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Assessing the Benefits of Community Human Services

by

Anne Makhoul and Sherri Torjman

November 2012

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Executive Summary

This literature review was undertaken on behalf of the Community Human Services Network of Alberta. The Network is composed of representatives of 20 networks and coalitions representing nonprofit human services in Alberta.

The Caledon Institute was asked to identify the benefits of community human services. ‘Benefits’ were broadly defined to include a positive social and economic impact on individuals, families and communities.

Early on, a decision was made in association with the Community Human Services Network to organize the research into eight areas of human service: early childhood education and care, child welfare, supports for families, family literacy, disability supports, home care, crime prevention and supports for at-risk youth. The literature review was supplemented by conversations with 35 selected key informants from across Canada considered expert in their respective fields (see Appendix A).

While benefit studies were found in each of the eight areas, there is not a robust set of results within each category. The overall findings and associated literature summaries are presented in eight separate appendices. Certain areas, such as early childhood education and care as well as crime prevention, have an extensive list of relevant studies. Other areas, such as disability supports, are relatively thin.

The primary challenge in carrying out this work was in finding results considered to be reliable and valid benefits of community human services. In fact, the evaluation field itself is in considerable flux with a number of significant developments challenging the assessment methods formerly used. While new and promising approaches are emerging, they have not yet produced the substantial body of results sought by this research project.

Major findings

The major findings from each of the eight identified areas are highlighted in the appendices to this report. To sum up the results in a nutshell: The quality and quantity of materials vary widely by category.

On the one hand, there is no shortage of program descriptions of thousands of programs and services being delivered throughout the country and, indeed, the world. At the same time, there is a lack of evaluative literature that identifies clearly the benefits of human service interventions.

Highlights of two identified areas with a significant number of benefits studies are presented here for illustrative purposes. More detailed descriptions are found in the attached appendices.

Benefits reported in the areas of early childhood education and care (ECEC) and crime prevention can be seen as two ends of a continuum. Evaluators often assess the cost-benefit of early childhood programs on the basis of their potential impact on participants' later crime involvement. One key informant noted that the best way to prevent crime and help at-risk youth is to ensure that measures are taken to reduce child abuse, neglect and violence in families.

i. Early childhood education and care

High-quality early care programming has been shown to have both short- and long-term benefits for children, families and their wider communities. Analyses of the famous US project Head Start, for example, show that 3-year-old children performed better than did control children in cognitive and language development, displayed higher emotional engagement of the parent and sustained attention with play objects, and were lower in aggressive behaviour. Compared with controls, Early Head Start parents were shown to be more emotionally supportive, provide more language and learning stimulation, read to their children more and spank less [Ludwig and Phillips 2007].

Evaluators of the Abecedarian program reported that participants in the preschool treatment group scored significantly higher on intellectual and academic measures as young adults, attained more years of total education, were more likely to attend a four-year college and had lower rates of teen pregnancy. In addition, they found that preschool treatment was associated with educationally meaningful effect sizes on reading and math skills that persisted into adulthood [Campbell et al. 2002].

Longer-term benefits tend to be easier to measure, quantify and use as the basis of cost-benefit calculations. For example, reviews of the Perry Preschool Program assessed benefits as gains in earning, reductions in crime and changes in welfare receipt. The Perry Preschool group earned significantly higher salaries than the control group. For the wider tax-paying community, the program effected a \$12.90 improvement per dollar invested, realized in the areas of higher tax revenues, lower criminal justice system expenditures and lower welfare payments. Differences were also found in schooling and adult education costs. Evaluators noted that the bulk of the program's financial gains came mainly from reduced crime by males [Belfield et al. 2006].

It is noteworthy that the Belfield evaluator group remarked that cost-benefit frameworks place less emphasis on cognitive impact, focusing instead on general economic and social outcomes.

Reviews of the Chicago Child-Parent Center found that the longer children were associated with the program, the more significant the impact on school performance. Children whose participation increased into second and third grade demonstrated significantly better academic performance than children whose association ended in kindergarten. Evaluators theorized that program activities likely helped boost long-term cognitive advantages and family support [Reynolds 1997].

A follow-up study done 19 years after their involvement with the Child-Parent Center found that participants had higher rates of school completion and college attendance, and more years of education. They were more likely to have health insurance coverage; less likely to be arrested, convicted or incarcerated; and showed fewer depressive symptoms (ultimately needing less out-of-home placement). Participation in both the preschool and school-age Child-Parent Center interventions was associated with higher rates of full-time employment, higher levels of educational attainment, fewer arrests for violent offences and lower reported rates of disability [Reynolds et al. 2007].

ii. Crime prevention

The correlation between the length of time a child spent in the Child-Parent Center and improved performance accords with one respondent's work in the area of crime prevention and activities focused on at-risk youth. His experience has shown that children need a strong sense of belonging to a caring adult who provides unconditional love over a long period, ideally 10 years or more.

