

# **Why communities matter for Early Childhood Development**

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# Define community

- Many definitions of community but they can be roughly grouped into:
  - Territorially based conceptions
  - Definitions based on social networks and relationships

Community has implications about shared beliefs, priorities and issues

Neighbourhood has no such implication, based only on geographical location (but definitions vary tremendously on the size that should be thought a neighbourhood)

# Why intervene with communities

- Community-level interventions are aimed at changing the community rather than targeting specific vulnerable individuals or families, which may stigmatise them
- Based on the belief that social problems, especially those related to disadvantage, are best dealt with by 'capacity building'
- Underlying assumption is that people living in a 'healthy' or 'cohesive' community are more likely to be healthy and therefore less likely to need welfare or other support

# Aspects of Community well-being

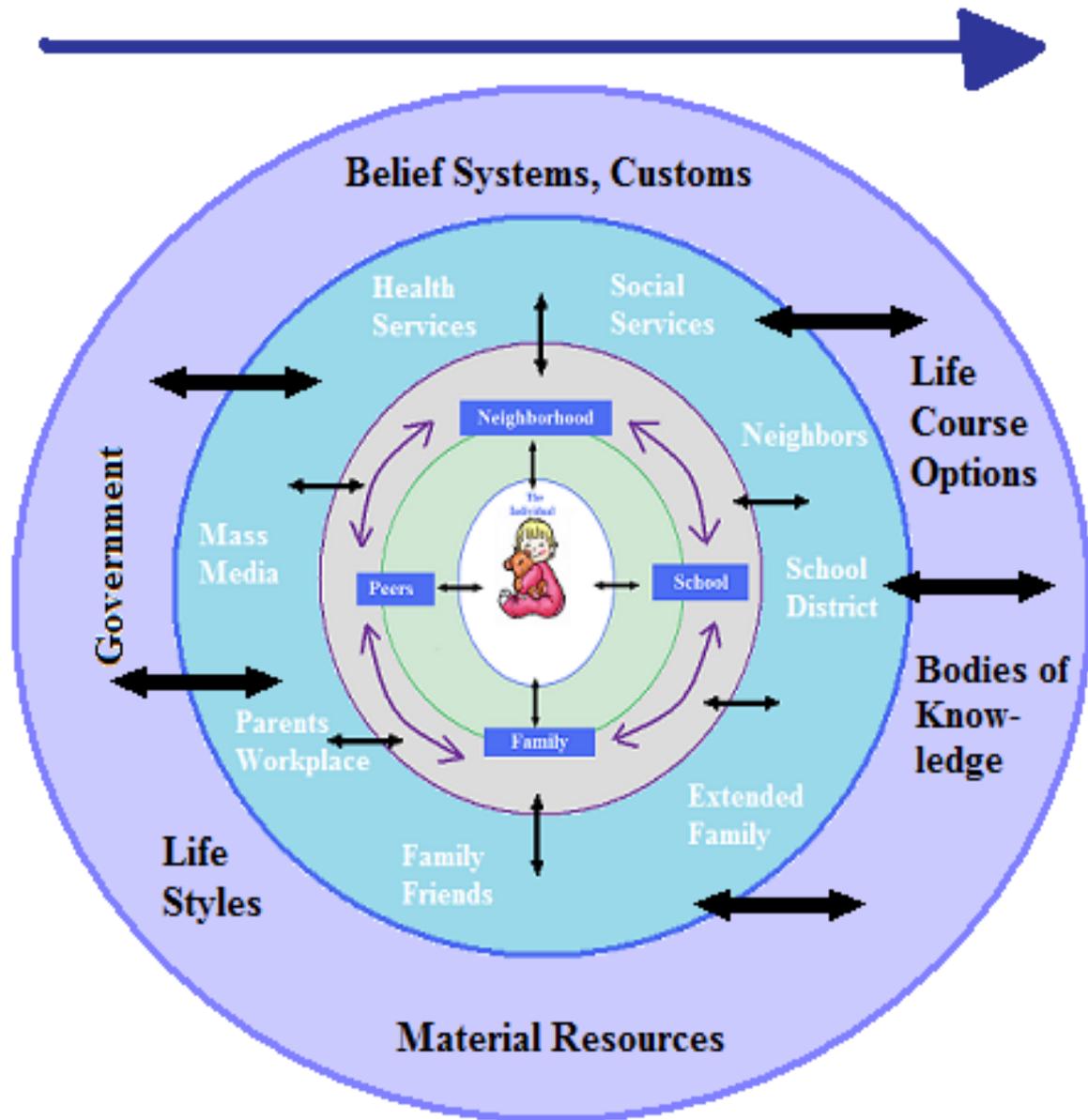
Narayan et al., 2000 for the World Bank

- Adequate material conditions
- A sense of security
- Educational opportunities
- Freedom from economic exploitations
- Respect and tolerance for diversity
- Democratic participation
- Sense of community and solidarity
- Freedom of choice and action

# Community and child development

- What happens in children's interactions in their immediate environment is influenced by resources available in the local community
- Clustering of families in high poverty neighbourhoods can lead to social and economic isolation, and poor quality services
- Local social networks provide children with norms about behaviour, which may or may not be 'appropriate'

**THEORIES**



Bronfenbrenner's ecological model of human development.

# Relevance of ecological theory

- Bi-directional nested systems.
- What happens at the micro-level, the interaction of the child with his or her immediate environment, is influenced by multiple complex factors, including the organisational structures of the parents' workplaces, the resources available in the local community, and the socio-political environment.
