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BOSTON CHILDREN THRIVE IN 5: CONNECTING FAMILIES, BUILDING COMMUNITY
YEAR 2 – EVALUATION BRIEF

PREPARED FOR THRIVE IN 5

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UMASS BOSTON

OVERVIEW

Thrive in 5, "Boston's Promise to Its Children", is a citywide initiative designed to support the development of Boston's young children, birth to five. Thrive in 5's goal is to ensure that by 2018 every child in Boston enters kindergarten ready to succeed in school. Early input during the Thrive in 5 planning phase revealed that effective connections to resources, supports and services, vital to children's developmental growth, needed to be enhanced for sub-groups of families with young children in the city, particularly low-resourced families and young children's informal caregivers who are the least connected to early childhood/family services and resources.[1]

Influenced by these findings, five neighborhoods with strong existing networks and diverse, large populations of young children, likely to be affected by an achievement gap, were chosen to implement Boston Children Thrive (BCT). Over 38,000 children birth through five live in the city of Boston. Fifty-seven percent (57%) of all of Boston's children birth through five living in poverty, live in these five neighborhoods (5,697 of 9,930).[2]

These neighborhoods are the foundation for testing and refining core engagement strategies and, subsequently, expanding Thrive in 5 as an effective citywide campaign. BCT neighborhoods are also serving as a foundation for the integration and collaboration of major systems that touch the lives of young children, their families and their informal caregivers: healthcare, early education and care, the City, the school system, and neighborhood networks, organizations and resources.

The Five Boston Children Thrive Neighborhoods

The BCT neighborhoods include: Allston-Brighton, East Boston, Dudley, Fields Corner, and South End/Lower Roxbury. Start-up began in April 2010

for Allston-Brighton, Dudley and the South End and in September 2010 for Fields Corner and East Boston. The five BCT communities have varying neighborhood characteristics, organizational capacities, histories and priorities. Poverty rates of children birth through five vary by neighborhood as well, from 29% to 56% of all children living in the neighborhoods (Allston Brighton 43%, Dudley 56%, East Boston 29%, Fields Corner 38%, South End Lower Roxbury 35%).[3]

Allston-Brighton Children Thrive *(ABCT)*, led by the hub agency, the Family Nurturing Center (FNC), builds upon an Allston-Brighton Family Network, an extensive early childhood network which began in 1998. FNC is a resource across the hub agencies, the city of Boston and the Boston Public Schools. For its ABCT initiative, the neighborhood leaders have made a shift from what was a universal approach – reaching all families with children under five – to intentional, targeted outreach to the most isolated families with young children in the neighborhood: teen mothers, and those living in housing developments and other low income areas. In Year 2, this neighborhood coalition sought to make strong connections with priority families through its growing cadre of parent partners, ties with important organizational partners like the Joseph M. Smith Community Health Center and Women, Infant and Children (WIC), and in-home Welcome Baby and Parent-Child programs.

East Boston Children Thrive (EBCT) is led by the hub agency, East Boston Social Center. A change from past practice is for the Social Center to make connections to families who are not clients. Brazilian, Moroccan and other immigrant families, those living in housing developments and those whose young children are not in a child care center are high priority families for this BCT community. Initial priorities were to build more extensive connections for young children and their families with East Boston Neighborhood Health Center, Early Intervention (EI) and WIC resources. In Year 2, this neighborhood coalition sought to strengthen its parent leadership capacities – parent partners are viewed as essential for forging strong connections

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[1] Thrive in Five. (2009). *Boston school readiness roadmap.* Boston: United Way of Massachusetts Bay and the Boston City Mayor's Office.

[2] 2007-2011 American Community Survey (5 yr. estimate)

[3] 2007-2011 American Community Survey (5 yr. estimate) children birth through five.

with those families who are least connected to child development and family support resources. EBCT also began a home visiting program in Year 2.

Dudley (Roxbury/North Dorchester) Children Thrive (DCT), led by hub agency, Dudley Street Neighborhood Initiative (DSNI), has a 25 plus year history of being a resident-driven organizing force in Boston's Dudley area. Changing child outcomes in the neighborhood is a collective priority for DSNI and its Promise Neighborhood partners.[4] Committed organizational partners, using a community wide, "neighborhood of care" approach, are focusing their efforts on all of the systems around a child, first and foremost, the family and the children's other primary caregivers. Priority families are those with young children living in family shelters in the neighborhood, Cape Verdean and immigrant families, as well as children's informal caregivers (many being immigrants as well). In Year 2, amplifying and deepening connections with greater numbers of families and building up a strong cadre of parent partners have been primary focus areas for DCT.

Fields Corner Children Thrive (FCCT) is led by the hub agency, Dorchester House Multi-Service Center (DHMSC), which has longstanding partnerships with neighborhood early childhood and pediatric providers. Priority low income, low resourced families for this community are English Language Learners, those with special health issues, young parents and those living in the neighborhood's housing developments; this community has intentionally sought to engage Vietnamese families, grandparents and fathers. From the start, the hub agency sought to create a School Readiness Roundtable (SRR) whose cross-sector organizational members would authentically assume shared ownership for the work and success of the initiative. In Year 2, joint ownership is evident and a growing cadre of parent partners has become a driver of the neighborhood's initiative.

South End/Lower Roxbury Children Thrive (SELRCT), led by hub agency United South End Settlement, is located in a bifurcated neighborhood:

47% of families live in publicly subsidized housing (priority families for this BCT community) while the majority of other families are middle to upper income. This lead agency and its core early childhood partners have deep connections with each other and the community. Initial priorities were reaching and sustaining new connections with families and children's informal caregivers in public housing, utilizing 15 active neighborhood associations, and creating partnerships with businesses. In Year 2, SELRCT made headway with engaging families in public housing and with the Chinese community residents in collaboration with local partner agencies working in the community.

IMPLEMENTATION STRATEGIES IN YEAR 2

Building upon their successes in Year 1, the following strategies – in four goal areas – were employed in BCT neighborhoods in Year 2.

Goal 1: Reach and Engage Families Who are Least Connected

Year 2 of BCT is characterized by a deepening or maturing of outreach activities and strategies for reaching families who are least connected to services. In Year 2, BCT sites more clearly articulated an emphasis on reaching not only parents but the "whole" family –children and other adults living in the family. As some participants described in the partner focus group[5], it is important to view the whole family as the target population rather than attracting separate family members to planned activities. Four out of the five sites mentioned building a sense of belonging to a broader community as the key to attracting families. DCT further explained that it is not only building a sense of belonging but also instilling a new culture throughout the community. In this case, it was described as a culture of "care". For DCT, this lens represents a deepening step in creating a community that will be transformative over time, one that will be able to address social

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[4] DSNI was recently chosen as a federally-funded Promise Neighborhood (PN) implementation site.

[5] See Appendix 1 for a summary of evaluation methods, including qualitative data collection activities which took place December 2012 through March 2013 to explore the perspectives of those involved with BCT across the five neighborhoods.

issues and break generational cycles of poverty and other social issues affecting the well-being of families in the neighborhood.

The five hub communities built on past experiences and lessons learned to identify the most effective outreach activities including the following:

Strategy 1: Using a membership card to enroll families in BCT

From January-December 2012, BCT activities were centered, to a great extent, on formally enrolling families of very young children in the initiative. An important innovation for Thrive in 5 in Year 2 is use of a membership card, which is 'swiped' as parents sign in at BCT activities; the card has a bar code for each adult and child in the family. Use of this card has the potential to foster a sense of "belonging" among community members, creates a campaign of awareness at both the neighborhood and city level and allows for a solid assessment of the level of penetration each BCT coalition has made into their priority populations. This sets the stage for understanding, over time, the relationship between the intensity (dosage) and types of parent/caregiver participation that are associated with changes in children's developmental gains.

Strategy 2: Designing and implementing targeted approaches for reaching families

Engagement of families through encounters, conversations, and targeted but casual connections with stipended parent partners continued to be a strong and effective outreach strategy in Year 2. A total of 35 culturally and linguistically diverse parent partners canvassed the five neighborhoods connecting with low income parents in areas where they naturally gather such as laundromats, grocery stores, bus stops, churches, and parks. These strategies also included reaching families in locations where they seek support such as WIC and/or DTA offices, and local clinics.

As more parents became involved in local BCT activities, interest in participation began to spread among parents by word of mouth. Over a third of parents interviewed for this evaluation became

aware of BCT activities through contact with other participating parents. A smaller number of parents noted that their involvement was spurred by invitations from staff of partnering agencies or through flyers posted in local stores or public areas.

A Story of Cross-Community Learning to Enhance and Expand Parent Engagement

One particularly successful approach to enrolling parents and children, likely to be affected by the achievement gap, is being carried out by **Dudley Children Thrive (DCT)**. DSNI, true to its organizing mission, strengths and rootedness in the community, views the enrollment process as a tool for mobilizing the community in a campaign to support the development of the neighborhood's young children.   This community is piloting use of the membership card in conjunction with enrollment and is providing incentives to parents using a point system related to participation in DCT activities, participation in parent leadership opportunities, self-report data on participation in child developmental activities such as parents reading to their children, and referral of other families for enrollment.   The response from parents, local providers and other key partners is resoundingly enthusiastic. In the last two quarters of 2012, the DCT community significantly increased its enrollment numbers from the previous six months. Indeed, DCT receives three to five contacts each day from parents due to the incentive points associated with using the membership card and participating in activities. Since the start of this "campaign", family attendance at playgroups, the Farmer's Market and library activities has increased. DCT has inspired other Hub leaders to adopt and adapt this model in their neighborhoods.

Strategy 3: Developing a full array of activities for parents, caregivers and children

In Year 2, BCT communities offered an increased volume of activities from a larger array of partners. In part this was attributable to deepening communication, collaboration and ownership among participating partners. Focus groups with participating partners in each of the sites revealed that service coordination among the partners had increased since the beginning of the project and was highly valued by the partners. Three sites mentioned that getting to know service providers across the community made a difference in the family's engagement level. For example, as one site mentioned, families were on a first name basis with the librarian and other neighborhood service providers which spurred the families to become more engaged in other offerings.

The primary point of entry for families is through activities and events. Every family interviewed named participation in an activity as their first connection with BCT. In most cases families mentioned they continued their engagement because of fun and free/affordable activities they could do with their children. Activities mentioned included: park events, Christmas tree lighting, library events, reading and musical activities, programs for new mothers, and community parties. Some families noted that they did "hub-hopping" if an activity in another neighborhood appealed to them.

As was the case in Year 1, playgroups continue to be among the most frequent and well attended activities throughout the BCT communities, chosen because these kinds of activities provide non-threatening ways for engaging families and informal caregivers. Also, hub interventions demonstrate attention to specialized needs of children and families. BCT communities are attempting to reach families with specialized resource needs (autism, English language learner groups) with specialized resources that match the need.

Partnering agencies pointed to the importance of socialization activities where neighbors could get to know one another as a key component to reaching families. They described a sense of isolation among families, who not only lack information about what is available, but long to connect with one another. Along with creating a space for socialization FCCT and DCT sites felt it was important to create a welcoming and safe space where families felt they could invite their neighbors.

Strategy 4: Using a monthly calendar

Each of the five BCT sites developed a monthly calendar of local events, activities and opportunities for families with children birth through 5 years. The calendar provides a succinct description and easy reference for available activities and resources throughout the neighborhood. One third of parents interviewed indicated that the calendar was very important to their participation and ability to easily learn about resources. Prior to the calendar, families had to search the internet, encounter a flyer, or hear about activities through word of mouth. The calendar created a visible container or "go to" source of information allowing families to make on-going choices to engage or not engage as their schedules and circumstances allow – thus creating an environment of continuous invitation.

The calendar has also become an efficient means of dissemination for participating partners to advertize sponsored activities and resources and learn about each other's efforts. This simple collaborative tool has contributed to improved service coordination and created a joint public identity or "brand". Both families and agencies refer to the calendar as a resource, valuing it as a source of information and connection.

The following chart provides a summary of the types of activities and strategies used to reach and connect with families in the BCT neighborhoods in year 2.