The Nurse-Family Partnership is one of 11 model programs featured by the University of Colorado Boulder's Center for the Study and Prevention of Violence's Blueprints initiative. Evaluation results of the Nurse-Family Partnership lend weight to the assertion that early prevention is the key to crime prevention. Designed to serve low-income, at-risk pregnant women bearing their first child, the Partnership consists of intensive and comprehensive home visitation by nurses during pregnancy and the first two years after birth of the first child. The program also depends upon a variety of other health and human services in order to achieve its positive effects. Benefits include:

- 79 percent fewer verified reports of child abuse or neglect
- 31 percent fewer subsequent births
- an average of more than two years' greater interval between the birth of their first and second child
- 30 months less receipt of Aid to Families with Dependent Children
- 44 percent fewer maternal behavioural problems due to alcohol and drug abuse
- 69 percent fewer maternal arrests

- 60 percent fewer instances of running away on the part of the 15-year-old children
- 56 percent fewer arrests on the part of the 15-year-old children
- 56 percent fewer days of alcohol consumption on the part of the 15-year-old children [Olds et al. 1998].

Programs highlighted in the Blueprints initiative show a wide variety of design and outcomes. From the benefits lens perspective, the gains made to individuals, families and communities are reflective of program design. Model interventions are those which yield the desired results and do so within acceptable economic parameters. For example, the Midwestern Prevention Program demonstrates that when compared to a control group, program youth show reductions in tobacco, marijuana and alcohol use through the end of high school, and improved parent-child communications about drug use [Pentz, Mihalic and Grotspeter 1998].

Similarly, evaluations of Functional Family Therapy show its ability to treat adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent. Treatment can interrupt the evolution of these adolescents into more restrictive, higher cost services; reduce the access and penetration of other social services by these adolescents; prevent further incidence of the presenting problem; prevent younger children from entering the child welfare system; and deter adolescents from violent crime.

A third Blueprints model program, the Olweus Bullying Prevention Program, has received attention in Canada, though only in limited pockets of introduction, and often delivered piecemeal due to budget or other restrictions.

When fully implemented, the Olweus program effects a substantial reduction in boys' and girls' reports of bullying and victimization, and a significant reduction in students' reports of general antisocial behaviour such as vandalism, fighting, theft and truancy. Delivered in high school classrooms, the program is able to bring about significant improvements in the "social climate" of the class, as reflected in students' reports of improved order and discipline, more positive social relationships and a more positive attitude toward school work and school [Olweus, Limber and Mihalic 1999].

In addition to single-program interventions, crime prevention experts in Canada and throughout the world recognize increasingly the benefits of "smart policing" – directing resources to known high-risk urban areas as well as investing in improved family and social functioning. In the UK, outcomes of this "pre-crime" approach across 70 troubled neighbourhoods in the mid-2000s resulted in a 65 percent reduction in youth arrests, 27 percent reduction in youth removed from schools and a 16 percent reduction in overall crime [Waller 2006].

Detailed results for each of the eight human services areas are presented in the attached appendices. Several of the key challenges in carrying out this work are described in the following pages.

Key challenges

a. Methodological issues

Taken together, the current evaluation landscape can be compared to paint splatters on a canvas, with robust publications and online collections in some of the eight areas reviewed and relatively few spots on the canvas in other areas.

One key informant described the literature on community human services as a short, wide-based pyramid with a slight bulge at the top. The bottom, very large layer is made up of thousands of studies and pools of data that typically *describe* community human services activities and outcomes.

A second, much smaller layer is composed of reports that have been organized systematically and in which benefits are clearly identified. These include resources like the Alberta Recreation and Parks Association/Canadian Parks and Recreation Association's Benefits Data-Bank and the University of Toronto's Childcare Resource and Research Unit.

The top layer contains evaluations that include randomized controlled trials and some form of cost-benefit accounting, such as the University of Colorado's Blueprints resource and other hub websites.

The main challenge in carrying out this work was finding sufficient studies that were based on a rigorous methodological evaluative foundation. Determining whether an intervention achieves its intended impact requires a systematic methodology, such as the use of randomized controlled trials, which are expensive and need expertise, time and a large number of willing, randomly-assigned subjects.

Randomized controlled trials have worked well for evaluating some multi-year US pre-school and family support projects. They represent a less effective methodology for integrated human services or community-based interventions.

Most key informants interviewed for this study pointed to the need for improved methods to assess the value and benefits of human services. But while cost-benefit studies add a crucial dimension to the work, they also tend to place inordinate reliance on dollars alone.

Cost-benefit analyses were popular in the 1960s and 1970s but have proved controversial and divisive over the years. Whose 'cost' is being reported? The cost for a funder might be a benefit for the receiver and vice versa – e.g., caregiving can take a toll on families but shows up as a benefit for the health care system.

Even the widely-accepted evaluation and cost-benefit outcomes associated with US Headstart-type programming can be called into question by minor cost variances or when the intervention is used in other contexts. PriceWaterhouseCoopers' analysis of UK child care

demonstrates that small changes in inputs (e.g., the salaries paid to teaching staff) can reduce supposedly robust cost-benefit ratios to zero or less.