- The extent to which the community functions well will have an important impact on the child and family.

# Social Capital

(Putnam, 1993; 2000)

- Three elements: the possessors, the sources, and the actual help given (resources)
- At the community level it is built up by participation in local groups and interactions with neighbours
- The extent of local involvement may be reduced in areas of concentrated poverty

# Community Social Capital

- The resources that neighbourhood members can *potentially* access through relationships
- Reflects a shared sense of identity, common values, trust and reciprocity (can be –ve values)
- Bonding social capital reinforce identities and homogeneous groups (sociological superglue)
- Bridging social capital encompasses people across diverse social cleavages (sociological WD40)

Putnam, *Bowling Alone*, (2000)

# Social (dis)organisation

- Public incivilities. Physical and social signs: noise, dirt, graffiti, abandoned buildings, troublesome neighbours, public drinking and people hanging around
- No collective efficacy. Absence of shared norms leads residents to withdraw from the community due to fear and mistrust; fosters alienation, powerlessness, anxiety and depression
- Low informal social control. The collective supervision a community exerts over antisocial behaviour of youth, peer groups and gangs through monitoring and surveillance.

Sampson & Groves, 1989

# Relevance of good social organisation

- Emphasis on the importance of dense social networks and reciprocal relationships between community members, less on financial status.
- Structural aspects of a community and community decay are seen as consequences of the actions of the residents and institutions in a community.
- The development of informal social control is key in preventing adverse outcomes such as child abuse or delinquency.

# Expectation of Neighbourhood Informal Social Control and perceptions of neighbourhood characteristics

	Intervene, delinquency	Intervene, possible abuse or neglect
Local disorder	<b>-.23</b>	-.16
Local crime	<b>-.21</b>	-.15
Exposure, crime	<b>-.20</b>	-.14
Poor quality	<b>-.33</b>	<b>-.31</b>
Consensus, parenting	.16	<b>.21</b>
<u><i>Expect retaliation</i></u>	<b>-.30</b>	<b>-.37</b>
Local participation	.13	.18
Local networks, non family	.17	.16

