who did not participate in activities showed sufficient interest to fill out a lengthy enrollment form representing a pool of untapped community potential. While it is uncertain whether increased parent partner capacity would encourage more connection, it is a reasonable assumption.

The parent partner model is a key ingredient for encouraging parent participation.

The parent leadership component has become the signature feature of the BCT initiative. In interviews with core hub staff members over the four years, the parent partner model was singled out as the most successful and vital component of the BCT initiative. Numerous examples surfaced on how the parent partners served as the key conduit connecting parents to each other and to local services.

Numerous anecdotal accountings from interviews with staff, families, and other stakeholders throughout the four years enriched the quantitative findings. For example, East Boston Social Centers had little connection to Arabic speaking families prior to

engaging parent partners. Through the efforts of Arabic speaking parent partners, there is now an active Arabic speaking community engaging with EBCT. SELRCT made significant inroads with Chinese speaking families, ABCT with Portuguese speaking families, and FCCT with Vietnamese speaking families.

Parents commented on how comfortable they felt with the parent partners, often calling them for additional advice or information to connect to other services. Parent partners also became the hub for linking organizational partners with one another and to the community.

Findings from a literature review conducted as part of the evaluation are congruent with the BCT experience. Research shows that parent training leading to parent-run programming and facilitation positively impacts the community and the lives of children (Alameda-Lawson, Lawson, M., & Lawson, H., 2013).

Parent partners' preferred outreach strategy is word of mouth networking. Reaching out to family members, neighbors and friends in their community is typically the first step; the network expands as involved parents are asked to pass the word along to their friends. Using informal connections out in the neighborhood is also a powerful means for connecting with families. Talking with families at community events, parks, playgrounds and schools is effective in reaching parents and increasing participation. In these neighborhood settings, parent partners are able to provide face-to-face reminders about events and build relationships with families, increasing feelings of comfort about attending events.

Perhaps the strongest endorsement of the parent partner model is its continuation in five of the six sites despite funding cuts a year and a half ago and its adoption by the Boston Family Engagement Network (BFEN)¹². In three of the six sites, parent partners are

funded through *Thrive in 5* as parent screeners to conduct ASQ developmental screens. As mentioned earlier, all sites are currently receiving a small amount of funding from BFEN to help support the parent partners. Some sites have complemented this with internal funds or a combination of volunteer and paid hours. For example, EBCT parents voted to decrease their stipend amount in order to include all 11 parent partners.

The parent partner model builds a strong cadre of community leaders.

Parent partners are not only key connectors within the community, but also core leaders. Over time, parent partners have assumed increasing responsibility for conceiving, organizing, and implementing activities offered to local families. During the time of the Kellogg grant funding, sites conducted a competitive mini-grant process where parent leaders applied for funding to implement an idea of their choosing. Examples of the mini-grants include a soccer tournament, a cultural night, computer classes, and teaching Arabic to non-Arabic speaking families. By participating in these and other organizational activities, parents gained leadership experience.

Parent partners have had transformative experiences both personally and professionally as a result of their participation in *Thrive in 5*. On a personal level, many parent partners have found their voices and have developed new abilities to confidently speak up and say what they think in a range of professional and neighborhood settings. Having to speak English regularly at trainings, with supervisors and with parent partners from different cultural backgrounds has facilitated this skill and boosted their self-confidence. Participation in ongoing trainings and workshops enabled parent partners to build skills needed to

¹² BFEN is a collaborative made up of the BCT Hub agencies and community-based organizations receiving funds from the state's Coordinated Family and Community Engagement Programs (BFEN).

succeed in all aspects of their leadership work. Likewise, the child development knowledge, strategies and activities they are sharing with other parents has led to a major shift in how they themselves parent --- thus benefitting their own children.

On a professional level, involvement in *Thrive in 5* has shaped many parent partners' future professional and career goals. The experiences and skills acquired help them recognize their abilities to succeed in a field related to this work, which in many cases has led to a change in career. This renewed sense of direction and purpose appears to be particularly salient to recent immigrants to the United States. Parent partners see this area of individual growth as benefitting the growth of the overall community. Many parent partners have moved on to full or part-time jobs in some aspect of early education and care, creating a cadre of community leaders who are well connected to the community and now hold positions of additional influence.

Perhaps most importantly, parent partners are having an impact on the parenting practices of other parents. Parent partners have come to be recognized as role models and advocates in their communities. With this recognition, they are frequently approached for information about BCT events, as well as child development or parenting strategies. The changes parent partners make with their own families reinforce what they recommend to families involved with BCT. Families in the community come to understand that parent partners believe in the recommended practices enough to use them with their own children.

Parent partners also act as a catalyst in encouraging other parents to assume leadership roles within existing programs. When parent partner positions become available, it is often the existing parent partners who identify and suggest new leaders. In this way, new leaders continue to emerge with a natural infrastructure for encouraging and promoting a pipeline of leadership.

Parent partners across the neighborhoods are contributing to increased cross-cultural collaborations and friendships. Parents from different cultures are finding commonalities as they work together ---

developing an appreciation for each other's cultures along the way. These new cross-cultural connections are changing the ways community members interact with one another. As a result, parent partners are forming friendships and relationships with people from differing cultural backgrounds. Their increased sense of connectedness leads to a sense of belonging and active involvement in the community --- especially powerful for those who have immigrated to the United States.

There is emerging evidence of social cohesion among enrolled families who participate in activities.

Interviews with parents over the past three years revealed one of the strongest findings -- growth in a sense of "belonging" or social cohesion. In its simplest terms, social cohesion can be defined as interactions within a community -- the developing of friendships, visiting, borrowing and exchanging favors (Fone, Dunstan, Lloyd, Williams, Watkins, Palmer, 2007).