There are new areas of inquiry under way that may replace or complement cost-benefit analysis. The Social Return on Investment (SROI) movement emerged in response to the perceived need for evaluation mechanisms for social enterprises that can capture equity effects – i.e., whether policy changes result in creating greater opportunities for disadvantaged individuals and groups.

A Social Return on Investment approach also tries to address gaps related to consistency and shared language with respect to the notion of ‘value.’ The UK Government has taken the lead by producing an SROI Guide and supporting the work of the SROI Network that has developed a database of indicators to support Social Return on Investment analysis.

But there are also questions about and limits to the Social Return on Investment methodology. There are concerns about an approach that seeks to quantify all dimensions of value and that places less importance on qualitative evidence.

This challenge is being addressed through important work like that under way at the Alberta Council of Disability Services. In 2000, ACDS researchers developed a set of quality of life indicators based on in-depth interviews with persons with disabilities. The methodology helps translate their qualitative responses into a quantitative framework.

The relatively new developmental evaluation methodology appears far more appropriate to emerging complex community initiatives in which the pathways to achieving designated goals are less obvious and direct.

A recently released paper, *Evaluating Social Innovation*, discusses the merits and appropriate use of development evaluation methodology from the perspective of philanthropic decision makers and innovators. The authors conclude that traditional evaluation approaches have failed to meet and, in some cases, impede the success of change initiatives. They cannot keep pace with the fast-paced informational requirements of such efforts and they hold too tightly to pre-set plans that “lose their relevance as the initiative unfolds” [Preskill and Beer 2012].

The paper also points to the disconnect that often exists between what is funded and what is experienced over the course of an intervention, an occurrence that may arise when traditional evaluation processes are applied in situations better suited to developmental evaluation:

Decision makers and innovators (often grantees) who are evaluated on how well a set of planned activities is implemented – or whether those planned activities produce the predicted outcomes – have a strong incentive to stick to those plans no matter how the environment around them or the interests of other stakeholders change. Exploration and experimentation, and perhaps even the ability to envision alternative paths, are shut down [Preskill and Beer 2012: 5].

In addition to methodological challenges, some of the reports identified in a given human services area appear to contradict the findings of other researchers. For example, an Australian paper that reviewed 108 early childhood intervention programs from around the world concluded that there was insufficient data to “...comment on the usefulness of early childhood interventions as a general strategy to sustain improvements for children in the long term” [Wise et al. 2005]. However, this conclusion runs counter to several landmark US and Canadian studies that document the value of early childhood development and care [Cleveland 2012].

There are other equally important contextual challenges. The conversation among human service providers has expanded to include challenges related to service integration, self-directed services and community-wide impact.

Service integration involves the joint delivery of diverse combinations of services. This fusion makes it more difficult to separate out the impact of any one given human service.

There has also been a move, particularly among persons with disabilities, toward self-directed services in which consumers determine the specific supports they require. Moreover, the evaluation of services is done by consumers rather than by the agencies delivering the services or the organizations that fund them – be they government, United Way, community foundation or private foundation. There are fewer formal evaluations of these self-directed services; consumers who do not like the supports they have purchased simply look for alternative options.

Community-based organizations in Canada and the US have been investigating more meaningful ways to measure collective impact – where diverse local organizations come together in communities to solve complex social problems. Again, the evaluations have moved away from determining the value of specific services toward assessing the impact of the comprehensive efforts as a whole.

Developmental evaluation has been used increasingly as a methodology to assess these efforts. Like the Social Return on Investment approach, developmental evaluation is rooted in the process of creating a framework for change that guides the community work.

b. Definitions

Canada’s diverse community human services sector does not employ a common language and framework for action. At the outset of this study, the word “benefit” was employed broadly in order to determine the scope of the relevant literature. The literature search also included terms such as value, social value, social benefit, cost/benefit of services, cost effectiveness, social impact and social return on investment. By no means is the term “benefits lens” commonly held or understood outside the bounds of this project.

The key informant interviews made clear that “community human services” is not a widely-used term. There was some question as to why the word “human” was necessary; for

some, it seemed too mechanical and implied a contradiction to the sense of closeness and cohesion implied by “community.”

The widely variable word “community” deserves its own mention. One key informant defines it as the web of relationships that exist between people. Others understand community as locally provided services that are funded mainly by provincial and federal governments and local boards of directors.

Another challenge stems from the fact that the categories of human services employed as the basis for this inquiry were not strictly defined. “Early childhood development and child care” was renamed “early childhood education and care,” in keeping with the term used by many Canadian researchers.

Some service areas overlapped with others. Sometimes it was necessary to make an arbitrary decision as to the categorization of a given study in the areas of family counselling and support, child welfare and early childhood education and care. There are overlaps, for example, between crime prevention strategies and supports for at-risk youth.