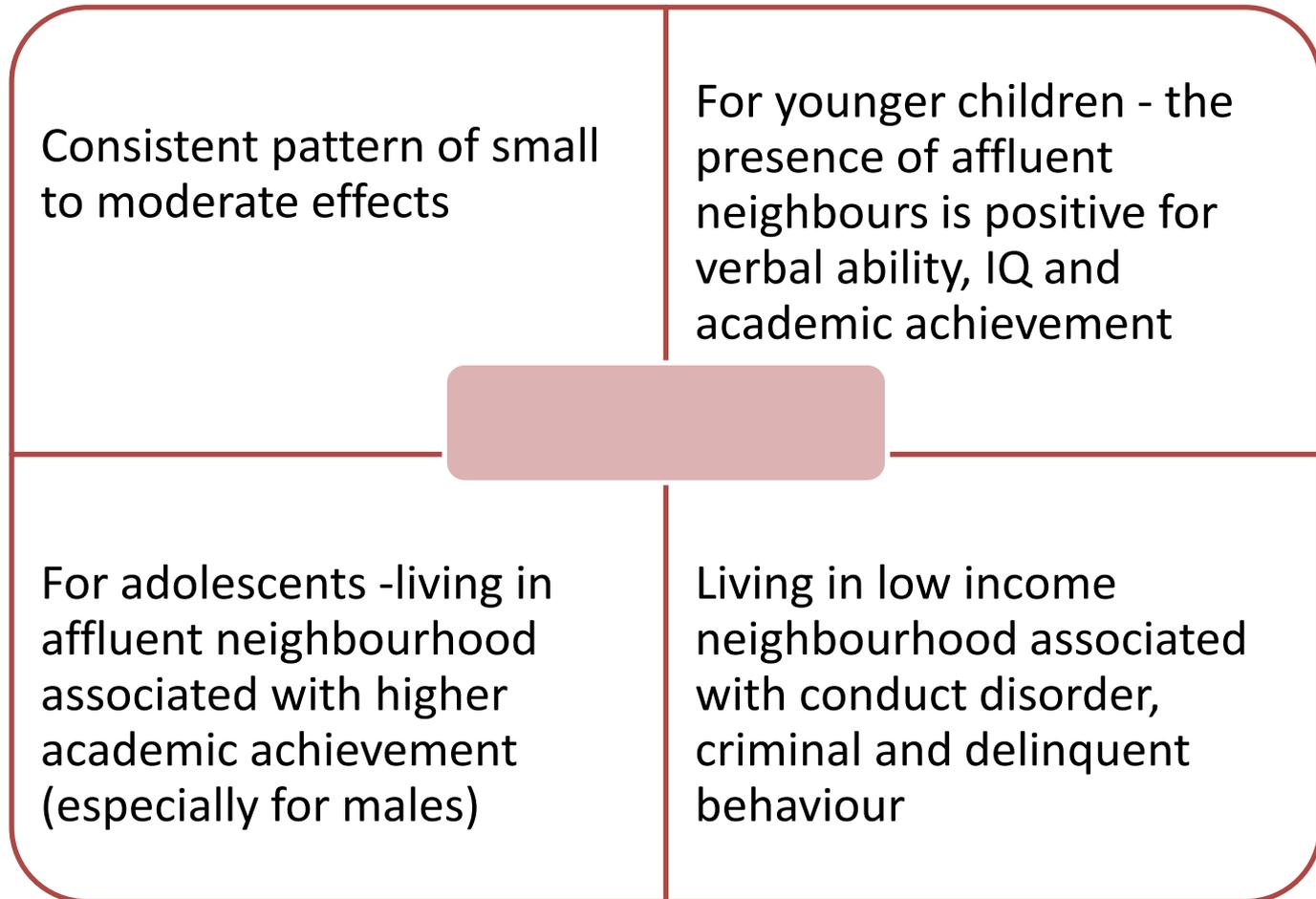
# Economic (Social Exclusion) neighbourhood poverty

- Living in (family) poverty needs to be considered separately from living surrounded by poverty
- *Relative deprivation theory* predicts that a uniformly disadvantaged neighbourhood may be more supportive for low income residents than a mixed community
- *Competition theory* predicts a poorer outcome when some residents are affluent, with the formation of an 'under-class'.
- *Contagion and Collective Socialisation theories* predict that some advantaged families may provide positive influences for disadvantaged children and families

# **IMPACT OF COMMUNITY CHARACTERISTICS**

# Community and child psychological development

(Leventhal & Brooks-Gunn 2000)