Strategy / Activity	ABCT	DCT	EBCT	FCCT	SELRCT
Membership (Enrollment in BCT)	√	√	√	√	√
Membership card and point/reward system for participation	√	√	√	√	√
Multi lingual parent partners (outreach in community, connection with businesses, enrolling families in BCT, leading activities)	√	√	√	√	√
Traveling resource board in community			√		
Monthly calendar of events	√	√	√	√	√
Participation in language based radio show		√	√		
Engaging parents in informal settings (i.e. supermarkets, parks, bus stops, libraries etc.)	√	√	√	√	√
Welcome kits for new families	√	√	√	√	√
Posting fliers	√	√	√	√	√
Language or interest based support groups (i.e. Vietnamese autism group, special needs group)	√	√	√	√	√
Playgroups	√	√	√	√	√
Mentoring	√		√		
Parent leadership training with Parent University		√	√	√	
Parenting workshops (multiple topics i.e. literacy, baby massage, social emotional, etc.)	√	√	√	√	√
Large scale community events (i.e. community parties)				√	
Field trips (Children's Museum, apple picking, etc.)	√	√	√	√	√
Family activities (i.e. family swim night, playgroups in the park)	√	√	√	√	√
Literacy campaign (Word Build/Juicy Words)		√			
Coordination at other sponsored events (Farmer's markets, scheduled community events, church fairs,)	√	√	√	√	
Coordination with MyChild (A collaboration of families, health centers, and community agencies to support young children with behavioral and emotional needs to obtain individualized, coordinated and comprehensive services.)				√	
Collaboration with local libraries	√	√	√	√	
Diaper panty (coordinated with partners)	√				
School Readiness Roundtable meetings with partners and parents who often having a leadership role)	√	√	√	√	√
Mini-grants to partnering agencies and parent leaders	√		√	√	√
Transition to school workshops and events (Countdown to Kindergarten events)	√	√	√	√	
Donations from business partners for event	√	√	√	√	√
Special programs with local businesses (i.e. $12 deposits for enrolling BCT families, free gym membership for BCT families, business of the month gift certificate)	√	√	√	√	
Home Visits (Welcome Baby)	√		√	√	

Strategies Used by BCT Sites for Family Engagement in Year Two

Goal 2: Reach, Engage and Connect with Informal Caregivers

In a systemic model of school readiness such as Thrive in 5, Family, Friend and Neighbor Care (FFNC) is a key context within communities for children's development, and one that has traditionally received little to no attention in school readiness efforts.[6] Including it in Thrive in 5 highlights the initiative's inclusive model for engaging whole communities in supporting children's healthy development and early learning. This dimension of Thrive in 5 is about reaching out to and engaging extended family networks who play a major, yet often invisible, role in the care and development of so many very young children. Outreach to FFNCs falls in between a social service approach targeting families and an Early Care and Education service approach targeting early education and child care settings. The majority of informal caregivers are related to the children but not the child's parent. Some FFNC providers receive child care subsidy payments for their work, and in MA, these providers are required to participate in training.

To date, BCT leaders and parent partners have varied understandings of FFNC providers. Some describe FFNC providers as part of extended family networks in the community.[7] Others described FFNC as unlicensed or illegal child care, expressing concern that a focus on this population could be a liability or distraction from a focus on school readiness.

Strategy 1: Reaching informal caregivers through enrolled families and focusing on grandparents

To date, outreach to informal caregivers in BCT communities has focused on reaching family members who care for children, primarily grandparents. Two sites have created targeted outreach and are fully embracing this dimension of BCT. In other sites, there is no particular targeted outreach. However, many grandparents and family members who care for children are present in play groups and other activities sponsored by the BCT agencies.

The evaluation team interviewed 27% (23) of enrolled informal caregivers through a combination of individual phone interviews and focus groups. Close to 90% of these FFNC participants were related to the child for whom they care, almost always as the grandparent. Fifteen of these 23 informal caregivers were Vietnamese grandmothers involved with FCCT. The majority of the FFNC providers care for one child between the ages of birth and five, although several providers care for two children. Consistent with the literature on FFNC, the vast majority are grandmothers or other relatives, thus representing a community resource or extended family network that provides child care and supports parents' capacity to work.

Most provide care weekdays, and some also provide care evenings, overnight, and on weekends. They typically provide care when the child's parents are at work. They reported three primary areas of emphasis in their care for the child/children: early learning and school readiness; health, safety, and daily routines of care; and love and trust. As one grandmother explained, "love is very important."

Goal 3: Mobilize Parents as Neighborhood Change Agents

Strong, linguistic and culturally diverse cadres of parent partners have been the key to BCT's success in reaching and engaging under-resourced families. The parent to parent

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[6] See Appendix 2 for a brief review of important FNNC research and practice literature, relevant for Thrive in 5.

[7] This understanding is consistent with the profile of FFNC providers who participated in interviews and focus groups as a part of the evaluation activities in fall 2012-winter 2013.

dimension of Thrive in 5, as it is evolving across the BCT neighborhoods, exemplifies a sound community asset approach in which families are engaged with each other within a natural community network (Bruner et al., 1998).[8] An underlying premise of this approach is that building social capital in neighborhoods will increase community capacity to improve outcomes for children and families (Bruner et al., 1998).   This program component of peer to peer, parent-driven change at the neighborhood level stands out as a distinguishing BCT strength and is characterized by a true partnership approach in which parent perspectives influence and shape the community's strategies for outreach.

Strategy 1: Building parent leadership within and across the neighborhoods

In Year 2, the BCT communities have chosen to deepen rather than broaden their engagement of parent partners, prioritizing leadership opportunities for those currently engaged.   In addition, building up the parent leadership dimension of Thrive in 5 as a whole has become a more strategic and centrally supported program component.   For example, during the past year, BCT hired a new staff member to support the leadership development of parent partners across the five neighborhoods. The position was created to both systematize leadership training and to provide additional support to local hub agencies charged with deepening parent leadership. The centralized role creates an opportunity for exploring effective leadership training which is often difficult for a single hub to accomplish. At the same time, it brings parent partners together across the city to learn from one another and contribute to a citywide vision that goes beyond a single neighborhood focus.

Organizational partners identified the importance of expanding parent leadership as crucial to growing and further nourishing BCT efforts. This theme emerged in the hub

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[8] See Appendix 2 for a brief summary of the research and practice literature relevant for this parent leadership component of Thrive in 5.

meetings and arose in the roundtable focus groups as well. It denotes an understanding that outreach to families who are the least connected is best accomplished through parents who are "peers". In the coming year, BCT neighborhoods are primed to build on existing momentum and deepen outreach by parent partners to the priority populations.

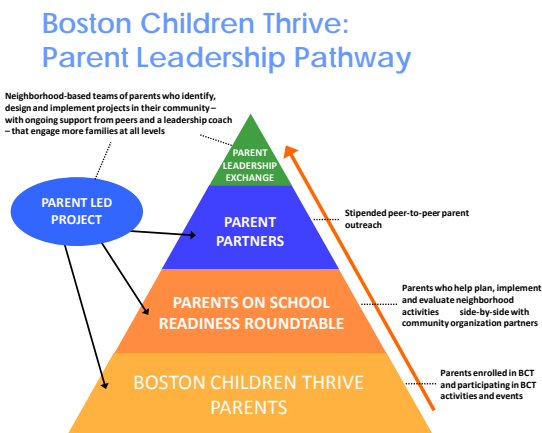## Strategy 2: Crystallizing a parent leadership pathway

To date, there are three primary opportunities for parent leadership: 1) stipended parent partner positions; 2) parent participation in the School Readiness Roundtable (SRR), and 3) parent support in organizing events. By far, stipended parent partner participation has been the most highly successful model of parent leadership development in BCT.   Not only have parent partner experiences increased leadership capacities, but they have also led to new professional employment opportunities, often as a result of contacts parent partners have made while collaborating with partnering agencies.

In the second opportunity, parents enrolled in BCT have been invited to participate in SRR meetings where decisions are made about BCT directions and activities, part of the vision for parent leadership and involvement. This participation opportunity has proven to be a more difficult entry point as evidenced by input from roundtable focus group participants. While all of the roundtable participants expressed a desire for increased participation of parent volunteers (beyond stipended parent partners alone), only FCCT has successfully engaged large numbers of parents (70% of all participating parents) on an ongoing basis. To encourage parent participation, FCCT offers stipends for participation in the roundtable meetings. The stipends present an initial incentive or reason to participate which grows into more substantial engagement over time.

In the third opportunity, parent volunteers have engaged in leadership roles, often as a result of the cascading snowball effect of parent partner

outreach. New parents invited by parent partners invite their neighbors and friends as they become more engaged, increasing the pool of potential parent volunteers.   Many of these parent volunteers actively engaged in supporting projects led by a diverse group of other parents (Latina, African American, Haitian, Caucasian and Cape Verdean) who had attended a 10 week leadership training sponsored by the Boston Parent Organizing Network. The training focused on relationship building, community organizing and advocacy. At the end of the 10 weeks, each team of parents developed a community project to engage more parents. Examples include: an asthma and health fair in Dudley; a soccer tournament to engage Brazilian fathers and families in Allston-Brighton; and Spanish-language computer skills for parents in East Boston.   Several of these parent partners are now members of Thrive in 5's citywide Parent Advisory Group.

Observation of the evolving parent leadership practices led Thrive in 5 to articulate a parent leadership model, as depicted in the following diagram. The model acknowledges the large pool of potential partners engaged through participation in BCT activities and the role of parent-led projects as both a means of growth in leadership and engagement of future leaders. In this model, stipended parent partners/ambassadors play a central role. The model also anticipates a deepening of parent leadership exchanges across neighborhoods.

Boston Children Thrive: Parent Leadership Pathway

Neighborhood-based teams of parents who identify, design and implement projects in their community – with ongoing support from peers and a leadership coach – that engage more families at all levels

PARENT LEADERSHIP EXCHANGE

PARENT LED PROJECT

PARENT PARTNERS

Stipended peer-to-peer parent outreach

PARENTS ON SCHOOL READINESS ROUNDTABLE

Parents who help plan, implement and evaluate neighborhood activities   side-by-side with community organization partners

BOSTON CHILDREN THRIVE PARENTS

Parents enrolled in BCT and participating in BCT activities and events

Strategy 3: Using mini-grants and parent-led projects as opportunities for building parent leadership

Parent-led projects are a core strategy for both learning and engaging future leaders. During interviews with the roundtable members, four of the five sites mentioned increased leadership responsibilities for parent partners as a sign of leadership growth and a potential way of further deepening leadership among parents (leading and planning more activities). In several instances, parent partners applied for mini-grants to cover the costs of activities they were planning. The mini-grant strategy provided parent partners with further learning experiences, as they had to develop, articulate and present a proposal and budget for implementing their ideas. This tool also provided an opportunity for parents to recruit other parents to participate in the implementation phase, thus providing leadership opportunities for more parents. All five sites recognized the importance of developing a more systematic leadership pathway. One site, EBCT, intends to have current parent partners provide leadership training or "shadowing" as a way of engaging more parents.

Goal 4: Build a Broad Cadre of School Readiness "Champions in Action"

From the start, each BCT community established a School Readiness Roundtable as a vehicle for bringing diverse cross-sector stakeholders to the table to design and drive its Thrive in 5 campaign within their neighborhoods. Over the past two years, roundtables have evolved in different ways across the neighborhoods, reflecting their varying starting points, organization types/cultures, and objectives. Two of the sites (ABCT and SELRCT) have an agency and service-oriented lens, e.g. how can this roundtable strengthen the agency's endeavors to coordinate better and improve services for families? FCCT and DCT, in contrast, view the

roundtable as a vehicle for building a broad community agenda, a collective ownership community-wide endeavor. EBCT represents a blend of these two different frameworks. For FCCT, unique among the BCT communities, parent leaders are drivers within its roundtable. The following strategies stand out as reflective of BCT roundtable practice in Year 2:

Strategy 1: Solidifying the School Readiness Roundtables (SRR) and the core organizational partners

Uniformly, the roundtables are viewed as vehicles for coordinating services which help both the families and the agencies. For the families, it provides a coordinated way of knowing about available resources. The agency members feel that participation makes their work more effective. Specifically, they can more easily support their families in identifying, accessing and coordinating resources through strong connections with the other agencies. Four of the five roundtables value the roundtable as a source of new information, through guest speakers and dissemination of resources, information about city-wide initiatives, funding opportunities, local activities, and so on. A good portion of roundtable meetings are devoted to informing one another about upcoming events and opportunities.

Strategy 2: Reaching out to neighborhood businesses

Engaging businesses as partners continues to be important for each BCT community. However, businesses currently participate more as a source of donations or avenue for advertising community events and activities, rather than ongoing partners. Two sites EBCT and ABCT described a desire for deeper business participation. Interestingly, these two sites report the largest number of listed business partners and outreach strategies.