In some senses, the lack of distinct categorization reflects the reality of human service delivery and actually can be considered a good thing. Because people’s lives involve a continuum of activities and relationships, human services need to be interlinked and integrated. The following examples illustrate this shift toward the integration of human service delivery.

c. Service integration

McMaster University, Caregiving

Dr. Gina Browne is founder and director of the Health and Social Service Utilization Research Unit at McMaster University. In 2009, she became the program lead of a Ministry of Health and Long-Term Care-funded Applied Health Research Network program entitled Innovative and Integrated Systems of Prevention and Care.

The Research Unit initiates, implements and coordinates studies of persons with co-existing problems, simultaneously using health and social services. Studies test the effectiveness and efficiency of multisectoral and proactive service interventions provided through alliances among service agencies for vulnerable children, adults and seniors.

McMaster University, Optimal Aging

In September 2012, the university received a \$10 million endowment to promote healthy aging. McMaster will sponsor interdisciplinary research and establish a website on healthy aging in order to provide accessible information to the public, health care professionals, researchers and policy-makers.

RAPP

The University of Alberta's Research on Aging, Policies and Practice (RAPP) is an international, multidisciplinary team investigating the costs and contributions of adults with chronic illness and disability. RAPP's website contains an extensive collection of studies that explore the contributions – paid and unpaid – of family caregivers of adults with chronic illness and disability.

The team's approach to valuing the cost element involves examining the consequences of recent health and social policy reform for family and friends who care for aging adults with chronic illness and disability. Of particular interest are the economic consequences of having to make employment adjustments in order to provide care. On the contributions side, the team is exploring the productive and social engagement of aging adults. Fast also conducts research on workplace policy as it relates to family members' ability to balance paid work and family demands.

Families First Edmonton

Families First Edmonton (FFE) is a \$10 million, six-year study to determine whether delivering health, family support and recreation services in a coordinated way can lead to better outcomes for low-income families. Co-led by Alberta Employment and Immigration and City of Edmonton Community Services, its overall mission is to improve the well-being of low-income families and their children through innovative service delivery, applied research and well-informed public policy. More than 20 partners are involved in the project.

FFE underwent several phases from original concept exploration in 2000 to partnership development, design and delivery. Its data collection phase ended in 2011 and members are now using preliminary results to improve service delivery. At the end of the project, longitudinal data will be organized and categorized along many parameters. With more than 20 partners involved in FFE, many areas of interest and synergy are likely to emerge through further contact with Network members. Final research results will be released in late 2012.

University of Alberta researchers followed 1,200 families for up to two years during the service delivery intervention and followed up for a further three years to determine longer-term outcomes. FFE team member and health economist Konrad Fassbender has developed a Family Services Inventory that tracked the health and social services used by families, including child care, and community and health-related services. Data points allowed periodic snapshots of the services being accessed.

Fassbender and a team of researchers designed a "cost-utility" analysis for the project. This innovative approach focuses on the utility of the family unit by examining costs and outcomes from the point of view of *both* the health care and social services sectors. Health care interventions are easy to identify and measure (e.g., number of trips to the doctor). By contrast, social services are delivered by government and nonprofit agencies in what often appears as a confusing and overlapping way. Worse still, there are no data sets that track usage.

FFE adopted an encounter-based approach to look beyond traditional health care tracking and focus on family use of social services. Members surveyed and interviewed families and provided them with calendars to track their appointments. The team used this data to measure social service contacts over time.

By reviewing data from the perspective of both families and government (health and social services), the FFE team was able to locate discrepancies between the two viewpoints to discover possible incentives-based solutions. For example, from a government point of view, co-locating services is cost effective, but the choice of location often makes them difficult for families to access. Result: fewer families use the service. If the goal is improved quality of life for families, the discrepancy between co-location and use could be bridged by offering families transportation incentives paid for from the cost savings realized through co-location.

Red Deer

The Red Deer and District Family and Community Support Services (FCSS) Board has been delivering preventive social services under Alberta's FCSS program since 1968. FCSS is a provincial/municipal partnership that is cost shared 80/20 and aims to enhance "the social well-being of individuals and families through promotion or intervention strategies provided at the earliest possible opportunity" [Alberta Children and Youth Services 2012].

In 2009, the FCSS Board in Red Deer approved a new funding model to help provide a strategic investment strategy for use of limited resources. It would be based on 13 guiding principles, its priorities would be established by community members and an accountability framework would direct the activities of the Board and funded organizations.

Three factors make this funding model unique and innovative. The model is principle-based, the investment strategy is a creative adaptation of a theoretical social change model and the implementation has been strictly guided by the model itself.

d. Community impact

Human services are being delivered increasingly through multifaceted local interventions known in Canada as comprehensive community initiatives (work done by US researchers refers to them as community change initiatives). These present unique evaluation challenges.