"...We have been engaging because we don't want to feel alone or isolated we don't know anything or anybody and this has helped us, it has connected us, from one place to the other one, from one person to the other one and then that's how we got to know this program that has helped us a lot..." Participating Parent 2014

Recent literature demonstrates that these seemingly simple interactions can positively impact and promote the well-being of the community, often serving as a buffer for individuals living in neighborhoods with significant stressors (Carpiano, 2007; Cramm, van Dijk & Nieboer, 2012; Browning & Cagney, 2002; Kruger, Reischl & Gee, 2007; Fone, et al 2007).

Evidence of social cohesion in the BCT experience emerged in the following areas.

- **Engagement in BCT helps break social isolation.** A large number of the families interviewed described how engagement with BCT helped them to feel less isolated.

- **Engagement in BCT provides cultural translation for immigrant families.** Participation in BCT activities helped them to understand how to access services in the United States and how to interpret the child development information they were learning, often different than their cultural experiences in their home countries.
- **Collaborations among parents have practical benefits and extend beyond the BCT boundaries.** Relationships forged through BCT participation helped families to connect to additional resources. Interviewees provided examples of how they are helping each other to connect to public services, find new jobs, solve parenting dilemmas, and care for their children.
- **Participation in BCT activities leads to volunteering and shared ownership of the work.** Some parents reported that attending and participating in BCT activities led them to volunteer or to help out at the sponsoring organization. Parents also suggested new activities, e.g. a group for fathers interested in getting more involved with their children.
- **Personal relationships foster family participation.** Parents themselves are spreading the word about BCT, providing even stronger evidence of the connections building throughout the community.

Parents report enhanced parenting skills and learning new ways to play with their children.

Parents identified a range of ways in which they have changed as parents as a result of participating in BCT activities. Some of these changes had to do with new

understandings of child development leading to different ways of interacting with their children. Other changes had to do with building their self-confidence to engage with their children in unfamiliar ways. Reported changes in parenting skills included the following areas:

- **New understandings of child development** that they did not know about before engaging with

BCT. In the past two years, the ASQ screening process has particularly added to parents' knowledge about child development.

- **New ways of interacting with their children** such as reading more to their children, helping them to learn their colors, helping them to learn how to use a scissors, and using games and activities introduced through BCT connections and the ASQ screening process.
- **Increasing self-confidence and willingness to move beyond comfort zones.** Sharing their experiences of parenting and being understood by others bolstered their sense of efficacy as parents. At the same time, it brought a sense of relief that they were not alone and could learn from one another. It also motivated parents to go beyond their comfort zones by joining new groups, leaving their home, or interacting with unfamiliar neighbors and group leaders.
- **Increased awareness of resources available to families.** Through participation in BCT, parents report becoming aware of other city and state programs and are enrolling their children. For example, a number of parents enrolled their children in Head Start and were able to access donations and other financial supports, including public supports such as WIC.
- **Many parents noticed positive changes in their children.** They reported that the program helped their children to gain self-confidence and communicate with other children.

BCT partners demonstrate shifts in organizational practices.

Over the past three years, BCT has demonstrated a strong shift in emphasis from “agency focused” to “family focused” practice. Agency representatives were aware of services offered at other agencies and had made referrals for years. Meeting with each other on a consistent basis deepened relationships and built further trust. Partners described a growing realization that they were working with the same families – a shift from “my family” to “our family”. Community leaders developed an increased sense of creating a

“community of care” for families, and sustaining that way of working with new members to the coalition.

Partnering agencies recognized parent partners as the linchpin for encouraging this sense of connection. As partners sponsored activities, they relied on the parent partners to help support outreach. As one agency described, “The parent partners don’t really work for our agency. They are more of a community resource available to all of us.” (2015)

Partnering agencies also realized the value of the parent partners' input in helping them to determine what services and activities to offer the community.

“...The new norm is 'ask the parent partners'. Three or four years ago, I would be asking our five main agencies. Now, they even call and ask us....'can you ask the parent partners about this or that?'...that's what the talk is all about. We're looking for the parent's perspective. I think that's a huge shift, because it wasn't that way four years ago. Of course, we could always do a survey for parents on what they wanted...but nothing with actual parent representatives...” (2014)

BCT brought key new partners to the table.

Fostering cross system collaboration is an important goal of BCT and *Thrive in 5* in general. The place-based nature of the BCT program meant that most of this cross-system collaboration would happen at the local level.

Several new and common partnerships across sites emerged, including relationships with local libraries, farmers markets, and WIC offices. Enrollment data reflects the impact of new WIC collaborations, as 56% of all enrolled families receive WIC, almost double the rate for Boston (25% of all families). EBCT, DCT, ABCT, and FCCT made important connections with local clinics or medical personnel from hospitals.

Connections with Boston Public Schools (BPS) and local businesses were less successful, heavily influenced by different work rhythms and priorities. In the past year,

EBCT made strong connections with BPS through a new program to train students as translators. Parent partners played a key role in developing and implementing this program. Schools throughout the area are now requesting translation services from the trained students.

There is evidence of cross-neighborhood collaboration.

Not only were there shifts in the way agencies collaborate with each other within specific neighborhoods, positive changes are evident across neighborhoods. HUB leaders credit the monthly BCT learning community with providing a forum for creativity and learning, and a unified voice on a city-wide scale. Although the learning community was discontinued in 2014, relationships remain.

There are a few key examples of collaborations across neighborhoods. The Family Nurturing Center now supports trainings in three of the HUBs and helped EBCT to start a Welcome Baby home visiting program, and ABCT and FCCT share a Spanish speaking playgroup leader. In addition, several innovative practices were replicated across neighborhoods such as a point system for the membership card, which incentivized participation in activities.

Perhaps the most important evidence of city-wide influence can be found in the collaboration between the Boston Family Engagement Network and *Thrive in 5*. This collaborative effort created a sense of more sites/hubs across the city as all funded sites began meeting together on a quarterly basis in 2012. Joint reporting forms created more efficiencies for the agencies and encouraged a sense of joint mission. This early collaboration set the stage for continuing core aspects of the BCT experience, such as the parent partner model, once direct funding for BCT ended.

The membership card shows promise as an effective tool for engaging families.