YEAR 2 RESULTS

REACH

Goal 1: Parents are Full Educational Partners

Penetration

- As of March 30, 2013, a total of **3,361** adult caregivers (mothers, fathers, grandparents and others), **2,179** families and **2,536** children five and younger were formally enrolled in BCT across the five neighborhoods.[9] The five BCT communities, as a whole, surpassed the 15 month target for enrollment of individual parents/adult caregivers by **207%**.
- BCT is currently reaching **16%** of children birth through five and their families across the five neighborhoods. Of all the families enrolled, **54%** are living in poverty[10]– the population most likely to be affected by the achievement gap.
- The number of children enrolled in BCT represents **24%** of the children living in poverty in these five neighborhoods (n=1,381) and **14%** of all children living in poverty in Boston.
- Racial, ethnic, economic and educational characteristics of parents who are enrolling suggest that all five of the BCT communities are reaching families whose children are most likely to be affected by the achievement gap. Across all communities, **51%** of enrolled adults have a high school diploma or less and/or **54%** of families receive one of the following subsidies: DTA, SNAP, WIC or SSI, **82%** are non-white or mixed, and **58%** were born outside the USA.
- In addition, of the new enrollments through March of 2013, **62% were mothers, 25% were fathers and 11% were grandparents**, suggesting that BCT communities are

[9] Within Year 1, 3,930 instances of parent participation and 4,053 instances of child participation were reported. However, these represent duplicated numbers. No enrollment system was in place during Year 1 that could produce unduplicated numbers of adult and child participants, as is now possible.

[10] Since income is not tracked, income proxies were used to calculate poverty – receiving one or more of the following: following subsidies: DTA, WIC, SSI or SNAP. This was then compared to poverty rates for the BCT communities from the 2011 American Community Survey.

developing a range of activities that are appealing to caregivers other than mothers. Participation of grandparents saw a marked increase from mid-year, from 8% to 11% of total enrollments.

Parent perspectives on reasons for and challenges to participation. Parents interviewed[11] for this evaluation participated in BCT because of the variety of fun and educational activities offered, including having access to resources previously unknown to them that make it easier to raise a child and improve the life of a child, such as inexpensive tickets to museums and affordable swim and dance lessons. Information about resources, including those related to meeting basic needs, was also noted as being important:

> *"Those phone calls from Ms…… and I forget the woman's name...I would have never known about 90% of these programs, I'll tell you right now, if they didn't call me. If I didn't sign up for that, whatever I signed up for at that table and left my phone number, I would not be getting emails or calls saying hey, this, that."* And*, "I also learned about WIC through them. I also learned about fuel assistance. Anything like that…was all in those flyers which I never would have got if I didn't sign up."*

Over a third of those interviewed participate because they want their children to learn social skills**,** specifically learning how to share. Several parents noted that their children really like the activities: *"My son literally cried because we had to leave…my youngest son thinking when he go out (to this activity), he's gonna stay forever".*

When asked to identify any obstacles to participation, some parents mentioned difficulties with learning about events on time. For example, if a family member does not go to the library or other places in which information is posted, the family misses out, a bigger issue for those who speak a primary language other than English and those with time constraints. The location of activities can be a hindrance for some families. They are most interested in being in safe locations, within close proximity to home or easily accessible by bus. A communication barrier due to the language spoken by the family members, technological proficiency or personal shyness and not trusting people were mentioned by many parents as barriers to their participation. Time constraints were also mentioned by parents. Families often had to work during the times when activities were scheduled or they were not able to balance activities with other commitments; a few noted limited evening and weekend events.

Start-up Use of the Membership Card and Incentive Systems. During the first quarter of 2013, all five BCT sites distributed membership cards to enrolled families and began recording/scanning cards to track families' participation at BCT activities.

In addition, they created incentives for use of the card, including earning membership points. For example, the BCT sites have set up point systems that allow families using their membership cards to earn points for (1) attendance at the SRR, parent workshops or sponsored events, (2) doing an activity at home with their child(ren), and (3) referring other families. Rewards include receiving a book, an art pack, a board game, an outdoor activity pack, museum passes or gift card.[12]

- 28% of all enrolled families who used a membership card participated in at least one activity during the first quarter of 2013. DCT, the pilot site for the membership card system, recorded an impressive participation rate of 94% of all enrolled families using a card. Given DCT's progress, it is reasonable to expect an increase in

[11] See Appendix 1 for a description of the demographic characteristics of the random sample of 24 BCT-enrolled parents who were interviewed in January-March 2013.

[12] Point Cards are also being used with Child Care Providers who earn points for attending events/workshops, signing up families to BCT, referring other providers, and so on. Their rewards are designed to enhance their child care programs.

participation rates in the other sites as the tracking system becomes more established.[13]

	# Cards Issued	# of Families with a Card Participating	% of Families With a Card Participating in at least 1 Activity
ABCT	648	21	3%
DCT	436	409	94%
EBCT	231	22	10%
FCCT	454	73	16%
SELRCT	201	18	9%
	1970	*543*	*28%*

- Families using the membership card most commonly took part in community events (57% of participants), followed by children's educational activities (17%), parent support groups (10%), playgroups (9%), parent/caregiver training (4%), and other (3%).
- Participation rates for families using the membership card were strong among the target population.
  - 50% of all participants enrolled within the last 6 months, an indicator of reaching less engaged families.
  - 85% of participants were low income[14] compared with a poverty rate of 38% for all five neighborhoods.[15]
  - 51% had a high school degree or less compared to the neighborhood average (all 5 neighborhoods) of 32%.[16]

Goal 2: Reach, Connect and Engage Informal Caregivers

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[13] The total number of activities and participation rates are likely underrepresented since this is the first quarter of available data and the use of the swipe card system.

[14] Low income is defined as receiving one or more of the following subsidies: DTA, SSI, SNAP, or WIC.

[15] 2007-2011 ACS.

[16] Adults 25-44 – 2007-211 ACS.

A total of 78 FFNC providers were enrolled in the membership program compared to the 105 target. Two neighborhoods enrolled the majority of the FFNC providers (ABCT 72% and FCCT 23%).[17]

FFNC perspectives on reasons for participation and their caregiving challenges. FFNC providers learned about BCT activities primarily through word of mouth, community events, and flyers advertising activities, similar to the ways that parents engage with BCT. They chose to participate in one or more activities because they believed the activity would benefit them or the child/children in their care. Several indicated that they chose to get involved because the school readiness focus interested them, and the activities were free and provided socialization opportunities for them and the children. Several reported that the child in their care was mostly around adults in the home, so play groups or library story time offered an important opportunity to socialize with other children and gain important social skills.

When asked what challenges they faced in providing child care, discipline emerged as the main challenge reported by providers. One grandfather described,

> *"As a grandfather…I guess everybody has the same problem. Maybe they do, maybe they don't, but for me it is difficult to say no. That's real difficult just to say no.…That's a natural thing, but the hardest thing for a*

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[17] At the time of the Q 4 report only 61 FFNC providers were enrolled. However, after reviewing all enrollments manually in order to facilitate interviews with FFNC providers, ABCT staff uncovered an additional 17 providers hidden in the data. The hub representatives at BCT sites believe this is a common occurrence making the total number of informal caregivers most likely very underrepresented. At enrollment, family members who care for children do not tend to identify as informal childcare providers but rather as family members: as "grandmother", "grandfather", "Auntie", etc. In addition, the family member caring for the child may not be the individual who enrolled the family, making it even more difficult to capture accurate information.

grandparent to do is say no to your grandson. That's a most difficult thing."

Other challenges reported included: physical limitations/weather interfering with the ability to get outside with the child for activities; potty training; and knowing how to support a child with special needs. Two FFNC providers reported no challenges. One grandfather explained that caring for his young grandson is a *"blessing"*, and *"without him it would be difficult for me to pass time."*

Goal 3: Parents Mobilize as Neighborhood Change Agents

A total of 35 parent partners/ambassadors were active during the 15 month period from diverse backgrounds and language groups. In addition to the stipended parent partners, an additional 46 parents served as unpaid parent volunteers who assumed leadership positions at BCT activities or participated in the roundtable meetings. In all, 74 parents participated in leadership roles as compared to an expected/projected target of 85.

Parent partner perspectives on their parent leadership experiences. We interviewed 13 (46% of total) parent leaders in a cross-community focus group for this evaluation. Parent partners reported many important benefits from their engagements as parent leaders. They have developed a sense of confidence and self-efficacy, knowing that they have the capacity and power to make a difference. *"The thing for me….it has built my self esteem higher. I used to be very shy. Oh Lord. I used to and I was always shy about my accent and things like that,"* said one parent partner. *"So I think it has built my self esteem very high. It has opened a lot of doors for me, and job wise from my personal growth. And that's a lot isn't it. Self esteem."* They reported larger social networks that include other families and professionals in the community. Some reported decreased isolation and a new appreciation for diversity, having met so many people from all cultures and countries. Their friendships with other parents have developed

and deepened as well. For some, the parent leadership work has opened doors for new career opportunities. Lastly, parent partners note that their own parenting skills have improved.

Parent partners attributed their success in engaging families to their willingness to be bold, to be "real" with parents/families, to be open to connecting with parents and families as friends, to offer emotional support in some cases and to be a translator or boundary spanner explaining BCT in ways that families can accept and embrace. They view their inclusiveness and welcoming of FFNC providers, such as grandparents, to participate in the BCT activities as important. They see themselves as role models.

These successful strategies also entail challenges, as reported by parent partners. Role definition is problematic. They are grappling with how to balance being "real" with families and being professional at the same time. They have varying ideas and a range of questions about what the right balance or role is for each parent partner: What are the boundaries of the role? Under what circumstances might they do "for" someone, rather than empower parents to do something for themselves, or vice versa?

"Sometimes we have to make friends with so many families. That's a challenge. The first day I gain her trust but then I don't recognize her. Where is the limit? You don't really want to be friends with so many people. What is our role? We don't really assist people to go through this process [of applying to schools], that's not our role."

"You can't solve every single problem of them. They email you and ask you questions. Our phone number is everywhere, everybody can call you. Sometimes it is scary - where is our life? Also if you ask them [about themselves] you have to tell them about [your own] life. They want to look at you as potential friends."

"[When a parent calls/talks with us] … we just say, we cannot help you, we can connect you.

We can tell you where to call, but we're not going to call for you." "I call back and ask them did you get that help?"

"Yeah we do get overwhelmed, because after we meet those parents we get relationships…"

"I have a different opinion about it. For me it's different. For me I have made so many friends being a parent partner. And I think because of my work as the social worker too, so it's like I'm always there to help people. So I don't mind if they call me. And a lot of them call me, even for domestic violence, they want me. But anything you can think of. But I'm not doing that job. And I don't mind. They call me."

Goal 4: Every Neighborhood Grows a Broad Cadre of School Readiness Champions

Extent and Depth of Partnerships. A total of 290 school readiness champions (partner agencies and businesses) participated in BCT efforts in the five neighborhoods over the course of the first two years of operation. This number includes a mix of core partners, collaborators, and occasional contributors. The number of core partners more than doubled from a total of 30 at the beginning of BCT to 62 by the end of the second year.

School Readiness Champions by Year
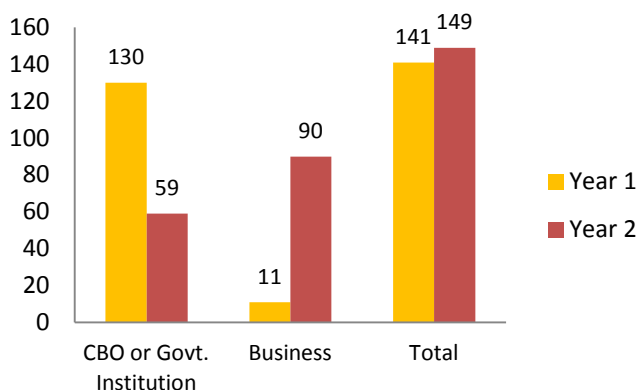
As is reflected in the figure above, in Year 2, across the five communities, a target of 135 new school readiness champions was met with 149 new partners added - 90 (60%) business

partners and 59 (40%) new CBO or government partners.

New Citywide Partnerships. A new citywide partner to BCT is the Massachusetts Department of Early Education and Care's (EEC) Coordinated Family and Community Engagement (CFCE) network. This partnership presents *Thrive in 5* with an important opportunity to expand the parent leadership and family engagement model, including use of the membership card system, to all Boston neighborhoods (with the exception of the Financial District). CFCE leaders now meet monthly with the BCT hubs agencies as a learning community, co-led by the Thrive in 5 and the CFCE, project directors.