United Way Halifax and Area continues neighbourhood impact efforts that began in the mid-2000s through its involvement with the Action for Neighbourhood Change (ANC) initiative. Funded by five key federal government sponsors in three departments and overseen by five national partners and five local United Ways, ANC was a two-year learning initiative. It explored and assessed approaches to locally-driven neighbourhood revitalization to enhance the capacity of individuals and families to build and sustain strong, healthy communities.

Working with residents, not-for-profit agencies, and public and private sector partners, ANC combined resources in new ways to develop creative locally-based solutions for sustainable community development and neighbourhood revitalization. The benefits derived from residents' perspectives focused mainly on tangible outcomes – e.g., regular litter collections, security-focused lighting and walking paths, and more social- and youth-focused activities. Over time, residents realized the value of establishing autonomous neighbourhood committees to strengthen local relationships and services.

The ANC model helped shape United Way Halifax and Area's continued work in two neighbourhoods between 2007 and 2012. Local staff are in the process of formulating a new approach to their community development work. Part of their thinking has been influenced by leading business writer Jim Collins. His *Good to Great and the Social Sectors* monograph advocates not so much a focus on getting the right metric but rather applying the best one consistently available. He argues that achieving clarity on goals and regular measurement will demonstrate whether or not there is movement in a positive direction.

Vibrant Communities was a ten-year action research initiative that operated from 2002 to 2012. Partners from government, business, community and people in poverty worked toward common goals.

Vibrant Communities enabled 14 Canadian communities to experiment with local solutions to reduce poverty. Its objectives were to reduce poverty, increase engagement, change public policy and foster community innovation. Several United Ways were local partners in the work. VC adopted an evaluation framework that continually measured project-specific indicators. These included establishing tracking measures that could assess community will and capacity, systems and policy change, and individual and household poverty reduction benefits [Tamarack Institute 2010].

Vibrant Communities has had a beneficial influence on thousands of low-income families across Canada. One of its lessons is that social innovations introduced at multiple levels of scale often involve different and considerable lag times as actors in a system get to know one another and adopt new ways of working.

The Aspen Institute's Roundtable on Comprehensive Community Initiatives was established in 1992 and has produced three volumes of reflections on its work. Roundtable Director Anne Kubisch has shared her insights with Vibrant Communities members over the past decade [Aspen Institute 1997, 2002 and 2010].

The Institute's third volume, *Voices From the Field III: Lessons and Challenges from Two Decades of Community Change Efforts*, presents both the accomplishments and continuing challenges of this work as it has unfolded in the US. The book draws from 48 community change efforts which included \$1 billion in funding from philanthropic organizations and a further \$10

billion in public investment. The impacts of these initiatives were grouped into four categories: human development; physical and economic development; community building and capacity; and policy and systems change.

In the area of human development, change efforts were successful in establishing best practices at the level of the individual – in child care, development, health, employment – but outcomes were not effected at the community or population level.

Housing and other physical infrastructure programs helped spark community-level action and were successful in reducing crimes and improving property values. Gains in commercial development did not translate into economic revitalization.

In the area of community building and capacity, new leadership emerged, residents increased their connections with one another and organizational capacity improved. Citizens found they could organize, plan and speak with a collective voice that was heard at the municipal level.

With respect to policy and system change, community change efforts “legitimized” place-based work and were successful in attracting funding. Conversations emerged along the parallel lines of policy and systems change. Powerful allies could now understand and speak for the communities agenda.

Despite all of these gains, community change initiatives have not yet transformed neighbourhoods, effected population-level change, spurred economic development or triggered system reform. In summary: “We can’t reduce poverty and promote equity without community-based efforts, and we have put many of the basic elements in place for future success and learned a lot about how to do this work well” [Kubisch 2012].

Similarly, US Collective Impact projects outlined in a 2011 article by Kania and Kramer argue against that country’s 1.4 million nonprofits using what it terms “isolated impact” – finding solutions within a single organization that can be replicated to widen the effect. Instead, they believe in the need to shift from isolated impact to collective impact by adopting a systemic approach to social change. Collective Impact involves five conditions: a common agenda, shared measurement systems, activities that mutually reinforce the plan of action, continuous communication and the presence of a backbone organization that can manage the undertaking [Kania and Kramer 2011].

Projects of this type have gained wide attention in the US through the Obama administration’s efforts to “move the needle” on challenging community issues. Working with the White House Council for Community Solutions, members of the Bridgespan Group reviewed more than 100 collaboratives and identified 12 that had achieved 10 percent-plus progress on a key community-wide indicator. Reducing teen pregnancy in Milwaukee and designing effective transportation solutions that helped Nashville youth attend school (ultimately affecting graduation rates,

school performance, youth crime and public safety) were typical of the benefits achieved through these model initiatives [Jolin, Schmitz and Sheldon 2012].

Several questions about the assessment of benefits emerged from conversations with United Way representatives. First, some interviewees questioned whether the benefits lens is simply a new word for outcomes, which human services organizations already assess. Some United Ways are moving to outcome-focused evaluation models and the larger agencies have sufficient funds to conduct their own program evaluations.