The institution of the BCT membership card system constitutes one of the most innovative aspects of the program, recognized nationally by the Center for the Study of Social Policy and FSG¹³ as an example of best practices for measuring family engagement. Most recently, a representative from the National League of Cities (NLC) visited Boston to learn about the membership card system.

Perhaps an even greater success is the enhanced sense of “belonging” expressed by families in possession of the “membership” cards, particularly in the two communities that are using the card heavily (ABCT and FCCT). Both of these sites also emphasized the value of receiving semiannual data reports which both inform their work and serve as a fundraising tool.

In the initial years, all five sites used a point system to encourage participation. As parents presented their cards, points were recorded. At the time of this report, only one site continues to use this method of incentivizing participation.

Despite limited funding, BCT launched the effort as a pilot with an eye to spreading the membership card citywide. Each site was issued two scanners, which proved to be insufficient for the task. Most sites resorted to collecting data manually on an Excel spreadsheet, incurring additional unreimbursed staffing costs. Data was submitted to the Center for Social Policy at UMass Boston on a quarterly basis

¹³ Link to an FSG webinar presentation on collective impact and early childhood indicators. http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Early_Success_Indicators_Webinar.pdf?cpgn=Webinar%20DL%20-%20Early%20Success%20Indicators%20ppt

FSG publication featuring *Thrive in 5* as an example of collective impact. *Markers that Matter: Success Indicators in Early Learning and Education*. http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Success_Markers_Early_Learning.pdf

where it is entered into an Access database, analyzed and reported back to the sites.

In 2014, *Thrive in 5* received funding, thanks to the Private Equity Venture Capital Firm, to create a cloud-based database with the capacity to provide real-time feedback to the BCT sites. This database is in the development phase along with a phone application through *School CNXT*,¹⁴ which will be capable of tracking parent participation and enrollment.

Funding cuts challenge BCT progress.

Remarkably, BCT continues to function one year and a half after funding cuts. BFEN has assumed a leadership role in building on the parent engagement successes, however, funded at a reduced amount.

At the writing of this report, there is evidence of a mounting erosion of several core components of the initiative. BCT sites have reported a decrease in the number of activities they are able to offer. An additional site (SELRCT) decided that it can no longer afford to continue participation in the membership card system. Parent partners, although continuing in the majority of sites, have reduced hours.

Several key staff members from BCT hubs commented on the difficulty of maintaining a balance of sufficient offerings to entice community participation. Failure to maintain a balance between program offerings and staffing ultimately can affect the depth of social cohesion and sense of belonging in the neighborhoods as there are fewer touch points with families.

Center for the Study of Social Policy - featured innovation. <http://www.cssp.org/reform/early-childhood/ec-linc/BOSTON-EC-LINC-profile-final-101614.pdf>

¹⁴ A parent notification service presenting school-wide messages to parents, staff, and school groups within a school district. <http://schoolcnxt.com>

As demonstrated throughout this report, BCT has shown much promise. Unfortunately, funding cuts occurred precisely when the initiative was ripening into fuller fruition.

BCT launched amidst high expectations of citywide impact shaped by the *Thrive in 5* roadmap. The decision to launch as a demonstration project was largely influenced by funding availability – or lack thereof. *Thrive in 5* was originally conceived as a public-private partnership. However, to date, the majority of the overall *Thrive in 5* \$1.5 million annual budget and 100% of the BCT budget has been privately funded, presenting overwhelming challenges to scalability.

As a comparison, the city of Denver has supported similar efforts with \$45 million from the Race to the Top funds and also offers 50% tax credits for private contributions. First 5 in California receives \$.50 on each pack of cigarettes sold, with annual income ranging from \$11 million to \$21 million. In Palm Beach County last year, \$87 million was dispersed to 53 local programs for prenatal health and early childhood development purposes - all funded from a small portion of property taxes (.7025 per \$1000 of tax valuation).

Citywide recognition of BCT results is limited.

The original *Thrive in 5* plans called for a statewide campaign to raise the visibility of early childhood gaps - and work toward systems collaboration and change. The absence of ongoing city and state support hindered *Thrive in 5's* ability to achieve this goal.¹⁵

BCT's strong contributions in building a parent partner leadership model that fostered social cohesion within neighborhoods, enhanced parenting skills, reached families least connected to services, changed organizational practices, and reached across neighborhoods -- was well-recognized within

participating neighborhoods, but less so across the city.

Communication of the power of parent participation was stifled by lack of funding. The small number of *Thrive in 5* staff was largely consumed by implementation of the project coupled with the continual need to fundraise. This afforded limited time for sharing the successes of BCT more broadly across the city.

IV. Conclusion

BCT, now in its fifth year, is at a turning point. Although the sites have been able to sustain activities, and more importantly the core component of parent partners, the signs of increasing erosion challenge its future. BFEN's support is crucial but not sufficient to sustain the depth of practice established during the first three years of BCT in the five original neighborhoods.

Family engagement was named as a core component in the original architecture (*Thrive in 5 Roadmap*) for supporting children's success in school and closing the achievement gap. BCT has made significant contributions in promoting family engagement in the five communities, recognizing the essential role of families as the child's first teacher and the role of parents as community leaders.

This "family focused" way of engaging in the community has shifted the way organizations operate and has strengthened existing systems' connections at the local level. It has also promoted previously unestablished connections, particularly illustrated by new partnerships forged with WIC, local libraries, and in some neighborhoods with health clinics and BPS.

However, more is needed. The groundwork exists for deepening these connections at a local level, and eventually promoting inclusion of more neighborhoods

¹⁵ A separate White Paper reflecting on *Thrive in 5's* overall role and contributions is available upon request.

across the city. This would require an infusion of sufficient funding to support the initiative over a longer period of time (a minimum of \$100,000 annually per site). As illustrated earlier in this report, there are examples of this type of work across the country, all of which receive significant public funding - frequently set aside from specific tax bases such as cigarettes, property and tax credits.¹⁶

Thrive in 5, in collaboration with BFEN, could play a leadership and convening role in further seeding “family engagement” and “parent leadership” throughout the city. A key next step could be honing the leadership model, supporting local sites with training opportunities for parents, and convening learning communities for parents and partnering agencies across communities. This would allow communities and parents to learn from one another, further enhancing local and citywide creativity.