In addition, Thrive in 5's School Readiness Pipeline project is in a start-up phase with a goal of screening all 2 and 4 year olds in the city. To start, using the five BCT communities as a foundation, Thrive in 5 is instituting ASQ screenings of all 2 year olds, with an initial target of 1,000 screens in the next 6 months in the five BCT neighborhoods. Screenings will be taking place through EEC providers, trained parents (for children not enrolled in formal early education and care) and as many pediatric providers as possible.

Core partner perspectives on participation in the campaign. In February 2013, we surveyed core organizational partners in each of the BCT communities. Core partners were defined as intimately involved in the decision making processes for BCT and consistent attendees at SRR meetings. Sixty-two organizations met this definition and were invited to participate. Of

Organization or Group	% responding Very Familiar or Familiar*
Government offices (Such as DTA and WIC)	77%
Local health centers	66%
Local non-profits	57%
Families with children birth through five who are less connected to resources or support	49%
Community groups such as churches or neighborhood watches	45%
Local businesses	35%

* Choices = Very Familiar, Familiar, Somewhat Familiar, Not Very Familiar, Group is Unaware, I Don't Know

these, 38 responded (61%), including representatives from the following (representatives could select more than one response):

- CBO or family support org – 15 or 39% (present in all hubs)
- Early Education and Care (Head Start, Center-based, BPS) – 12 or 34% (present in all hubs)
- Health /Mental Health – 8 or 21% (2 from SELRCT, 2 from ABCT, 2 from DCT, and 2 from FCCT)
- Library – 6 or 16 % (4 from ABCT and 2 from FCCT)
- Government and/or WIC – 4 or 11% (1 from DCT, 1 from SELRCT, 2 from FCCT)
- Other – 1 from Boston Public Schools

Longevity of participation. The majority of respondents had been involved in BCT for more than a year (87%), with 57% having been involved for more than 24 months. Nearly one third reported being very active participants in BCT, with another 41% noting that they were fairly active. Fifty-three percent expect to be very active in the coming year and 36% expect to be somewhat active going forward. The shift in the desire to be more active indicates a potential increase in level of commitment/ enthusiasm about BCT.

Benefits and motivations for participation. Respondents generally saw more benefits than costs to participating. FCCT stands out for the large number of respondents who experienced benefits of participating (73% noted many more benefits than costs). Networking and collaboration, benefits to families and furthering a neighborhood campaign were top motivations for organizational partner participation.

Confidence in BCT success. Respondents also demonstrated a high level of confidence that BCT will help young children succeed in school, with 57% reporting being very confident and 36% somewhat confident.

Functioning of the coalition. Organizational partner respondents clearly view the

neighborhood coalitions as operating with high levels of trust, communication and sense of a common mission. Nearly all (97%) of respondents confirm an appreciation of the role networking is playing in increasing their capacity to accomplish more collectively. Of interest is how highly "promoting family leadership" scores (93%) indicating that coalitions feel that parents are assuming an important leadership role in their work. However, although the coalition are functioning well with strong and diverse representation and coordination, more than half question the adequacy of funding to do the work, (only 43% agree or strongly agree that "the collaborative has the resources we need.")

Awareness of the BCT initiative. Organizational partners were asked to identify the extent to which different groups within the community were aware of the BCT initiative. The following chart summarizes the findings.

Government offices (DTA and WIC) scored the highest. Connecting with these agencies has been a consistent strategy employed by hubs. Local health centers, surprisingly, also scored highly, although there are limited reports of specific strategies with health centers in the hubs' quarterly reports. Finally, awareness of families throughout the neighborhood is lower than might be expected. This finding may be attributable to the large numbers of priority families in the community and the relative newness of the membership campaign.

Organization or Group	% responding Very Familiar or Familiar*
Government offices (Such as DTA and WIC)	77%
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Families with children birth through five who are less connected to resources or support	49%
Community groups such as churches or neighborhood watches	45%
Local businesses	35%

* Choices = Very Familiar, Familiar, Somewhat Familiar, Not Very Familiar, Group is Unaware, I Don't Know

While inroads have been made, the reach is relatively small compared to potential numbers (see the quarterly report in the appendix). As mentioned previously, BCT is currently reaching **16%** of all families with children birth through five across the five neighborhoods, and **24%** of low income families whose children are likely to be affected by the achievement gap.

Missing partners. The majority of the sites felt a few important partners were missing from the cadre of School Readiness champions. All five sites felt the need for increased parent participation. All five sites indicated an interest in accessing churches as a natural gathering place for the target population. Only FCCT had a church representative participating in the roundtable focus group. Three of the five sites mentioned difficulties with engaging local churches. Four of the five sites indicated the absence of the Boston Public Schools (BPS) from BCT activities. One mentioned that BPS distributed flyers but was not active beyond that. Another mentioned that BPS representatives are less likely to leave their school to attend community meetings and more likely to expect community groups to approach them. The sites mentioning schools felt there ought to be a natural interest in connecting that has not as yet materialized at the neighborhood level. They also indicated a sense of frustration since the primary goal of BCT is to prepare children to be successful in school. Lastly, the survey of organizational partners confirms that, although the targets were exceeded for engagement of new businesses in BCT, local businesses are minimally involved/aware of the BCT initiative.

IMPACTS

The impact of the BCT work cannot be fully revealed within a two year period. However – through the qualitative interviews and focus groups conducted for this evaluation – parents, parent leaders, SRR members, FFNC caregivers and other stakeholders provided detailed evidence of changes in parent and caregiver learnings, child development, and changes

brought about through organizational partnerships as a result of engagement with BCT.[18]

Reported Changes with Parents as a Result of BCT Engagement.

The following insights were generated through interviews with 24 parents who are enrolled in BCT.[19] Twenty-five percent of parents interviewed noted one or more of the following changes in their parenting or their relationships with their children as a result of participation in BCT activities: increasing their interaction with their children**;** developing their parenting skills**;** and learning how to facilitate their children's learning. "Now I know what kinds of play will help them in learning and keeping their attention."

*And, "*Reading to her, explaining different things. Like when I walk, I explain the different signs and stuff so she knows."

Network building with other parents and learning about other cultures was reported by nearly a third of parents as important:

> "*Once you meet people, then when you start seeing someone, oh I remember you from Thrive in Five. Yeah, I remember you. I see them at the children's school. The lady….is at the school. She doesn't eat. She eats like… What is it? She's a vegan. She eats vegan food. That's good. So you learn different things about people.*"

[18] More in-depth information will be available in Years 3-5 as use of the membership card system expands, providing richer input about family engagement, including intensity of engagement and the types of activities that families are participating in. Documenting changes with parents and caregivers, as well as developmental gains for children in their care, will be further supplemented by universal child assessment data and the launching of a longitudinal study which will enable the evaluation team to assess changes over time, associated with BCT engagement, for a random sample of enrolled parents and children.

[19] See Appendix 1 for detail on the methodologies for selecting families.

"To meet other people that are in the same situation as us with their children, share ideas, try to understand the situation when children are at that age, children are like this, or it's normal any given situation, it's normal don't worry, it gives us encouragement and support."

Reported Changes with Children as a Result of BCT Engagement.

Over half of the parents noted changes in their children's development. For example, 50% reported an increase in their child's socialization, including the ability to engage in group learning.

"There was a day that we went and there was a contest there and she participated in it. The little one is very shy and even she joined in the fun, she danced and played there with them."

"I have noticed the change because he socializes with other children. …with the program they get to share and learn more in group and this they learn it at the school. For example, on the first days I have seen children that have difficulty adapting to groups and this helps them very much and quickly to adapt to school and to help each other and learn together. My children love to sing, jump and jump with others and interact with the group, they participate also with songs."

Others noted increasing motor, verbal and literacy skills for their children.

"Now I read to (my son) and now he looks through the books when I'm reading. He'll like get his book and like look through them and press the buttons to make noise. So now he knows I say ball and balloon and he'll try to say little stuff like that. Car, doggie."

Reported Changes with Informal Caregivers as a Result of BCT engagement.

"If we all stay home the whole day, we know nothing. We have an old proverb: 'Go out one day, and you will come back with a basket full of wisdom'. Therefore, I go out to learn with others and learn from one another." (Grandmother involved with BCT)

As the quote above demonstrates, FFNC providers experience many benefits from participation in BCT activities. The caregivers provided detail on how they have benefitted in three primary ways: community connection and pride, social connections, and learning.

Community Connection and Pride

"Before Thrive in 5 I lived in this community but I really didn't do much of anything with my community. I kind of did things on my own and just learning about all the different activities or events or things that I didn't know about before that were going on in my community that I was not aware of, it's made me more aware of the good things in my community that you never hear about. You always hear about the bad things that's going on but you never hear about the good things and it's given me a very broader sense of connection to my neighbors, my communities, to the activities that are there for the children as well as activities that are there in the sense to help parents and the resources that are right next door to you that you didn't even know were there."

Social Connections

Many of the grandmothers in the focus group talked about the isolation of staying home with their grandchildren, and the benefits they experienced from attending a grandmothers support group. They described making friends, overcoming isolation, and gaining a sense of

belonging in their community. As one grandmother explained,

> "Going outside is more relaxing and fun than staying at home. This morning, I was busy, I don't have transportation, I planned not to go [to the grandmothers' group]. Then I remembered that this group is fun, fun. People talk back and forth, it's joyful. So I changed quickly and went. It's joyful to be outside. Staying home there are four walls and me, it's lonely."

Another grandmother spoke of her fear of going outside, and the safety the group offered her.

> "I only have this group. I just came to America a few months ago, I don't know streets, and everything is strange and very different. I go out but it's too scary. I don't dare to go anywhere. [People] call me but I can't go. I don't know how to get to my destination, there are cars, I'm scared, so I don't go anywhere much. Just this group."

Learning

Learning was a key benefit reported by caregivers. They described learning information about child development and parenting to share with the child's parents. In addition, some had participated in health education they found helpful such as nutrition, cancer screening, and infant care.

> "For me, this group has many benefits. For example if I want to learn about welfare, I asked for the welfare people to come, and they will talk to us."

> "Another example: if you want to learn about preschoolers, they [group facilitators] will invite a specialist to talk about registering for schools and how to prepare kids to get ready for school. They come and explain everything clearly. You can ask them anything. For example, if you have a question about welfare, they are willing to help you; or housing, feeding babies, types of milk, breast cancer or

> *family abuse. They invite specialists to come and help us clear our mind and release our stress. Its how this group benefits us."*

Other grandmothers emphasized the importance of learning about how to raise grandchildren in the US, a different process from their experience raising their own children in other countries like Vietnam.

One provider explained that she has learned new information about child development that she can share in a positive way with the child's parents. She reported that her participation in BCT activities has given her access:

> "to information that I don't know or that I don't have… to help me with gathering that information or resources that I might need to help the parents or help myself and help [the child]…and it builds a different relationship with them… They don't feel like I'm judging them. ….[child's] mom actually texted me yesterday to say that she had ordered a couple of books and is learning more about [the child's] diagnosis and she would like to share a couple of them with me. It's really nice building that bond."

Four main themes emerged as to how FFNC providers have changed as a result of participation in BCT: application of new discipline strategies, increased focus on supporting child's learning, increased self-confidence, and changes in children's behavior and development.

Use of New Discipline Strategies

Many FFNC providers described using new discipline techniques they had learned in BCT activities. For example, parenting workshops taught one provider to listen to what they have to say and ask questions, rather than just talk at or tell children. Another said she is more patient now because she has a better understanding of the child's perspective and development. One FFNC provider described a

reduction in her yelling at the child through the use of strategies such as counting to ten or leaving the room for a few minutes to calm down and then talking with the child to help him/her to understand the limits and rules. Others found that the child's behavior improved from participating in the play group experience, as described by one provider:

> "They taught the kids... They taught us how to talk to kids. The kids are better now. Before they were very shy and acting up. Since I came here, I let them join and play, and they have better behavior. They're good. It has changed a lot."

Providers described learning these new skills both through parenting workshops, as well as by observing the modeling of playgroup leaders' interactions with the children.

Increased Focus on Supporting Child's Learning

> "Before Thrive ..., when reading or doing any activities with the children, I always thought that I was supposed to be more focused on finishing and completing the activity with children and now I'm more focused on allowing them to explore however they want to either during story time or our arts and crafts activities, allowing them to explore and show me what they want to do."

Another provider explained that she learned how to teach children by establishing a daily routine, and teaching colors and counting. These school readiness activities are things she did not previously do in her time with her grandchild.