Pressure from governments to move to common outcomes frameworks requires the demonstration of progress. Results-based accountability, including Social Return on Investment, is applicable in their view only to certain kinds of services such as Head Start-type programming. Several respondents felt that there is simply not the capacity to deliver this type of evaluation appropriately. The result: There now exist many experimental practices not founded on existing knowledge.

As an organization, United Ways in Canada are exploring the use of metrics and are currently employing a variety of methods in order to show impact. While there are no definitive answers yet, they will be releasing a public discussion paper at the end of 2012 that will review trends, measures, themes and challenges for the community sector.

Other groups, such as the Ontario Centres of Excellence and MaRS, are also investigating social impact metrics tools. The Boston Consulting Group has done SROI analysis for several groups, most notably Pathways to Education <http://www.pathwaystoeducation.ca/results/return-investment>. The results appear impressive: cost-benefit reported of \$24 to \$1, a cumulative lifetime benefit to society of \$600,000 for every Pathways graduate.

While SROI users must work hard to overcome limitations (e.g., favouring fiscal outputs over others; operating with unstated assumptions about attribution; and distortions in returns), the model encourages service providers to think about the benefits and costs of their interventions in a more disciplined way, which can lead to improved program design [Mark Cabaj personal communication 2012].

Promising developments

One of the promising developments in the human services field lies in the emergence of networks and hub websites. Their purpose is to pull together and collect in one place all the helpful literature references and data sources in a given service area(s). Of particular note are the following hubs:

- The Promising Practices Network website. Operated by the RAND Corporation, it offers research-based information on effective approaches to improve the lives of

children and families. Referred to as a best practices or model program site, PPN provides information on “Programs that Work.”

<http://www.promisingpractices.net/programs.asp>

- The UK’s Social Care Institute for Excellence gathers and analyzes knowledge about effective approaches and translates that knowledge into practical resources, learning materials and services, including training and consultancy. Its mission is to improve the knowledge and skills of human service workers – managers, frontline staff, commissioners and trainers – and of service consumers. The focus of this resource is “caring” and includes children, seniors and persons with disabilities.
<http://www.scie.org.uk/>
- The Evidence Database on Aging Care is a search engine with worldwide reach. It was established to help scholars, policy analysts and advocates stay on top of the latest research and innovations in aging care, including health care and social services. <http://www.searchedac.org/>
- Washington State Institute for Public Policy prepares a *Consumer Reports*-like list of what works and what does not, ranked by benefit-cost statistics and a measure of investment risk. Researchers calculated the return on investment to taxpayers from evidence-based prevention and intervention programs and policies in the areas of kindergarten-Grade12 education, early childhood education, child welfare, adult mental health and substance abuse. Begun in the early 2000s as a benefit-cost approach to identify programs with the potential to reduce crime and save money, other policy areas were later added including K-Grade 12 education, early childhood education, child welfare, adult mental health and substance abuse. (See July 2011 example at: <http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf>)
- The University of Colorado Boulder’s Center for the Study and Prevention of Violence’s Blueprints initiative was established to identify violence and drug prevention programs that meet a high scientific standard of effectiveness. Blueprints describes 11 model programs, all of which have a high level of evidence supporting their effectiveness. In addition, Blueprints has designated 22 promising programs that have shown good results but require either replication in another community or additional time to demonstrate their effectiveness and sustainability.
<http://www.colorado.edu/cspv/blueprints/modelprograms/TND.html>
- Similar to the Blueprints initiative, but wider in scope and reach, the International Centre for the Prevention of Crime’s materials resemble the listings of the Canadian Parks and Recreation Association’s National Benefits Hub.
<http://www.crime-prevention-intl.org/>
- Another repository for crime prevention information is available through the US Department of Justice, National Institute of Justice *CrimeSolutions.gov* website

(<http://crimesolutions.gov/about.aspx>). The program uses rigorous research to inform practitioners and policy-makers about effective approaches to criminal justice, juvenile justice and crime victim services. Potential justice-related programs are identified through literature searches of relevant databases, journals and publications, or nominations from experts and practitioners. Before a program's evidence is reviewed and rated, the program is screened to determine whether it meets *CrimeSolutions.gov*'s criteria for inclusion on the website.

- Human Resources and Skills Development Canada (HRSDC) posts summative reports grouped into eight areas: income security, labour, learning, Service Canada, skills and employment, social development, Labour Market Development Agreement and miscellaneous. Reports include summaries of process evaluation methodology, outcomes and cost-benefit evaluation results. It should be noted that not all HRSDC-funded reports are posted to this website.

http://www.hrsdc.gc.ca/eng/publications_resources/evaluation/index.shtml

Finally, in the UK, there has been discussion about the need for a “NICE” for social policy, equivalent to the National Institute for Health and Clinical Excellence (NICE). NICE provides evidence to the National Health Service on which drugs and treatments are cost effective. Similarly, it is proposed that a national evidence centre or network for social policy would “help to institutionalise evidence in the decision-making process” related to social interventions [Putick 2012]. The establishment of a central information hub or linked hub sites for social policy would increase the flow of data, ideas and recommendations among sector researchers and policy-makers.