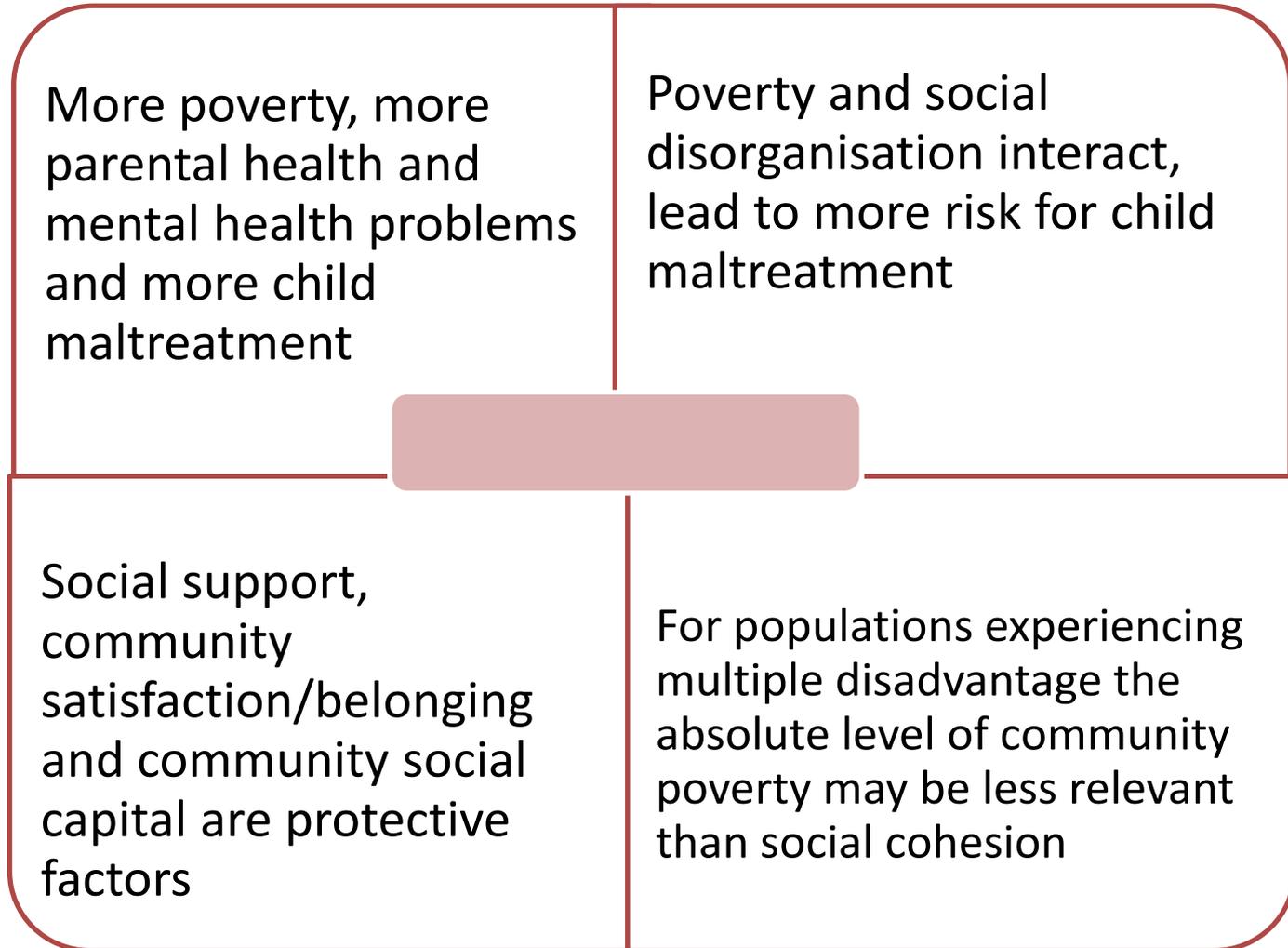
# Fast Food , green space and child health