Increased Self-Confidence

One provider described her increased self-confidence from speaking out at BCT meetings. She explained that this new self-confidence has prompted her to consider a leadership position with BCT as a parent partner volunteer.

Changes in Children's Behavior and Development

FFNC providers also reported changes in children as a result of participation in BCT activities. Children learned how to clean up, and now they do that at home, too; to be independent, to brush their own teeth, to count, sing songs, to share and play with others, make friends and participate in a group. As one grandfather described,

> "He [my grandson] was very enthusiastic about going to school [the playgroup]. He would pull his bag out and put pencils and books inside, and tell me "…[grandpa] let's go to school". He would come home and say those poems he had learned at school, just a few lines that he could remember. He was happy…"

Reported Changes with Organizational Partnerships and Neighborhood Supports for Families as a Result of BCT engagement

Progress Toward Goals

The core partner survey revealed that 89% of partners reported strong or good progress on new and improved networks, a perspective consistent with an expressed appreciation for networking and a prime reason for participation in the SRR. Also, 79% of partner respondents report that resources are shared fairly; 71% report that they are working together more effectively. Of interest is the lower scoring of "Accessibility (e.g. affordability and accessibility) to early childhood services, supports and information has improved" (49%) and "service systems have improved" (50%). This suggests more work is needed at the systems level.

Partners' Perspectives on Areas of Greatest Impact

Roundtable focus groups pointed to an increased sense of inclusion or belonging (four

out of five sites). Belonging was described on two levels: families and organizations. The strongest growth noted was an increase in communication, sharing of information, and coordination of services among the service providers. At the same time, this increased coordination provided better services for individual families who were more easily able to access what they needed and better informed about resources in the neighborhood. Other areas of impact noted by organizational partners are:

- o Increased parent engagement/outreach (includes relationship building and outreach to specific populations)
- o More resources for families (specifically mentioned: monthly calendar, resource guide, playgroups, more activities and educational opportunities for families)
- o Networking among collaborating agencies
- o Parent leadership

LESSONS LEARNED

The following key lessons emerged during the second year of BCT operation.

- **The membership card system is a vehicle for concretizing Thrive in 5 as a citywide campaign.** The tangible nature of the membership card has the potential for "brand" recognition and creating a sense of belonging which extends beyond neighborhood boundaries.

- **Hub agency leadership prioritization and "heft" is essential**. BCT funding is limited, relative to Thrive in 5's bold vision and long term objective of ensuring that Boston's children enter kindergarten ready for success in school. BCT communities have no assurance of long term funding support and many nonprofits have been hard hit by the recent economic recession. For these

reasons, BCT hub organizations' core missions need to be wholly congruent with the BCT mission; congruency is likely to ensure organizational leadership attention and prioritization of management and staff time for strategic thinking, and program management, as well as leveraging organizational partnerships and resources that can augment the grant funds provided by Thrive in 5.

- **Variations in BCT community starting points matter**. The variations in hub agencies' core missions and starting points make a difference in the strategies they choose, in the organizational infrastructures they have to support their implementations and in the kinds of technical assistance and resources they will need to succeed.

- **Depth of connections with business, nonprofit and government partners matter.** Networking is highly appreciated by participants in local BCT efforts. However, access and improvement of systems is limited to date, suggesting more attention to this aspect in the coming year.

At the start of BCT, neighborhood businesses were viewed as central to creating actual neighborhood spaces that would be family-friendly and supportive of children's development. To date, businesses are playing a limited role in BCT primarily offering donations and a means of advertising through flyers. This limited role for businesses may change as the membership card point system strengthens. Businesses may see an advantage for stronger participation (i.e. advertising and connection to community). However, the hubs will need to bring increased strategic intention and attention to this business engagement effort if systemic changes are to occur.

- **Parent leadership is one of the strongest contributions of the BCT efforts.** Parent engagement is seen as an important contribution of BCT efforts, and the Parent

Leadership Pathway has the potential to be a signature feature of Thrive in 5, which many other communities locally and nationally can learn from and replicate. With parent leadership as a prime contributing force, the BCT neighborhoods are well-positioned to increase targeted outreach to specific populations of families, caregivers and children they are seeking to engage.

- **Meaningful engagement of informal caregivers is possible.** FFNC providers are participating in BCT, primarily in activities targeting parents. Specific outreach to grandparents is an effective means of engaging this important population, as has already been demonstrated by ABCT and FCCT, in particular.

- **BCT neighborhoods are strongly positioned to serve as a cornerstone for the systems change dimensions of Thrive in 5.** Thrive in 5 is successfully grounding the next phase of its citywide efforts in the BCT neighborhoods and has already begun to draw upon learnings for BCT to expand to other Boston neighborhoods, particularly those where children are likely to be affected by an achievement gap in the absence of effective interventions. The partnership with the Massachusetts Department of Early Education and Care (EEC) and with CFCE exemplify this approach, as do the partnerships associated with the School Readiness Pipeline project and with Countdown to Kindergarten, which is also using the membership card system in select playgroup sites.

MOVING FORWARD

A number of key challenges and logical next steps arise from BCT and Thrive in 5 work to date. In some cases, plans are already in motion and in others, the setting is ripe for building on existing strategies and successes.

Systems Change

Systems change and coordination, an overall goal of the Thrive in 5 initiative, takes time, energy and strategic thinking. To date, BCT has made tremendous progress in outreach, penetration, service coordination, and building a cadre of school readiness champions. Building on these strengths, the next phase of the project requires a more concerted and targeted effort to shift the way systems interact in order to maximize the potential of children in our communities. Following are several concrete suggestions and planned action steps which will be a focus of the evaluation going forward as well.

- **Universal Screening of 2 and 4 year olds – The School Readiness Pipeline.** The implementation of universal screenings of 2 and 4 year olds in the BCT neighborhoods is a Thrive in 5 innovation that will engage EEC providers, trained parents and pediatric providers as screeners. An important learning going forward will be to understand the likelihood that, if a need for assessment and/or intervention is identified from the screening, families are referred or families are evaluated through early intervention services (ages 0-3) or receive a BPS core evaluation. It will be important to monitor the receipt of early intervention, BPS special education services, and other resources families access. Participation in BCT hub activities will ideally facilitate families' ability and understandings for effective follow through on referrals and obtaining recommended early intervention and BPS special education services.

- **Quality Improvements for Ready Educators.** In the next phase of the Thrive in 5 initiative, within the BCT communities, EEC programs/providers will be supported by Thrive in 5 to make program improvements in quality domains integral to EEC's Quality Rating and Improvement System (QRIS). Participating programs will engage in a program assessment (including child outcome assessment) and review process which will lead to a program improvement plan. After a three to nine

month implementation process, a reassessment will take place documenting changes in program performance and child-level outcomes.

Family Engagement

Family engagement is a strength of BCT. Sites have surpassed enrollment expectations and successfully engaged the target population in activities across all five communities. The next phase of work invites sites to think strategically about the types of offerings and their impact on family engagement.

- **Surfacing Priority Programs and Activities.** Building upon BCT successes, it is time for collective learning and strategic thinking regarding the efficacy of BCT events and activities. Over time, knowing what activities are associated with what kinds of child and family outcomes will be a central evaluation question. More immediately, it may be of great value for the hub agencies and partners to develop a strategic approach to determining what activities and programs to prioritize and to use the enrollment campaign to connect these activities and programs together into one cohesive, comprehensive family engagement effort. A newly established Community Based Strategies Advisory Group could take a lead on this front.

- **Increased Focus on Impact.** Going beyond reach and enrollment, the next phase of the BCT work focuses on ensuring that the depth and quality of connection with families and informal caregivers leads to: (1) use of their learnings with their children at home or in their care; (2) increases in social connectedness; (3) access to resources and supports they need; and (4) increased school readiness for their children.

  - **A community focus.** Three of the five sites (EBCT, FCCT, and DCT) mentioned the need to move deeper from an individualistic to a community focus as

a step for deepening community building. As DCT stated, "Parents are looking at what is in it for me. The first phase was getting them connected to us. I mean us as a community. How can we get parents more connected to one another so they see themselves as 'we are thrive'?"

- **Promoting a city-wide perspective.** DCT is thinking about moving the "campaign" to a city-wide level. This could include more connection between BCT sites such as visiting each other's roundtable meetings and coordination across boundaries, a city-wide awareness campaign, requiring Boston developers to consider birth through five in any new building project, etc.

FFNC Caregiver Engagement

To date, FFNC caregivers have engaged with BCT through general activities offered to all family members with a few exceptions of programs targeting grandparents, as in FCCT. The next phase of work requires more strategic thinking and planning.

- **Piloting a Model of Deep Engagement with FFNC Caregivers.** National data suggest that the majority of immigrant families/newcomer families with young children rely on FFNC for child care; these caregivers therefore are important for BCT communities to reach and engage. Measuring successful outreach and growth of FFNC engagement (and FFNC leadership) would be informative for the whole community, even if such efforts are being undertaken in one or more, but not all BCT neighborhoods.[20] Not all BCT neighborhoods are embracing this dimension of Thrive in 5. Movement

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[20] We are aware that engagement of informal caregivers is not fully embraced by most of the BCT communities. In DCT, however, Project Hope/DCT have plans to further engage or mobilize FFNC; learning from their experiences will be of great value.

forward may happen most significantly through incentivizing one or more neighborhoods as pioneers in this development, to craft, field test and implement a model of deep engagement with informal caregivers. The evaluation going forward could include a focus on learning how these strategies impact caregivers' interactions with children and practices related to school readiness – and what (programs/ relationships) matter most in terms of these desired outcomes for FFNC providers' interactions with/care for children.   The most effective practices could then be replicated in other neighborhoods.

Deepening Evolution of the Parent Leadership Pathway

The family support model of parent leadership – started in the 1960s – recognizes the value of natural leaders in communities when they are provided with training and supports to be change agents (Langford & Weissbourd, 1997). Involvement of parent leaders has been core to the success of BCT to date and has the potential to be a strong driving force in the next phase of Thrive in 5, as the initiative seeks to make significant gains in both deepening and expanding family and caregiver engagement within and beyond the five BCT neighborhoods. All BCT sites recognized the importance of developing a more systematic leadership pathway, one that leads to a deepening of parent leadership exchanges across neighborhood. Building upon progress to date, several areas of focus are suggested going forward:

Systematizing a parent leadership pipeline and expanding the parent partner voice in community campaigns. One community, FCCT, can be a model for the other BCT sites in this regard. Parent-led projects, including the use of mini-grants, can be expanded as a core strategy for both learning and engaging more and new parent partners. These collaborative projects, in concert with training, coaching and reflective supervision, can enable parent leaders to build supportive and trusting relationships with each

other, as well as opportunities to learn that they have the capacity and power to make a difference for families, their own children, their neighborhoods and the city. The cadres of parent leaders and volunteers must be multi-lingual and multi-cultural for the family and caregiver engagement to work with BCT and Thrive in 5.

Reflective orientation, supervision and coaching for current and new parent partners. As mentioned earlier, current parent leaders are struggling with role definition issues. Leadership development supports for parent leaders involves transforming, defining and co-creating a set of professional boundaries and shared expectations that blend the professional and the interpersonal, relational aspects of their connections with families and the Thrive in 5 campaign. Attention needs to be paid to compensation, including consideration regarding whether stipends put families' public benefits in jeopardy, the adequacy of stipends, and defined responsibilities within paid work expectations.

Model development needs to be informed by what can be learned in the next phase of evaluation about the impacts of parent partner activities on increasing family enrollments and contributing to changes with children and their parents/caregivers that contribute to children's readiness to succeed upon school entry.

Appendices

1. Background on the Evaluation
2. Brief Family, Friend and NeighborCare Literature Review and References
3. Brief Parent Leadership Development Literature Review References
4. Aggregate Quarterly Report (January 2012 through March 2013)

Appendix 1: 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 includes data collected from July 2011 through March, 2013. During this period, the BCT initiative was in its second year of implementation. Each quarter, BCT sites submitted quarterly reports to the evaluation team with detail on their activities, successes and challenges during each period. 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 an unique bar code ID for the adults and each child, five or under, in the family. 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 quarterly 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. Appendix 4 offers the latest aggregate report on BCT progress as a whole and by neighborhood for the period from January 2012 through December 2012.

In late fall of 2012, the evaluation team conducted a number of focus groups, interviews and observations to complement data gathered on a quarterly basis through the database. A complete list of data sources follows.