The membership card, now recognized nationally as an innovative practice, provides a vehicle for connecting families if supported by a public champion – such as the city. The web-based database that is now in the development phase will provide a much-needed tool. However, in order to fully develop the system, public collaboration is essential. The sense of “belonging” to a local initiative can greatly be strengthened if it is recognized across the city -- in other words, lifting the importance of “family engagement” through a campaign of public awareness. The membership card could be an important vehicle for carrying the message.

An environment of a citywide campaign also sets the stage for promoting deeper systems collaboration at the local level. Additionally, a citywide campaign with local roots could provide incentives for larger systems to collaborate and engage with one another. For example, strong collaborations between communities and health centers could provide concrete evidence of

how engaging with families not only has implications for a child’s success in school, but health as well.

Finally, additional steps are necessary in order to connect the flow of information between systems. Currently, there is no vehicle for knowing what happens to children once they reach school age, and therefore limited ability to research the impact of neighborhood and family efforts on closing the achievement gap. Some states are beginning to issue student ID numbers or universal ID numbers at birth. This allows the state to track information about the child in the early years and follow them through school. Additionally, connection to Medicaid and/or medical information would be facilitated by a universal ID number.

Connecting this information is challenging, requiring collaboration from many partners; public leadership; and an anointed and supported convener or backbone organization. *Thrive in 5*, building on its BCT experience, is well-positioned to play that role if sufficiently supported.

¹⁶ More information is available in the separate White Paper, available upon request.

V. Appendix

Semiannual Reports

Semiannual reports for ABCT, DCT, FCCT, SELRCT, South Boston and an aggregate BCT report are available in a separate attachment.

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Background on the Evaluation

The evaluation was conducted by a cross disciplinary team of evaluators from the University of Massachusetts, Boston. The evaluation team included expertise in early education and care, program evaluation of complex systems, policy work, qualitative and quantitative research, and data systems. The evaluation was conducted using a participatory framework. BCT agencies participated in determining appropriate data and data collection methods, as well as engaging in participatory analysis of emerging data.

This report draws on information collected throughout the four years of the evaluation. In fall 2011, the evaluation team provided technical assistance to *Thrive in 5* and the BCT hubs as they began implementing a family enrollment process, culminating in the use of a membership card, with a unique bar code ID for families. The card is scanned on a reader as parents and caregivers arrive to participate in a BCT activity. In January 2012, all five sites began submitting household level enrollment data to the evaluation team each quarter. Subsequently, the semiannual progress reports developed for *Thrive in 5* and each BCT site included detail on the unduplicated numbers of enrolled children and adults, along with demographic characteristics and other relevant service/resource need information. The latest aggregate report on BCT progress as a whole and by neighborhood for the period from January 2012 through June 2015 can be found in a separate attachment.

Following is a list of data sources for each of the four years of the evaluation.

Year One Data Sources

- Interviews with each site to determine baseline operations and plans;
- Phone interviews with EEC organizations operating in the five neighborhoods to determine current assessment practices;
- A customized database to track family participation and engagement in activities and planning and increases in neighborhood capacity through partnership and stakeholder involvement;
- Observations of a roundtable meeting in each neighborhood;
- Observations of an event hosted in each neighborhood;
- Five parent focus groups - one in each neighborhood;
- Three focus groups with Family Friendly Neighbor Care providers;
- A focus group with the Parent Advisory Committee for *Thrive in 5*;
- A focus group with the Parent Advocates from the BCT sites;
- Participant evaluation forms collected from parents and caregivers in four of the five sites over a one month period;
- A participatory analysis process with hub representatives to refine and add depth to initial data findings;
- Participation in a variety of planning meetings including: *Thrive in 5* staff meetings, the Pipeline planning meetings to determine universal assessment tools for children 0-5, the leadership council; BCT advisory meetings; and BCT hub meetings;
- Documents including meeting minutes from hub meetings, Parent Advisory Committee, Coffee Connection; BCT proposals; and planning summaries.

Year Two Data Sources

- A customized database to track family-level participation and engagement in activities and planning and increases in neighborhood capacity through partnership and stakeholder involvement. Participating agencies reported quarterly on events and activities.
- Interviews with each BCT site's senior leaders to discuss progress in implementation throughout the year

- A focus group with School Readiness Roundtable participants in each neighborhood to explore the functioning of the roundtable, parent leadership, as well as priorities and challenges
 - Observations of an event hosted in each neighborhood to understand the types of activities being offered to families and the interactions among participants
 - An online survey of **62 BCT core partners** carried out in February 2013, to which 38 core partners responded after four reminders, yielding a **61% response rate**. The online survey explored the perspectives of core partners regarding the functioning of the partnership, reasons for participation, its costs/benefits and hopes for the future.
 - **Interviews with 23 FFNC providers** provided insights incorporated into evaluation findings, eight were reached by phone and 15 through a focus group. A member of the evaluation team contacted a total of 24 FFNC from lists provided by two BCT sites, FCCT and ABCT.
 - A cross-community focus group was held with **14 parent partners**, focusing on family and informal caregiver engagement, as well as parent leadership experiences
 - Ongoing participation in a variety of planning meetings including: Thrive in 5 staff meetings, planning meetings to determine universal assessment tools for children birth through five, the Leadership Council; BCT advisory meetings; and BCT neighborhood meetings.
 - Family Feasibility Study. In anticipation of carrying out a three year longitudinal study that would explore associations with enrolled families, the evaluation team conducted a feasibility study with a sample of **24 BCT enrolled families**.
- capacity through partnership and stakeholder involvement. Participating agencies reported quarterly on events and activities.
- Interviews with each BCT site's senior leaders to discuss progress in implementation throughout the year.
 - A focus group with School Readiness Roundtable participants in each neighborhood to explore the functioning of the roundtable, parent leadership, as well as priorities and challenges
 - A combination of interviews / focus group with 23 parent partners/parent screeners, focusing on family engagement, as well as parent leadership experiences. Eleven parent partners participated in a focus group and 12 were interviewed individually over the phone. Five were both parent partners and parent screeners for the ASQ. Parent partners spoke the following languages.
 - Ongoing participation in a variety of planning meetings including: Thrive in 5 staff meetings, planning meetings for ASQ screening, the Leadership Council; BCT advisory meetings; and BCT neighborhood meetings.
 - Interviews with 13 families interviewed previously in 2013. To gain further knowledge about (1) positive changes in parents' and caregivers' support of children's development and children's developmental gains, and (2) primary caregivers' decreased social isolation, increasing social connectedness and access to resources. Interviews were carried out to explore parents' experiences with BCT and changes in themselves and their children which they attributed to their participation. Families eligible for the interviews were randomly selected from de-identified BCT neighborhood enrollment lists in 2013.