Concluding thoughts

This literature review on the benefits of community human services found mixed results with strengths in certain areas and weaknesses in others. An equally important finding was the evolving conversation about the evaluation of community human services. Overall, there appears to be an emerging preference for social value over cost savings and collective action over single interventions. Future tracking of community human services may well provide a wide-ranging and possibly somewhat different set of results.

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Appendix A
Key Informants

Community-based

1. Lyne Poitras, *Centraide Montréal*
2. Theresa Coles, United Way of the Lower Mainland
3. Michelynn Laflèche, United Way Greater Toronto
4. Dan Clement, United Way/*Centraide* Canada
5. Paul Shakokto, United Way Halifax
6. Talia Bell, United Way of Calgary and Area
7. Katherine Scott, Canadian Council on Social Development
8. Atif Kubursi, McMaster University
9. Lynn Eakin, Ontario Nonprofit Network
10. Liz Weaver, Tamarack Institute
11. Mark Cabaj, Tamarack Institute; From Here to There
12. Konrad Fassbender, Families First Edmonton

Child development, child care

13. Gordon Cleveland, University of Toronto
14. Jane Arbing, Best Start

Child welfare

15. Gord Phaneuf, Child Welfare League of Canada
16. Lavonne Roloff, Alberta Home Visitation Network

Supports for families

17. Fred Phelps, Canadian Association of Social Workers

Family literacy

18. Janet Lane, Literacy Alberta
19. Sharon Skage, Centre for Family Literacy, Edmonton
20. Scott Murray, President, DataAngel Policy Research Incorporated

Disability supports

21. Michael Prince, University of British Columbia
22. Cam Crawford, Institute for Research and Development on Inclusion and Society
23. Roy Hanes, Carleton University School of Social Work
24. Tyler Hnatuk, Canadian Association for Community Living (policy and program)
25. Michael Bach, Canadian Association for Community Living
26. Fraser Valentine, (formerly, Canadian Policy Research Networks), now at Citizenship and Immigration Canada

27. John Lord, consultant
28. Tim Stainton, University of British Columbia
29. Fran Odette, Family Service Toronto
30. Sandra Carpenter, Centre for Independent Living Toronto

Home care and other services for seniors

31. Bonnie Schroeder, Victorian Order of Nurses Canada
32. Marcus Hollander, Hollander Analytical
33. Janet Fast, University of Alberta

Crime prevention

34. Irvin Waller, University of Ottawa

Services for at-risk youth

35. Mark Totten, Totten and Associates

Appendix B

Early Childhood Education and Care

Research highlights

Foundational evaluation research in the US – notably Belfield et al.’s review of the High Scope/Perry Preschool Program – set a high bar for reviewing early childhood interventions. The US has continued to build repositories of evaluation reports that strive to establish and maintain program design and evaluation standards while also including cost-benefit analysis.

Operated by the RAND Corporation, the Promising Practices Network (PPN) website provides research-based information on effective methods to improve the lives of children and families. Similar to the Blueprints program (see Crime Prevention and Supports for At-risk Youth in Appendices H and I), the Programs that Work site features summaries of 84 programs and practices that are proven to improve outcomes for children (104 others are reviewed).

Programs can be searched along several search parameters – e.g., outcome area, indicator, topic and evidence level. All initiatives have been assessed for quality to ensure that they demonstrate evidence of positive effects. (See: <http://www.promisingpractices.net/programs.asp>).

Programs are assigned to one of three evidence level categories (Proven, Promising or Other Reviewed Programs) according to a number of evidence criteria. The four original ‘gold standard’ programs appear in the ‘Proven and Promising’ category: Perry Preschool, Abecedarian Program, Chicago Child-Parent Centers and Head Start.

Other web-based resources

The University of Toronto’s Childcare Resource and Research Unit (CRRU) is a repository of Canadian reports that can be searched across many parameters (www.childcarecanada.org).

Two US sites of note are Child Care and Early Education Research Connections. Operated by a collaboration among six federal research centres (including the US Department of Health and Human Services), it too offers a wide array of materials on early childhood development (<http://www.researchconnections.org/childcare/welcome>). The National Child Care Information Center, a service of the Child Care Bureau, is a national clearinghouse and technical assistance center that links parents, providers, policy-makers, researchers and the public to early care and education information. Its library link is [http://nccic.acf.hhs.gov/library/index.cfm?do="oll.search">oll.search](http://nccic.acf.hhs.gov/library/index.cfm?do=)

The Annie E. Casey Foundation established KIDS COUNT®, a national and state-by-state effort to track the well-being of children in the US. Providing high-quality data and trend analysis, the initiative seeks to enrich local, state and national discussions regarding ways to

secure better futures for all children and to raise the visibility of children's issues through a nonpartisan, evidence-based lens. The Foundation maintains a project data centre which features hundreds of indicators and more than four million data points. It also funds a network of state-level organizations that build a community-by-community picture of the condition of children, monitors budget and legislative decisions, and provides evidence-based analysis of effective programs for children and families. In addition, a National Outreach Partners group promotes the KIDS COUNT® data and analysis to a larger network of nonprofits, philanthropies, advocacy organizations and researchers. See: <http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx>

International perspectives

A discussion paper recently released by the World Health Organization and UNICEF is a reminder that children with disabilities have the same rights as other children to health care, nutrition, social inclusion as well as access to appropriate supports, such as early childhood education and care.