Sources of Data

The sources of data for this report include:

- 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. Respondents included representatives from the following (could answer more than one).

  o CBO or Family support org = 15 or 39% (present in all hubs)
  o Early Childcare (Head Start, Center-based, PBS) = 12 or 34% (present in all hubs)
  o Health /Mental Health = 8 or 21% (SELRCT 2, ABCT 2, DCT 2, FCCT 2)
  o Library = 6 or 16 % (4 from ABCT and 2 from FCCT)
  o Govt. (and/or WIC) = 4 or 11% (DCT 1, SELRCT 1, FCCT 2)
  o Missing from the list = Boston Public Schools = only 1 respondent

- **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. Of those 24, eight were screened out as not FFNC (they were licensed family child care providers), eight did not return the call, and eight agreed to participate and completed the interview.
- 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. Ultimately, Thrive in 5 needs to learn if and how BCT and Thrive in 5 interventions are associated with (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. In anticipation of carrying out a three year longitudinal study that would explore these associations with enrolled families, the evaluation team conducted a feasibility study with a sample of **24 BCT enrolled families**. Specifically, in December 2012 – February 2013 in-home 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. Our goal was to interview at least six enrolled families, living in poverty, from each of the five BCT neighborhoods. Despite extensive outreach and more than three attempts per family, we were able to interview 24 – not 30 – primary caregivers during this period. The number or primary caregivers interviewed, by neighborhood, were:
  - ABCT = 6
  - DCT = 5
  - EBCT = 6
  - FCCT = 5
  - SELRCT = 2

The interviewing team included two people, one who interviewed the parent and the other who took notes or played with the child to allow the parent to be less distracted. A cadre of multi-lingual, multi-cultural UMB graduate and undergraduate psychology and public policy students carried out the interviews in families' preferred language, including the following: Spanish (6), Portuguese (2), Vietnamese (1) and English (15).

Those interviewed:

  - Had 53 children among them
  - 2.3 children on average per household
  - 5 ½ years for ages of children in the home on average, with a range of 3 months to 20 years of age
  - 11 were single mothers, 9 were two-parent households and 3 were grandparents or an aunt as primary caregivers
  - All parents interviewed reported significant reliance on informal care givers, who ranged from grandparents to siblings to cousins to close family friends

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 over this second year of the BCT implementations in each of the five neighborhoods.

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. 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 Year 2 of 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, Jane Tewksbury and Katie Madrigal; 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. Feedback from these evaluation advisors on an early draft of this report was incorporated into the current report through a collaborative process involving the evaluation team, the Thrive in 5 team, and representatives from the Leadership Council. The evaluation team is extremely grateful for the commitment and wisdom of these advisors to the work of BCT and Thrive in 5 and to the evaluation.

Appendix 2. Family, Friend and Neighbor Care Literature Review

Why Family Friend and Neighbor Care Matters. Family Friend and Neighbor Care (FFNC), also called kith and kin care or informal child care, is a term that refers to regular (more than occasional) child care provided by extended family members, friends, neighbors, babysitters or other unrelated adults. FFNC is the dominant form of child care arrangement for working families, especially for families with children under the age of three (Brandon, 2005). Grandmothers are the most common FFNC providers (Susman-Stillman & Banghart, 2008).

Parents frequently choose FFNC care because it can be flexible and accommodate non-traditional work schedules, is culturally congruent with a family's own culture, and is typically provided by a trusted family member, friend, or neighbor. The familiar relationships and cultural continuity offered by FFNC are frequently considered by parents to be key elements of child care quality (Brown-Lyons, Robertson, Layzer, 2001).

Because so many young children are cared for in FFNC, these informal caregivers play a critical role in supporting the healthy development and school readiness of large numbers of young children. As noted by Shulman and Blank, many low-income children are in family, friend, and neighbor care (2007). Because of this, FFNC has drawn the attention of those seeking to promote school readiness among children, as an focus for intervention with the potential for high impact on improving child outcomes. Effectively connecting with this group of informal child care providers in Boston is, therefore, of great importance if Thrive in 5 is to achieve its desired school readiness objectives.

There are many misconceptions about FFNC. For example, some may believe FFNC is illegal or unlicensed child care. In fact, FFNC is often legally exempt from formal child care licensing and regulation. Some FFNC is not exempt from licensing, and thus must be licensed to be legal. FFNC is a broad and inclusive term that may complicate the discussion about if and how to include FFNC in school readiness or child care quality improvement efforts. Should the approach to FFNC providers be more like parents or more like early education professionals? Research indicates that the most prevalent form of FFNC is a grandmother caring for a grandchild, representing extended family care. However, FFNC also includes a neighbor who cares for several children, and who may indeed be required to hold a child care license to legally provide care.

Outreach to FFNC Providers. School readiness and child care quality improvement efforts seek to enhance the capacity of FFNC to provide opportunities for children to develop socially, emotionally, cognitively, and physically. Outreach and engagement of FFNC providers is a central challenge, however, largely due to the informal and unregulated status of FFNC. Identifying those who care for their grandchildren or the children of friends, neighbors, or family members can be difficult.

Engagement of FFNC Providers. The FFNC research clearly shows that many caregivers have concerns and challenges for which they want supports. For example, one survey of FFNC providers (Brandon, 2005) found that two thirds were interested in accessing and receiving supports such as:

- Meetings with other caregivers for information and companionship
- Written informational materials about child development, health and safety, and promoting school readiness
- On-the-spot phone support (a hotline) for challenges they face in care, such as how to handle a challenging behavior (e.g., a toddler who is biting)
- Resources for children (activities, materials, books)
- Short term respite care

Providers were less interested in formal training or workshops. Research also highlights the importance of local context and designing supports that are responsive to the needs and

interests of the community. Several strategies have been found to be effective in reaching out to and engaging FFNC providers (Emarita, 2007):

- Hire community-based, bilingual staff who are community leaders or community "brokers" who have the trust of the community and access to connect with providers (Hibbard & Stahl, 2007)
- Remove barriers to FFNC participation in existing community-based parenting supports and activities
- Adopt a family support approach (rather than a child care provider training approach), providing supports such as home visiting, community resource fairs, or mobile resource vans

(Hibbard & Stahl, 2007). The family support approach is driven by the needs and desires of families, views children holistically and in the context of families and community and culture, and is flexible, strength-based, and voluntary
- Focus on school readiness as a goal
- Do not expect FFNC providers to come to you. Instead, go to where FFNC providers naturally congregate: churches, parks, libraries, and community centers (Chase, n.d.)
- Develop social networks for mutual support and learning
- Conduct outreach and engagement activities in the home language of the provider.

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Appendix 3. Parent Leadership Development Literature Review

The family support model of parent leadership started in the 1960s – natural leaders in communities provided with training and supports to be change agents (Langford & Weissbourd, 1997.) Key components of parent leadership are: exercising voice, developing connections to family, friend and professional networks and institutions, and self-efficacy: "…exercising voice in a program leadership position changed the way (parent leaders) acted in the larger community and in their day to day lives." (Toso & Gungor, 2012, p. 273). Other outcomes of family leadership efforts (rarely measured and captured in evaluation) are increased self confidence, becoming seen as an expert by peers, becoming more involved in child's education, and increased civic engagement.

The literature suggests that effective parent leadership requires a set of supports for parent leaders (Bruner et al), including opportunities to co-create and co-define the role, its boundaries, expectations and vision. Professionalism is traditionally defined as an expert role, but newer visions of professionalism incorporate a more collaborative and flexible and responsive professionalism that represents a partnership between the professional and the client/family (Douglass & Gittell, 2012). Leadership development in the BCT parent leader role involves transforming/defining/co-creating a set of professional boundaries and shared expectations that blend the professional and the interpersonal, relational aspects. Reflective supervision, the adequacy of wages and attention to whether stipends would put public benefits in jeopardy, as well as a definition of responsibilities within paid work expectations are elements of a support structure that need to be in place.   Ensuring supportive, trusting relationships among and between parent leaders (Bolivar and Chrispeels, 2011) will also be important. Through effective parent leadership training, parent partners can learn that they have the capacity and power to make a difference. Their social and intellectual capital will enable a community to engage in new forms of action to effect change (Bolivar & Chrispeels, 2011; Hepburn, 2004).

Parent Leadership Development References

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BOSTON CHILDREN THRIVE IN 5: CONNECTING FAMILIES, BUILDING COMMUNITY (BCT) QUARTER 1 - 2013 REPORT JANUARY – MARCH 2013

PREPARED FOR THRIVE IN 5

AUTHORED BY

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May, 2013

Boston Children Thrive – Quarterly Report (Jan. – March 2013)

The following quarterly report provides background information regarding progress toward the project activities and milestones outlined in the BCT proposal to Kellogg Foundation in May of 2011.

Goal 1: Parents Are Full Educational Partners

Cumulative BCT Adult Enrollments

Chart: Q1 = 2993 (Adults Enrolled Previously) + 368 (Total Adults Enrolled in Q); Q2 = 0; Q3 = 0; Q4 = 0.

Legend: ■ Adults Enrolled Previously ■ Total Adults Enrolled in Q
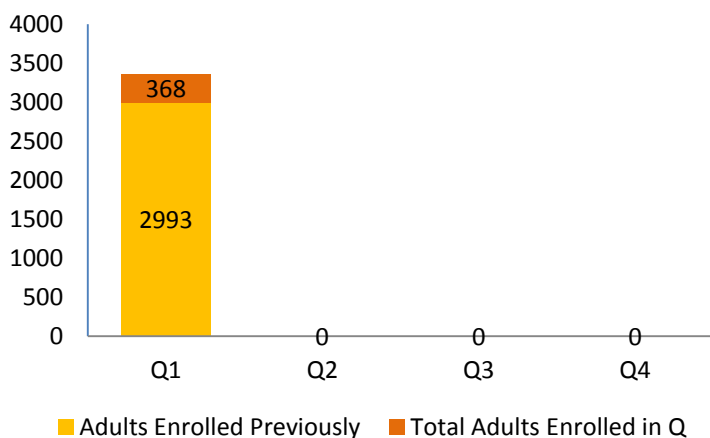
Through the five quarters included in the Kellogg grant, 3,361 adults have been enrolled in BCT neighborhoods - 207% of the expected total of 1,625.

	Total	%
Allston Brighton Children Thrive	**881**	**26%**
Dudley Children Thrive	**823**	**24%**
East Boston Children Thrive	**392**	**12%**
Fields Corner Children Thrive	**880**	**26%**
South End Lower Roxbury Children T.	**385**	**11%**
	3361	**100%**

Racial /Ethnic Indicators by Site – To Date (1/2012 to present)							
	ABCT	**DCT**	**EBCT**	**FCCT**	**SELRCT**	**BCT Total**	**5 Neigh-borhoods**
Other Language (may also speak English)	56%	48%	89%	49%	59%	57%	**44% (ACS)**
English Only	44%	52%	11%	51%	41%	43%	**56% (ACS)**
Born outside USA	60%	53%	91%	56%	39%	58%	**51% (ACS)**
Born in USA	40%	47%	9%	44%	61%	42%	**49% (ACS)**
Non-white or mixed	57%	96%	87%	91%	86%	82%	**72% (ACS)**
White only	43%	4%	13%	9%	14%	18%	**28% (ACS)**

2007-2011 American Community Survey (Last column – comparative data for all five neighborhoods)

WHO IS ENROLLING?

Racial/ Ethnic and Economic/ Educational indicators remain fairly constant suggesting that BCT sites are reaching the target population of families affected by the achievement gap.

The original target definition states: "*Families / Parents of children most likely to be affected by the achievement gap: low income, families of color, families of children with special needs, English language learners*".