Year Three Data Sources

- A customized database to track family-level participation and engagement in activities and planning and increases in neighborhood

Year Four Data Sources

- A customized database to track family-level participation and engagement in activities

and planning and increases in neighborhood capacity through partnership and stakeholder involvement. Participating agencies reported quarterly on events and activities.

- Interviews with each BCT site's senior leaders to discuss progress in implementation throughout the year.
- Interviews with parent screeners from ABCT, FCCT, and DCT focusing on connections with the community through screening and follow-up.
- Interviews with key stakeholders throughout the city with a broad understanding of the early education field as well as familiar with the work of *Thrive in 5*.
- Ongoing participation in a variety of planning meetings including: Thrive in 5 staff meetings, planning meetings for ASQ screening, the Leadership Council; BCT advisory meetings; and BCT neighborhood meetings.
- Interviews with 20 families from ABCT and FCCT who were enrolled but had no recorded instances of participation in local activities - providing insights into barriers and challenges to connection and participation.
- An online survey of **45 BCT core partners** carried out in September of 2015. The online survey explored the perspectives of core partners regarding the functioning of the partnership, reasons for participation, costs/benefits and hopes for the future, and changes since the funding cuts.

Data Collection Approaches and Data Analyses

The overall evaluation design incorporated a mixed method approach, using both quantitative and qualitative data collection methods, which allowed triangulation of data from multiple data sources throughout the four years of the BCT evaluation.

During 2012 and 2013, on a quarterly basis, data entered by BCT lead agencies into a database, created by the UMass team, were analyzed, increasingly situating neighborhood enrollment gains in a comparative context using American Community Survey data on poverty related domains for each neighborhood and the city of Boston. In 2014 and 2015, reports were generated on a semiannual basis. In addition, quarterly data generated by the hubs themselves included minutes from BCT planning meetings, SRR minutes, participation by partner organizations and members of the community, and data on events and activities in each site.

All focus group and interview sessions were transcribed. Multiple team members coded each transcript, working together to determine emerging themes. Interview notes were distributed to team members for analysis and coding. The whole team then engaged in a participatory analysis process to identify key findings across data sources and data collection strategies.

Throughout the evaluation, the UMass evaluation team met with the central *Thrive in 5* team and a working group of evaluation advisors to develop and refine the evaluation questions and approach; this group was comprised of: the *Thrive in 5* central team; three members of the *Thrive in 5* Leadership Council, Sally Fogarty, Kim Haskins, and Deborah Allen; representatives of the BCT sites, Randi Freundlich (ABCT) and Ayesha Rodriguez (DCT); and a CFCE representative, Danielle Gantt.

List of Interviewees

The following list includes individuals who were interviewed over the four years of the evaluation. HUB Leaders were interviewed each of the four years and focus groups were held with the Roundtables in years 1-3.

In year two, the evaluation team began to interview families, parent partners and parent screeners. The names of parents and Parent partners are not included in order to maintain anonymity. Interviews with families included:

Year 2 - 23 Family Friendly Neighbor and Care providers; 14 Parent partners (focus group); and 24 families.

Year 3: 23 parent partners (5 of whom were also parent screeners) and 13 families.

Year 4: 20 families and 5 parent screeners.

Key Informants

Sue Covitz, Director of Strategic Partnerships, Families First (2011)

Arauz Boudreau Alexy, M.D., Co-Chair, Wellness Council (2011)

Cherie Craft, Director, Smart from the Start (2011)

Margot Kaplan Sanoff, M.D., Co-Chair, Wellness Council (2011)

Ted Cross, Evaluator, Smart from the Start (2011)

Sally Fogerty, Senior Researcher, Education Development Center, member of the *Thrive in 5* Leadership Council (2011)

Laurie Sherman, Advisor to the Mayor of Boston, member of the *Thrive in 5* Leadership Council (2011)

Deborah Allen, Director, Bureau of Child, Adolescent and Family Health, BPHC (2011 and 2015), member of the *Thrive in 5* Leadership Council & Executive Committee

Kate Roper, Director, MA Early Childhood Comprehensive Systems Project, MA DPH (2011)

Sherri Killins, Commissioner, Dept of Early Education and Care (2011)

Pat Xavier, Co-Director, Boston Alliance for Early Education (2011)

Sonia N. Gomez-Banrey, Director, Countdown to Kindergarten (2011)

Rosa Inniss, Transition Specialist, Countdown to Kindergarten (2011)

Barbara Burke, Senior Policy Advisor, City of Boston (2011)

Patty McMahon, Director, Mayor's Youth Council and Youthline, City of Boston (2011)

Dina Seigal, Office of Governmental Relations, City of Boston (2011)

Kristin McSwain, Executive Director, The Boston Opportunity Agenda (2015), member of the *Thrive in 5* Leadership Council & Executive Committee

Marie St. Fleur, Executive Director, Bessie Tartt Wilson Initiative for Children (2015)

Peg Sprague, former Executive Director, United Way of Massachusetts and current advisor to *Thrive in 5* (2015), co-chair of *Thrive in 5* Leadership Council