- The UK's DoH Health Survey - 30% of children aged 2 -15 were overweight or obese (DH, 2010)
- Associations have been reported between structural characteristics in communities including the extent of green space and children's health (Chen, 2006)
- The greater the level of neighbourhood deprivation (IMD), the more the neighbourhood is likely to be exposed to fast food companies (Cummins, 2005)

# Relevance of community for parenting

- Coulton and colleagues (1996) identified community factors that explained differences between areas in child abuse rates.
- The most important was community 'impoverishment': proportion of families living at or below the poverty line, unemployment rate, amount of vacant housing, population loss, and proportion of female-headed families.
- The second, 'child-care burden', included: ratio of children to adults in the community, ratio of females to males, and percentage of the population that was elderly
- These will have an impact on the community's capacity to provide 'social capital' and develop social cohesion

# Community & parenting



# **COMMUNITY INTERVENTION**

# Key questions for community intervention

- Assuming that the community and/or the neighbourhood is relevant to how families function, and to how children develop:
  - Can communities and/or neighbourhoods be changed?  
And if so.....
  - Can life chances/development be improved by intervening at the level of the community/neighbourhood .....

(rather than/as well as) at the level of the individual or family?

## Examples of Neighbourhood level interventions for young children prior to Best Start

- Sure Start local programmes (UK)
- Better Beginnings, Better Futures (Ontario, Canada)
- Stronger Families and Communities (Australia, Federal government)
- Best Start (Australia, Victoria)
- Pathways to prevention (Australia, Queensland)

# Neighbourhood & community level intervention

- Requires extensive inter-agency cooperation
- Interventions usually complex and not always implemented effectively, since 'bottom-up' philosophy commonplace
- Impact may be diffuse and hard to measure, need to take whole community as the unit of analysis

# Complexities for evaluation

- Theory focusses on communities of interest but most interventions focussed on geographically defined communities
- Residents' conceptions of neighbourhoods do not usually match administrative boundaries
- Community interventions usually multi-modal and complex with a broad range of outcomes
- Constructs such as social capital are a challenge to measure, without robust measures
- In the real world not easy to implement research that has the highest quality, i.e. randomised controlled trials e.g. National Evaluation of Sure Start in England

# Better beginnings, Better Futures

- Ontario, Canada. Disadvantaged areas, offered either to children 0 to 4 years (5 communities) or 4 to 8 years (3 communities)
- Provided home visiting and enriched child care (0-4 years) or enriched childcare and school programmes (4-8 years)
- Local projects in each area
- Compared to demographically matched communities that did not receive Better Beginnings funding

# Outcomes, 0-4

(Peters et al., 2000; 2001)

- Decrease in teacher ratings of emotional problems, three of four communities
- One area, decrease in behavioural problems and increase in prosocial
- Increase in school readiness, auditory attention, memory.
- Parents – less smoking, more breastfeeding, better diet for children, more immunisations at 18 months

## Outcomes, 4 -8

(Peters et al., 2003)

- Teachers' ratings of children's over-anxious emotional problems showed a significant pattern of decline over 5 years
- Teachers' ratings of children's self-control in social functioning showed improvement
- There were no patterns of improvement on any of the measures of cognitive development or on measures of reading or mathematics achievement
- **Suggest no 'added value' of classroom initiatives**

# UK, Sure Start Local Programmes

- Targeted - 20% most disadvantaged areas
- Focus on 0-5 year olds and their families
- Universal in area - all families in area served to avoid stigma
- Enhancement of existing services
- Locally driven agendas

## Based on community empowerment , 'bottom-up' development of services

Each programme had autonomy to improve services, with general aims but without clear specification of services.

But all programmes must deliver:

- outreach and home visiting,
- support for families and parents,
- support for good quality play,
- learning and childcare experiences for children,
- primary and community health care,
- advice for child development and child/family health
- support for people with special needs.