Educational Indicators by Site – To Date (1/2012 to present)							
	ABCT	**DCT**	**EBCT**	**FCCT**	**SELRCT**	**BCT Total**	**5 Neigh-borhoods**
High school or less	38%	58%	65%	47%	51%	51%	**32% (ACS)**
Some College or College Degree	62%	42%	35%	53%	49%	49%	**68% (ACS)**
Reported Participation in Activities during Last Six Months at time of Enrollment							
Participated	*55%*	*39%*	*12%*	*31%*	*63%*	*45%*	
No reported participation	*45%*	*61%*	*88%*	*69%*	*37%*	*55%*	

Last Grade Completed by Quarter

	Q1	Q2	Q3	Q4	Year	To Date*	Neighborhood Household Data (5 BCT communities)
Less than 8th grade	6%				**6%**	8%	**7.6% (less than 9th)**
8-11th grade	18%				**18%**	14%	**8.1% (9th – 12th)**
High school/GED	29%				**29%**	29%	**21.7%**
Some college	20%				**20%**	22%	**15% (some Coll.)** **4.3% (Associates)**
College degree	27%				**27%**	27%	**43.3%**

2007-2011 American Community Survey Estimates adults > 25
*To Date: = 1/2012 to present)

Adult Relationship to Child To Date

Mother 62% | Father 25% | Grandmother 8% | Grandfather 3% | Other 3%
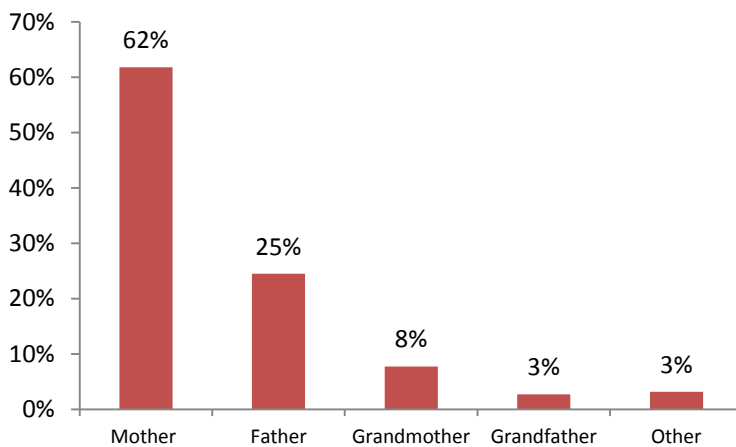
Children 0 through 5 in BCT Communities – To Date

	*# Children 0-5	# Enrolled	% Enrolled	**% of total in Poverty	% Enrolled Poverty
ABCT	2,328	712	*31%*	43%	46%
DCT	1,880	617	*33%*	56%	61%
EBCT	3,635	274	*8%*	29%	43%
FCCT	5,737	624	*11%*	38%	68%
SELRCT	2,017	309	*15%*	35%	42%
BCT	*15,597*	*2,536*	*16%*	*38%*	*54%*
Boston	38,089			26.8%	

NOTE: Several BCT sites are enrolling across communities. Total enrolled includes all children 0-5 regardless of neighborhood (#s updated in March 3013 from *2010 census & **2011 American Community Survey)

% of Enrolling Families Reporting Receiving Public Support
(# families reporting receiving benefit / total enrolled families)

	Q1	Q2	Q3	Q4	Year	To Date	5 BCT Neigh	Boston	Unit of Measurement
DTA	13%				13%	12%	**5.9%**	**4.3%**	*All Households (ACS)*
WIC	65%				65%	49%		**25.4%**	*Infants and children (MassChip)*
DCF (DSS)	3%				3%	1%		**3.9%**	*Under 18 (DCF)*
SNAP (Food Stamps)	37%				37%	31%	**37%**	**29.3%**	*Families / child. under 18 (ACS)*
Early Intervention	5%				5%	4%		**5.5%**	*# clients (MassChip)*
Unemployment	2%				2%	3%	**10.9%**	**9.5%**	*Unemployment rate 20-44 (ACS)**
SSI for Child or Adult	2%				2%	5%	**9.1%**	**7.3%**	*All Households (ACS)*
Mass Health	51%				51%	32%			
Fuel Assistance	6%				6%	4%			
Early Head Start	5%				5%	6%			
# Families Receiving 1 or more benefits	*204* *98%*				*204* *98%*	*1256* *58%*			
DTA, SSI, WIC or SNAP	*73%*				*73%*	*54%*			

*SOURCES: - 2007-2011 American Community Survey, MassCHIP (MC) 2007 and 2009, DCF quarterly report Dec. 2011. Some comparative data is only available at the Boston level. Other data was unavailable. (*Unemployment rate is an estimate). To Date = 1/2012 to present.*

% of Total # of Children Living in Poverty Enrolled in Each Neighborhood*

Bar chart values:
- ABCT: 32%
- DCT: 41%
- EBCT: 13%
- FCCT: 20%
- SELRCT: 17%
- BCT: 24%
- Boston: 14%

To Date: **(1/2012 to present)**

Reaching the Target Population

Category	BCT	5 Neighborhoods	Boston
Speak language other than or in addition to English (Age 5 and older)	57%	46%	36%
Born outside of USA (Families 0 thru 5 at least 1 adult)	58%	50%	44%
Families of color w/ children 0 thru 5 (non-white adults)	82%	76%	64%
High School Degree or Less (adults 25-44)	51%	32%	28%
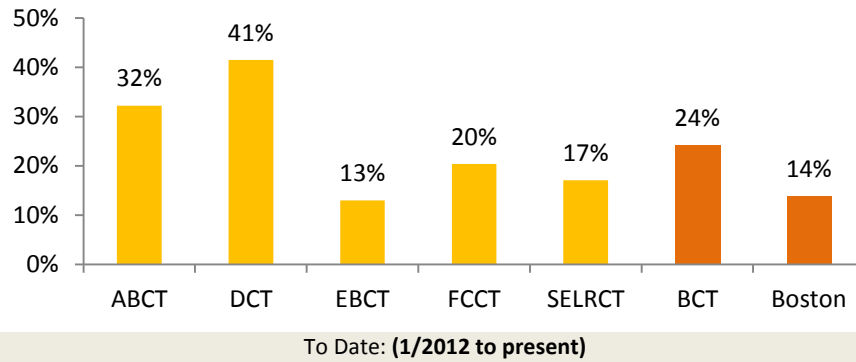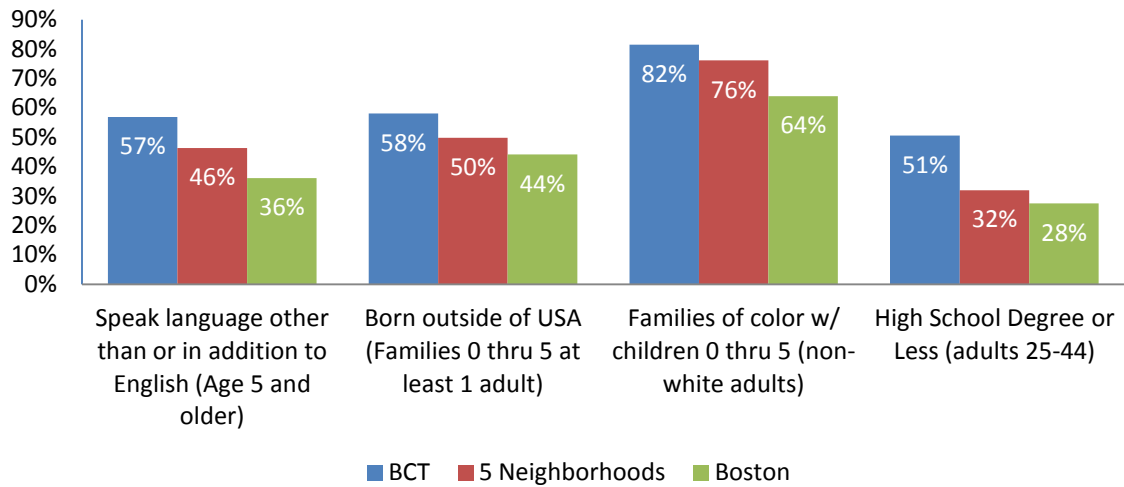
Note: Comparative data from 2007-2011 American Community Survey updated in March, 2013. To date (1/2012 to present)

Languages Spoken at Home (may speak more than 1)

	Q1	Q2	Q3	Q4	Year	To Date*	5 Neighborhoods
English	47%				47%	54%	53.7% (English Only)
Spanish	13%				13%	23%	21.3%
Portuguese	2%				2%	2%	4.3% (Portuguese & P. Creole)
Cape Verdean Creole	4%				4%	1%	
Russian	0%				0%	1%	1.6%
Chinese Mandarin	5%				5%	2%	4.4%
Chinese Cantonese	2%				2%	2%	
Haitian Creole	5%				5%	6%	4.3% (French/French Creole)
Vietnamese	21%				21%	4%	3.2%
Arabic	1%				1%	1%	0.6%
Other	2%				2%	4%	6.6%

To Date = 1/2012 to present

Charlestown

Allston/Brighton

East Boston

Central

Back Bay/Beacon Hill

Fenway/
Kenmore

South End/
Lower Roxbury

South
Boston

Roxbury/
North Dorchester

Roxbury

Jamaica Plain

Fields
Corner

West
Roxbury

Roslindale

Mattapan

Dorchester

Hyde Park

Thrive in 5 Boston Participants

Site

- ○ Allston/Brighton
- ● East Boston
- ● Fields Corner
- ● Roxbury/North Dorchester
- ● South End/Lower Roxbury
- ▭ Thrive in 5 Neighborhoods

Map produced by Tim H. Davis for the UMass Boston
Center for Social Policy, 05/17/2012

Neighborhood Penetration of Families Enrolled to Date

Charlestown

East Boston

Allston/Brighton

Central

Back Bay/Beacon Hill

Fenway/Kenmore

South End/Lower Roxbury

South Boston

Roxbury/North Dorchester

Roxbury

Jamaica Plain

Fields Corner

Dorchester

West Roxbury

Roslindale

Mattapan

Hyde Park

Map produced by Tim H. Davis
for the Center for Social Policy
05/12/2013

Thrive in 5 Boston Participants

All Participants through Q1 2013

Site

- Allston/Brighton
- East Boston
- Fields Corner
- Roxbury/North Dorchester
- South End/Lower Roxbury

Thrive in 5 Neighborhoods

A comparison of Q1 total enrollment (previous page) with cumulative totals indicates more permeable community borders particularly between FCCT and DCT and to a lesser degree SELRCT. ABCT and EBCT appear to have greater neighborhood penetration.

Strategies Used by BCT Sites in the Quarter

| Strategy / Activity	ABCT	DCT	EBCT	FCCT	SELRCT
Membership (Enrollment in BCT)	√	√	√	√	√
Membership card and point/reward system for participation (currently only in DCT - other sites to start in coming quarter)	√	√	√	√	√
Multi lingual parent partners (outreach in community, connection with businesses, enrolling families in BCT, leading activities)	√	√	√	√	√
Monthly calendar of events (facebook, email and paper copies)	√	√	√	√	√
Participation in language based radio show		√	√		
Engaging parents in informal settings (i.e. supermarkets, parks, bus stops, libraries etc.)	√	√	√	√	√
Welcome kits for new families	√	√	√	√	√
Posting fliers	√	√	√	√	√
Language or interest based support groups (i.e. Vietnamese autism group, special needs group)	√	√	√	√	√
Playgroups	√	√	√	√	√
Mentoring	√		√		
Parent leadership training with Parent University		√	√		
Parenting workshops (multiple topics i.e. literacy, baby massage, social emotional, etc.)	√	√	√	√	√
Large scale community events (i.e. community parties)		√	√	√	
Field trips (open house, underwater bubble party, Feast of the Three Kings, .)	√	√	√	√	√
Mini grants			√		
Family activities (i.e. family swim night, playgroups in the park)	√	√	√	√	
Literacy campaign (word build/juicy words)		√			
Coordination at other sponsored events (Farmer's markets, scheduled community events, church fairs,)	√	√	√	√	
Coordination with MyChild	√			√	
Collaboration with local libraries	√	√	√	√	
Diaper panty (coordinated with partners)	√				
Roundtable meeting of partners (partners often present)	√	√	√	√	√
Donations from business partners for event	√	√	√	√	√
Special programs with local businesses (connected with membership card)	√	√	√	√	√
Home Visits (Welcome Baby)	√		√	√	

Goal 2: Family Friend and Neighbor Care Providers Are Connected

Cumulative BCT FFNC Enrollments
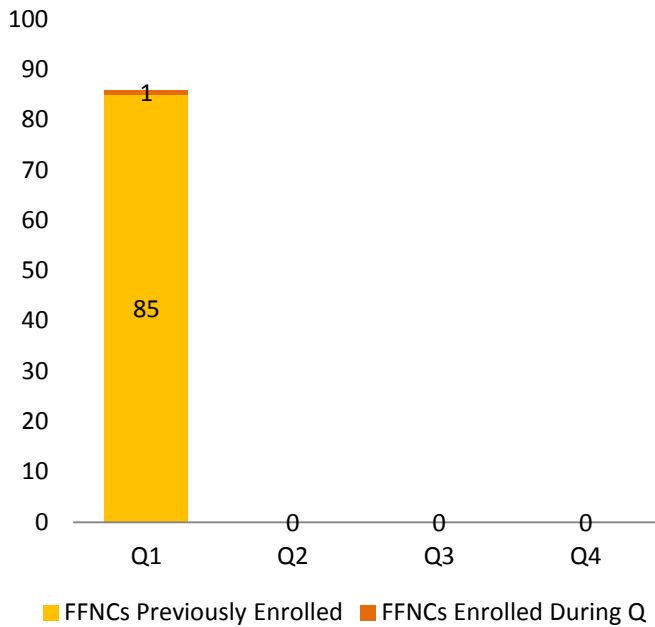
The data in the chart reflects data recorded in the database. The hubs believe this is a strong misrepresentation of actual FFNC providers participating in events and activities. Enrollment of FFNC is much smaller than previous quarters. However, there is a general shift in the percentage of grandparent enrollment (from 8% at the midpoint to now 11%). This is an indication of FFNC participation since the majority of FFNC providers are family members, especially grandparents.