Elizabeth Pauley, Senior Director, Education to Career – Boston Foundation (2015)

Kimberly Haskins, Senior Program Officer, Education, Barr Foundation (2015)

Sharon Scott Chandler, Executive Vice President, ABCD (2015)

Jeri Robinson, Vice President of Early Learning Initiatives, Boston Children's Museum (2015), co-chair of *Thrive in 5* Leadership Council

Rahn Dorsey, Chief of Education, City of Boston (2015), member of *Thrive in 5* Leadership Council

HUB Leadership (interviewed annually)

ABCT

Matt LiPuma, Executive Director, Family Nurturing Center

Randi Freundlich, Director of Community Programs, Family Nurturing Center (retired)

Colleen McGuire, Welcome Baby Coordinator, Family Nurturing Center

DCT

Sheena Collier, Boston Promise Initiative
Director, Dudley Street Neighborhood
Initiative

Ayesha Rodriguez, former 0-5 Manager, Dudley
Street Neighborhood Initiative

May Louie, former Director of Leadership and
Capacity, Dudley Street Neighborhood
Initiative

Danubia Campus, former Birth to 5 Organizer,
Dudley Street Neighborhood Initiative

EBCT

John Kelly, Executive Director, East Boston
Social Centers

Gloria Devine, Program Manager, East Boston
Social Centers

FCCT

Michele Nadow, President and CEO, DotHouse
Health

Marika Michelangelo, Family Wellness
Manager, DotHouse Health

Huong Vu, FCCT Family Engagement Specialist,
DotHouse Health

Tuyen Nguyen, former FCCT Family Engagement
Specialist, DotHouse Health

SELRCT

Vivian Izuchi, South End Family Engagement
Network Coordinator, United South End
Settlements

Dianne Curtin, Director of Programs and
Services, United South End Settlements

Donna Owens, Vice President of Research,
Evaluation, and Training, United South End
Settlements

Kevin Hepner, former Executive Director,
United South End Settlements

Katy Gobiell, former consultant to United South
End Settlements

SOUTH BOSTON (2015 only)

Cheryl Itri, Director of Early Education and Care
Programs, South Boston Neighborhood House

Sarah Ryan, former Director of Family
Engagement, South Boston Neighborhood
House

List of Core Partners

The following is a list of the core partners involved with the five original neighborhoods. Core partners include ONLY those organizations integrally involved with BCT activities in the neighborhood. In addition to the core partners (listed below), sites also engage with a number of additional collaborators – who are not as actively engaged.

Alston Brighton Children Thrive (ABCT) HUB - Family Nurturing Center

ABCD Allston-Brighton Neighborhood Opportunity Centers
 ABCD Allston-Brighton Head Start
 Allston Brighton Community Development Corporation
 Boston Public Library - Brighton branch
 Boston Public Library - Faneuil branch
 Boston Public Library - Honan Allston branch
 Brazilian Women's Group
 Brighton Allston Congregational Church
 Brighton Public Library Branch
 Brighton-Roslindale WIC Program
 Charlesview Apartments
 Charles River Community Health
 Cradles to Crayons
 Harvard Education Portal
 Jackson Mann Community Center Preschool
 Jackson/Mann Community Center
 Presentation School Foundation

Dudley Children Thrive (DCT) Dudley Street Neighborhood Initiative (DSNI)

Boston Children's Museum
 Family Nurturing Center
 Children's Services of Roxbury
 Countdown to Kindergarten
 First Teacher
 Project Hope
 Raising A Reader
 Nurtury
 Vital Village

East Boston Children Thrive (EBCT) HUB - East Boston Social Centers

Nurtury
 APAC
 Boston Police Department
 Boston Public Library
 Boston Public Schools
 Countdown to Kindergarten
 East Boston Collaborative for Families
 East Boston Head Start
 East Boston Neighborhood Against Substance Abuse
 East Boston Neighborhood Health Center
 East Boston YMCA
 Eastie Pride Day Committee
 EBSC Family Workers Dept.
 Families First Parenting Program
 Family Nurturing Center
 Little Folks/Shining Start Day Care
 Maverick Landing Community Development
 Project Bread
 ReadBoston
 East Boston Neighborhood Center
 The East Boston Cluster
 WIC
 YMCA

Fields Corner Children Thrive (FCCT) HUB – DotHouse Health

Boston Public Library - Fields Corner Branch
 Boys & Girls Clubs of Dorchester
 Countdown to Kindergarten
 Dorchester Family Engagement Network
 DotHouse Health
 Family Nurturing Center
 MyChild
 Boston Children's Museum
 Museum of Science
 Raising A Reader
 ReadBoston
 WIC

South End Lower Roxbury Children Thrive (SELRCT) HUB - United South End Settlements