# Changes at the community level 2000 to 2005

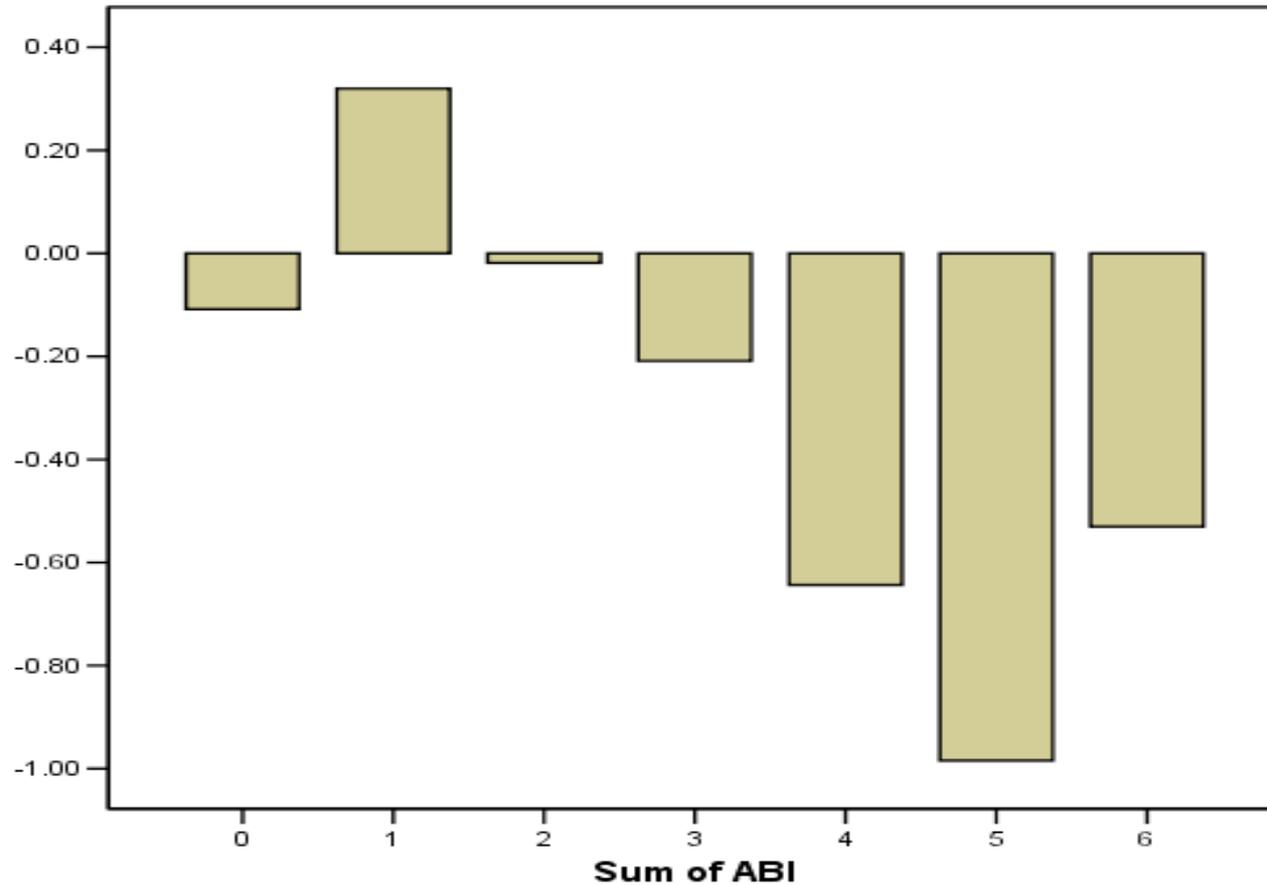
## **Families**

- Reduction in young children in 'workless households'