There was only one Family Friend and Neighbor Care Provider enrolled during the quarter.

Hubs continued to report very limited number of activities specifically targeting FFNC providers (i.e. targeted outreach, targeted groups or workshops specifically designed for FFNC providers etc.) with the exception of DCT which launched a targeted outreach to FFNC providers through one of its partners. Twenty families assisted a welcome meeting with their providers to launch the initiative.

FFNC providers appear to enroll as community or family members and engage with existing BCT activities (i.e. participation in playgroups with other parents).

Goal 3: Parents Mobilize as Change Agents

Cumulative BCT Parent Leaders

Chart legend:
- Parent Leaders from Previous Qs (Q1: 74; Q2: 0; Q3: 0; Q4: 0)
- New Parent Leaders During Q (Q1: 37)
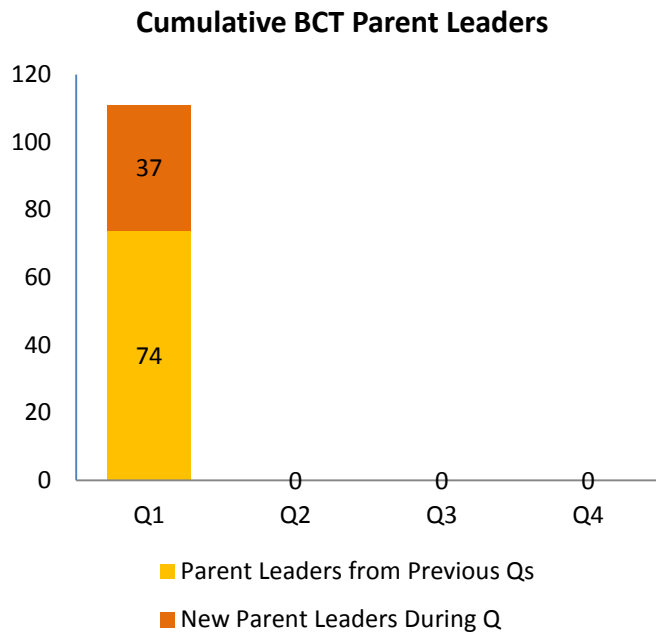
Cumulative Parent Leaders

|	Parent Partners	Other Parents	Total
ABCT	5	6	11
DCT	8	2	10
EBCT	10	6	16
FCCT	5	53	58
SELRCT	7	9	16
	35	76	111

The numbers of parent participation rates continue to increase. Of note is the strong parent participation in FCCT, particularly by non stipended parent volunteers. Also of note is the cumulative number of parent partners. Many original parent partners have obtained full time work in the field as a result of their contacts and experience in BCT.

Examples of Parents Mobilizing as Change Agents (In addition to Parent Partner Outreach)

ABCT	• Two Parent Partners assumed leadership on a Parent Project funded through Thrive in 5 and CPC. – a 3-part series on how to use the library and the importance of reading to children. The project targets Latino families. • Several new parents have attended Community Board Meetings.
DCT	• Continued to work as a core partner in the development of the Vital Village Initiative through Boston Medical Center. This will allow DCT to broaden direct service partnering capabilities to assist families requiring help in the areas of domestic violence/abuse & neglect • Currently planning the DCT Parent Leadership Pathway pilot orientation.
EBCT	• One parent partner elected to serve on Boston Children Thrive's Leadership Council. • Four parent partners are members of the BCT Advisory Board. • Three parent partners are participating in CFCE and TIF Parent Led Project teaching Arabic mothers how to create a resume and apply for a job • Three parent partners were trained as group meeting facilitators. • Four parents took part in a 4 week Early Literacy Parent Leader training through Read Boston and are now able to lead family literacy.
FCCT	• Weekly parent led **Vietnamese Mom's group** for an average of 15 moms, 10-15 grandmothers and 1-2 fathers. Group targets WIC recipients. • **Indoor Play space,** a drop in playgroup for children ages 15 months to 3 years old and their caregivers at the Boys and Girls Clubs of Dorchester. • A parent led **Vietnamese Book Club** • **Read! Build! Play- Lego Duplo Days** led by three FCCT members held on Thursdays and Saturdays • **Fun Mondays: Read! Play! Swim!** led by a parent partner in collaboration with the Kroc Center.
SELRCT	• A parent who had attended playgroups and various other Thrive events joined the team of Parent Partners as a representative of community housing. • Five parent partners worked to promote Thrive and engage new families by attending roundtable meetings and are assigned to local business partners and housing developments. • One parent partner has begun substituting as an assistant teacher in a local Early Childhood Center.

Goal 4: Every Neighborhood Grows a Broader Cadre of School Readiness Champions in Action

Cumulative Total of New School Readiness Partners

- 🟨 School Readiness partners in Yr 1
- 🟧 New School Partners from previous Qs
- 🟩 New School Partners Enrolled during Q
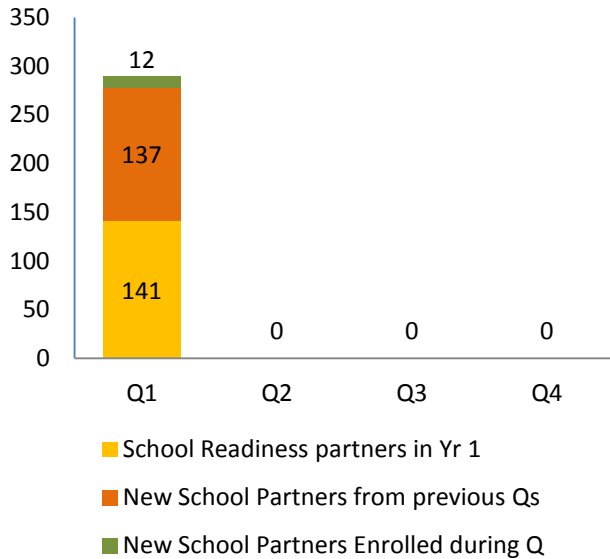
New School Readiness Champions Yr2 – to Date			
	CBO or Govt. Inst.	Business Partners	Yr2 – To Date	%
ABCT	4	31	*35*	*23%*
DCT	19	3	*22*	*15%*
EBCT	14	25	*39*	*26%*
FCCT	12	9	*21*	*14%*
SELRCT	10	22	*32*	*21%*
	59	*90*	*149*	*100%*

Large number of business partners.

Data extracted from the quarterly reports submitted from hub agencies

> There were fewer new partners than in previous quarters.
> Hubs appear to be deepening existing relationships..

	List of New School Readiness Champions in Action (Extracted from quarterly report from hubs)	
	New Community Organizations or Government Institutions / Initiatives	**New Business Partners**
ABCT	Deepened existing relationships	Athan's Bakery
DCT	SMILE Pre-School	None
EBCT	Boston Center for Youth and Families – Paris Street gym and pool	La Abundancia Bakery, LaBella Beauty Store, and East Boston Family Dental
FCCT	Mujeres Unidas in Accion and Work Inc.	None
SELRCT	Islamic Society of Boston Cultural Center in Roxbury Crossing, and South Cove Community Health Center WIC program	FLOUR Bakery

Who is Participating in BCT Activities - Data from the Membership Card

Type of Activity	# Activities	% of Activities	# of Families	% of Families
Children's Educational Activity	5	11%	216	17%
Community Event	5	11%	722	57%
Parent Support Group	4	9%	127	10%
Parent / Caregiver Training	14	31%	50	4%
Play Group	13	29%	107	9%
Other	4	9%	35	3%
Total:	45	100%	1257	100%
Unduplicated # Families:			543	
% of families with cards participating:			28%	

Relationship to Child	By Activity	Part. Rate
Mother	534	72%
Father	91	12%
Grandmother	98	13%
Grandfather	0	0%
Other	20	3%
Total	743	100%
Not Available	514	
Unduplicated # Families:		543

Grandmothers are participating at a high rate

Although this was the first quarter of data collection from the membership card, 28% of all enrolled families participated in activities (543 families). DCT, the pilot site, had an impressive participation rate of 94%. Participation rates will most likely increase as the hubs deepen implementation of the membership card and tracking system.

	# Cards Issued	Unduplicated families	Participation Rate
ABCT	648	21	3%
DCT	436	409	94%
EBCT	231	22	10%
FCCT	454	73	16%
SELRCT	201	18	9%
	1970	543	28%

Language Spoken at Home	By Activity	Part. Rate
English	623	60%
Spanish	160	15%
Portuguese	9	1%
Russian	0	0%
Chinese Mandarin	1	0%
Chinese Cantonese	7	1%
Haitian Creole	12	1%
Vietnamese	125	12%
Cape Verdean Creole	60	6%
Arabic	16	2%
Other	24	2%
Total:	1037	100%
Information Not Available	141	

May speak more than one Language

	Number of Activities						
Length of enrollment	1	2	3-5	6-10	>10	Total	%
Last 3 months	36	6	10	4	2	58	11%
3- 6 months	138	26	25	14	3	206	39%
7- 12 months	167	16	21	7	6	217	41%
13-24 months	32	11	3	2	4	52	10%
More than 24 months	0	0	0	0	0	0	0%
Total:	373	59	59	27	15	533	100%
Information Not Available	8	1	1	0	1	11	

Who is Participating in BCT Activities? - Data From the Membership Card

Poverty Level of Families	Number of Activities						
	1	2	3-5	6-10	>10	Total	%
Low income Families	235	40	35	16	9	335	85%
Other Families	46	3	8	2	2	61	15%
Total:	281	43	43	18	11	396	100%
Information not available	100	17	17	8	5	147	

Educational Level	Number of Activities						
	1	2	3-5	6-10	>10	Total	%
High School or Less	199	25	18	5	6	253	51%
Some College or above	152	27	35	18	8	240	49%
Total:	351	52	53	23	14	493	100%
Information not available	332	45	31	11	8	427	

Race	Number of Activities						
	1	2	3-5	6-10	>10	Total	%
White Only	18	9	6	4	1	38	7%
Non-White or mixed	343	47	51	22	13	476	93%
Total:	361	56	57	26	14	514	100%
Information not available	334	39	29	10	10	422	

Country of Birth	Number of Activities						
	1	2	3-5	6-10	>10	Total	%
Born in USA	191	35	28	10	6	270	55%
Foreign Born	163	21	21	10	7	222	45%
Total:	354	56	49	20	13	492	100%
Information not available	325	38	35	13	11	422	

The target population is participating at greater rates than non-target population.

Participation Demographics Compared to Enrollment Demographics

Low Income: 85% % Participating, 54% % Enrolled
High School Degree or Less: 51% % Participating, 51% % Enrolled
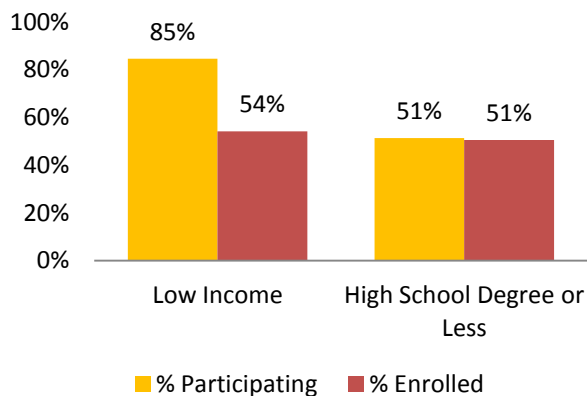
Evidence of Hub Hopping

		Card Belongs To						Total
		ABCT	DCT	EBCT	FCCT	SELRCT	?	
Recorded by	ABCT						2	2
	DCT							0
	EBCT		1		2	1		4
	FCCT		2					2
	SELRCT							0
		0	3	0	2	1	2	8