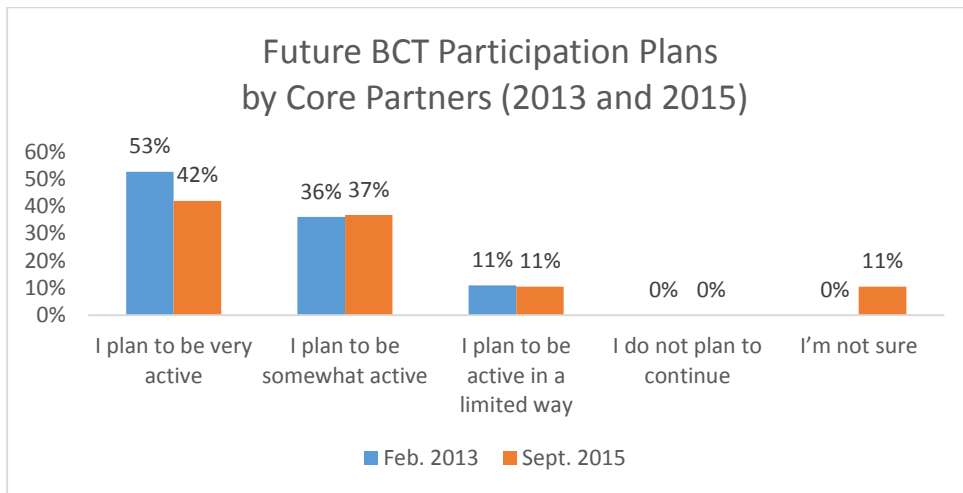
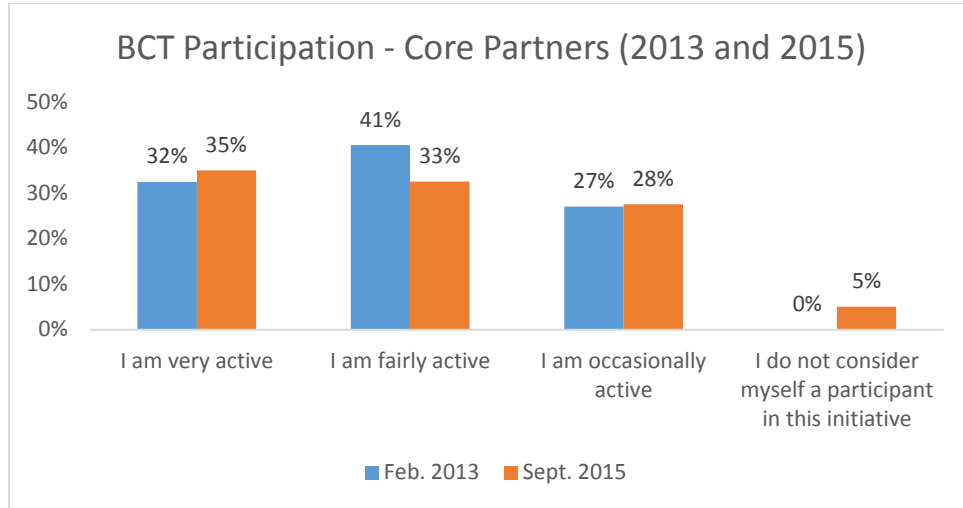
Chinese Church Head Start
 Boston Children's Museum
 Museum of Science
 Countdown to Kindergarten
 Ellis Memorial
 Family Independence Teen Living Program

Father Friendly Initiative
Fenway CDC
Inquilinos Boricuas in Accion
Little Sprouts Early Education Program
Mandela Homes
Parent Child Home Program
ReadBoston
Resilient Sisterhood Project

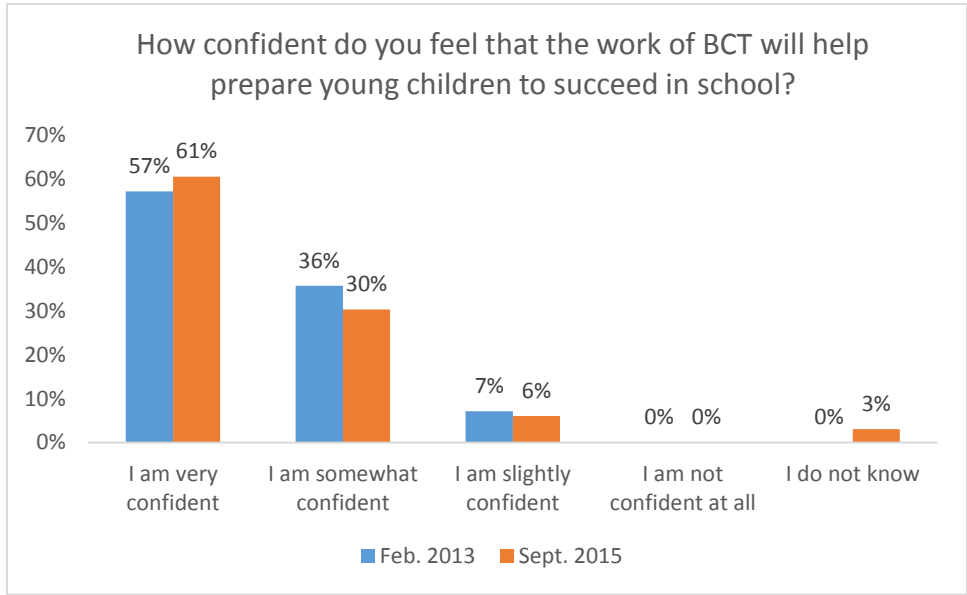
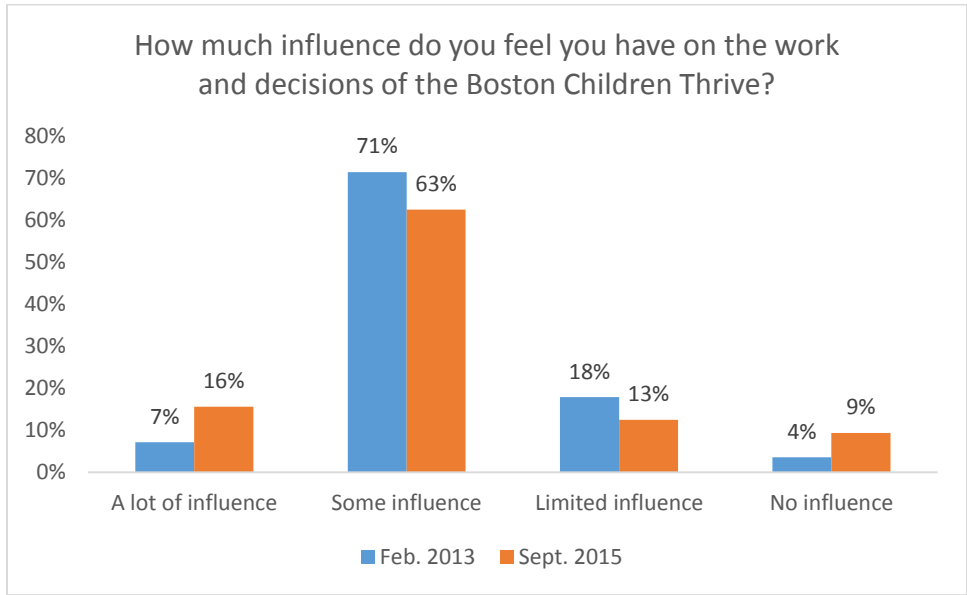
South End Library
South Cove Community Health Center WIC
South End Community Health Center
South End Head Start
South End Healthy Boston Coalition
Vital Village
WIC

Survey to Core Partners (February 2013 and September 2015)

Surveys to the core partners were administered in February 2013 and September 2015. In 2013, 38 of the 72 invited partners responded to the survey (53%). In 2015, 49 core partners responded out of a total of 97 invitees (51%). This appendix presents comparative graphs and charts in order to illustrate changes in perceptions about BCT activities in the neighborhoods.