## **Child health:**

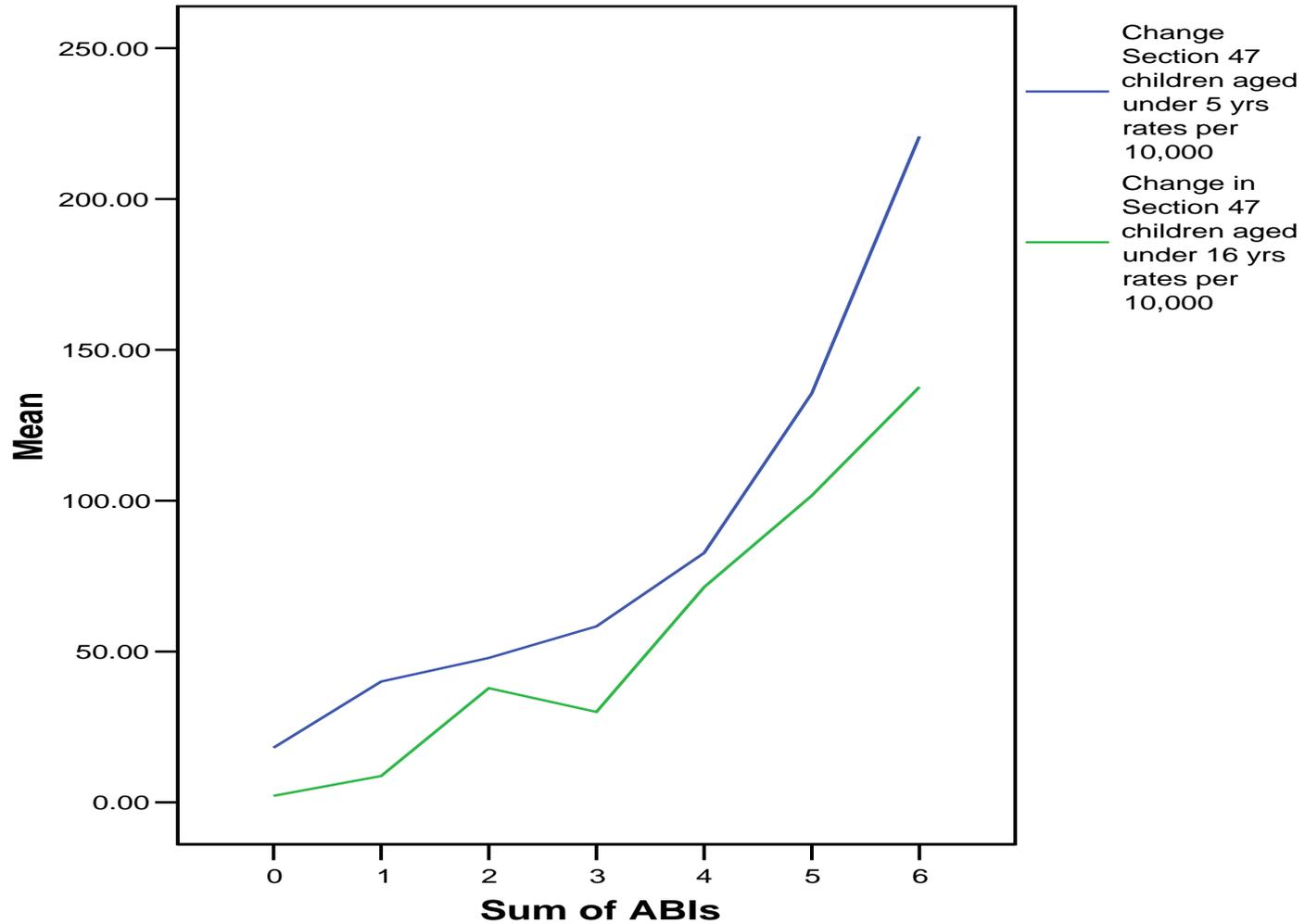
- Reductions in:
  - hospitalisations for 0-3 year olds for injury or respiratory infection
  - low-birth weight
  - the proportion of children identified with Special Educational Needs
  - 4 to 17 year olds receiving Disability Living Allowance

More impact if co-located with other community-focussed (area-based) interventions  
(Example reduction in births to mother <18 years)



# Up to 2003/04

## Change in Section 47 enquiries and other ABIs



# 2005: Cross-sectional results, 3 year old children in Sure Start Neighbourhoods

## Children of non-teenage mothers (86% of total)

- greater child social competence in SSLP areas
- fewer child behaviour problems in SSLP areas
- less negative parenting in SSLP areas