The charts above show a slight shift in participation from 2013 to 2015. In 2013, 73% of respondents were either very active or fairly active in BCT activities. In 2015, that number drops to 68%. The 2nd chart demonstrates core partners' plans to continue participating in BCT in the future. In 2013, 89% of respondents planned to either be very active or somewhat active in 2014. In 2015, that number drops to 79%. 11% indicated that they were not sure if they will continue participating.



The 1st chart on this page, shows that core partners have both a slight increase and a slight decrease in their perceived ability to influence decision-making.

The 2nd chart demonstrates continued confidence in BCT’s ability to support families and young children to succeed in school.

	Strong Progress		Good Progress		Some Progress		Little Progress		No Progress		I Don't Know	
	2013	2015	2013	2015	2013	2015	2013	2015	2013	2015	2013	2015
New/improved networks and relationships have been built among groups, agencies and businesses:	22%	39%	67%	30%	11%	27%	0%	0%	0%	0%	0%	3%
Organizations are working together more effectively:	21%	30%	50%	40%	25%	21%	4%	0%	0%	0%	0%	9%
Resources and opportunities are shared in a fair manner:	21%	28%	57%	34%	11%	16%	0%	6%	0%	0%	3%	15%
Service systems have improved:	11%	6%	39%	36%	25%	39%	0%	3%	0%	0%	25%	15%
Accessibility (e.g. affordability and accessibility) to early childhood services, supports and information has improved:	11%	12%	48%	42%	33%	30%	4%	9%	0%	0%	4%	6%
The community has increased understanding of young children and their families:	14%	18%	43%	45%	39%	21%	0%	6%	0%	0%	4%	9%
The community takes increased responsibility for young children and their families:	15%	12%	37%	33%	37%	36%	0%	9%	0%	0%	11%	9%
Businesses are more active in promoting child friendly activities and spaces in our community:	11%	6%	32%	19%	39%	47%	7%	12%	4%	0%	7%	16%
**Parents are involved as active leaders in Boston Children Thrive activities in our community:		24%		40%		27%		0%		0%		9%
**Parents have learned about new tools and resources to support their child's development:		33%		39%		21%		0%		0%		6%
**Parents are using these new tools and resources to enhance their child's development (e.g. reading more to their children):		27%		24%		27%		0%		0%		21%

The chart above demonstrates partners' perception of progress made in identified areas of interest. Of note, is a slight increase in the partners' perception of the community's increased understanding of young children and their family (2013 – 57% either strong progress or good progress compared to 63% in 2015). Perceptions of organizations working together more effectively remain comparable (2013 – 71% strong progress or good progress compared with 70% in 2015). Other areas demonstrate a stronger erosion of capacity and progress. For example, the strength of networks, adequate resources, and participation by businesses all show relatively strong declines.

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Agree	
	2013	2015	2013	2015	2013	2015	2013	2015	2013	2015
The level of commitment among participants in Boston Children Thrive in our neighborhood is high:	38%	38%	15%	29%	10%	21%	0%	12%	0%	0%
People involved with BCT in our neighborhood trust one another:	38%	38%	41%	32%	21%	29%	0%	0%	0%	0%
Participants in BCT in our neighborhood are open to different ways of working (i.e. They are willing to consider different approaches):	33%	26%	57%	56%	10%	18%	0%	0%	0%	0%
Participants in BCT in our neighborhood have a clear sense of their roles and responsibilities:	18%	12%	57%	64%	18%	18%	7%	6%	0%	0%
There is a clear process for making decisions in the BCT collaboration in our neighborhood:	27%	24%	57%	45%	10%	24%	7%	6%	0%	0%
Our BCT group has tried to take on the right amount of work at the right pace:	17%	21%	66%	48%	17%	24%	0%	6%	0%	0%
Participants in BCT communicate openly with one another:	31%	36%	62%	45%	3%	15%	3%	3%	0%	0%
Participants in BCT actively promote parent leadership in our neighborhood:	41%	52%	52%	36%	7%	12%	0%	0%	0%	0%
I am informed as often as I should be about what goes on with the BCT work:	33%	40%	60%	47%	7%	6%	0%	3%	0%	3%
I have a clear understanding of what our BCT collaboration is trying to accomplish:	37%	42%	53%	42%	7%	9%	3%	3%	0%	3%
My ideas about what we want to accomplish with the BCT collaboration in our neighborhood seem to be the same as the ideas of others:	17%	21%	64%	58%	17%	21%	3%	0%	0%	0%
By working together we are able to accomplish more than any one agency alone:	47%	58%	50%	24%	3%	18%	0%	0%	0%	0%
No other organization in the community is trying to do exactly what we are trying to do:	33%	47%	40%	31%	17%	19%	10%	0%	0%	3%
Our BCT collaborative has the resources to do what it wants to accomplish:	10%	12%	33%	24%	27%	21%	30%	24%	0%	18%

The chart on the preceding page presents perceptions on the strength of the collaboration. Of note, is the increase in perceived commitment among participants in BCT (2013 – 53% strongly agree or agree compared to 67% in 2015). Other areas demonstrated a notable decrease in confidence. These included: clear process for making decisions, the right amount of work, open communication between participants, and working together increases the level of accomplishment.