# 2005: Cross-sectional results, 3 year old children in Sure Start Neighbourhoods

## Children of teenage mothers (14% of total)

- less child social competence in SSLP areas
- more child behaviour problems in SSLP areas
- poorer child verbal ability in SSLP areas

## Children of lone parent families (40% of total)

- poorer child verbal ability in SSLP areas

## Children in workless households (33%)

- poorer child verbal ability in SSLP areas

# Longitudinal Impact Study

The impact of well-established SSLPs on  
3-year-olds and their families  
Follow-up at ages 5 and 7 years

# Results, age 3

Of 14 outcomes 7 showed a significant difference i.e. a SSLP effect

- Child positive social behaviour (cooperation, sharing, empathy)
- Child independence / self-regulation (works things out for self, perseverance, self-control)
- Parenting Risk Index (observer rating + parent-child relationship, harsh discipline, home chaos)
- Home learning environment
- Total service use
- Child immunisations
- Child accidents

# Results, age 5

Significant effects associated with SSLPs

- Mothers reported greater life satisfaction
- Mothers reported less chaotic homes
- Better home learning environments
- Children better physical health, less likely to be overweight
- Greater reduction in worklessness in Sure Start families

But

- Less attendance at school meetings

## Results, age 7

Parents in Sure Start areas (compared with non-Sure Start) reported:

- Engaging in less harsh discipline;
- Providing a more stimulating home learning environment for their children;
- *For sub-populations, mothers in Sure Start areas reported:*
- Providing a less chaotic home environment for boys (not significant for girls);
- Having better life satisfaction (lone parent and workless households only).

## Summary of Sure Start beneficial effects

- Family functioning and maternal well-being impacts have persisted until the children were age 7, and some improvements have continued over time for some repeated measures
- *No continuing impact on child outcomes*, which is likely to be, at least in part, because of the introduction of universal free preschool education for all children from 3 years whether in Sure Start areas or not (Bronfenbrenner, Macrosystem, cultural change)

# What predicts “effectiveness”?

18 dimensions of proficient implementation

## **Dimensions related to better outcomes**

- Effective governance, management & leadership
- Informal but professional ethos of centre
- Empowerment of service providers and users
- Recruiting / training staff – qualifications
- Good multi-agency teamwork

# Qualitative evidence

- Community level Social Capital may develop  
*“Before I didn’t know many people locally, I had no-one to talk to about being a parent. I was frightened that i wasn’t a good mother, but meeting other parents [at the Sure Start centre] has f given me confidence”*
- “ People are more willing even on the street to stop and talk and listen, which didn’t happen before Sure Start”*

# Sure Start - Take-home message

- Inter-agency collaboration is essential for good services
- Active engagement of health services important for success of Sure Start.
- No matter how good services are, children and families need to engage with them
- Those with the greatest needs are the hardest to reach and engage
- Engaging the whole community, including parents and practitioners, and local agencies, is a challenge

<http://www.ness.bbk.ac.uk/>

# Community level intervention

- Not always easy to define the community communities are complex with embedded norms
- Familiarity is the easiest option, making change requires extensive inter-agency cooperation and 'buy-in'
- The quality of relationships between community residents and local service providers is critical, partnerships need a balance of power

# Community level intervention

- Interventions usually complex and not always implemented effectively, since 'bottom-up' philosophy commonplace
- Sustainability needs more than 'hero innovators'; it needs funding commitment
- Evaluation is challenging. Impacts may be diffuse and hard to measure, need to take whole community as the unit of analysis, but not easy to capture in research

# Limitations of community intervention

- However good, a community intervention may not be able to counter overarching circumstances (e.g. national rise in unemployment)
- Success may only be seen in some community members the first time around
- Ongoing success will take much longer, but most policy makers and politicians are not ready to wait a generation!

# Lessons for Better Start

- Have clearly defined targets
- Document the characteristics of each community well
- Investigate shared/non shared norms
- Provide services specifically for young children-especially good quality ECEC
- Examine both community change and change of individuals accessing services
- Early results of evaluation can show weaknesses, but resist making dramatic changes until services are well established