Benefits of participation in such programming are presented using human rights, developmental, scientific and programmatic rationales [WHO 2012: 18]. For example, the scientific rationale emphasizes that the first three years of a child's life are a critically important developmental window. The programmatic rationale emphasizes improved rates of survival, growth and development, improved outcomes in later schooling and the opportunity such programming provides parents to participate in the labour force. The paper was written as a "foundation for long-term strategic and collaborative processes that will improve developmental outcomes, participation and protection of young children with disabilities" [WHO 2012: 5].

Canadian perspectives

Despite the easier availability and accessibility of such large evidence repositories, many questions remain around issues such as the context-sensitive nature of outcomes; the durability of measurement processes, tools and outcomes; and the debate regarding how best to assess value and social return on investment.

Several Canadian studies by Gordon Cleveland build on the four gold standard programs listed above. He presents a thorough exploration of the limits of applying a strict cost-benefit analysis to an evaluation of child care program options. In his chapter in *The Economics of Early Childhood Education and Care in Canada* [Cleveland 2012], Cleveland summarizes and applies these study results to a Canadian perspective. He points out the many assumptions and cost-benefit variances at play when attempts are made to replicate and expand programs from one environment and circumstance to another.

For example, Cleveland cites the 2004 PriceWaterhouseCoopers study that modelled the costs and benefits of a universal high-quality child care program of the Swedish or Danish type

applied to the UK. He notes that the PriceWaterhouseCoopers study includes a sensitivity analysis, which makes it clear that shifts in assumptions can bring benefits and costs to a net value of zero.

Cleveland reviews academic and policy evidence about the size of the costs and benefits of early childhood education and care (ECEC) services. These vary according to the specifics of policy reform – which determine service quality – and the incentives these reforms provide. The author argues that well-designed ECEC policy reforms can maximize benefits while streamlining costs.

Cleveland concludes that, regardless of parental income or family type, some form of ECEC program demonstrates positive effects on children. In his view, policy should treat ECEC as a public service. He recommends that public investment must be tied to costs that clearly reflect the quality of care (which causes costs to rise). The degree of employment support for mothers must also be included in benefit calculations.

The Quebec child care system provides Canada with a useful data and comparison model. Reports now note that there are beneficial effects on children's behaviour and cognitive development, family size is increasing and mothers are attending educational institutions and participating in the labour market in ever-higher numbers. However, recent studies also show that quality is low overall and varies according to the kind of centre. While not-for-profit centres rank better than for-profit centres, the latter have surged in number since a 1990s moratorium was lifted in 2003.

***Intervention summaries that align with the CWS Network's benefits lens perspective
Biological Embedding of Early Social Adversity: From Fruit Flies to Kindergartners***

*Canadian Institute for Advanced Research (CIFAR)
Highlights from the CIFAR website release, dated October 9, 2012:*

CIFAR announced the release of a publication that changes our understanding of the early years of human life. Scientists have amassed a large collection of research that examines how and why experiences interact with biology starting before birth can affect a life course.

Authored mainly by researchers in CIFAR's Experience-based Brain and Biological Development program and edited by co-directors W. Thomas Boyce (University of British Columbia) and Marla Sokolowski (University of Toronto), the volume is a multidisciplinary collection of 25 papers ranging from molecular genetics, evolutionary biology and neuroscience, to social and behavioural science, epidemiology and social policy.

The implications of the research are far-reaching, from new approaches to learning and language acquisition, to considerations about the health effects of social environments affecting large populations, and policies for early childhood care and education.

The main conclusion of this study is that investing in early learning yields positive returns for the individual and for society. It can help all children not only reach their potential but also stave off a series of medical and mental health conditions later in life associated with childhood adversity.

CIFAR announcement, October 9, 2012:

<http://www.cifar.ca/changing-our-understanding-of-the-early-years-of-human-life>

Globe and Mail editorial, October 12, 2012:

<http://www.theglobeandmail.com/commentary/editorials/how-to-improve-life-for-at-risk-children/article4607474/>

The Efficacy of Early Childhood Interventions

Wise et al., 2005

This paper was written in response to the lack of cost-benefit studies undertaken on social services. It sets out the purposes and principles upon which to base this work.

The paper evaluates from a cost-benefit perspective 108 early childhood intervention programs from around the world and concludes that there is insufficient data to “...comment on the usefulness of early childhood interventions as a general strategy to sustain improvements for children in the long-term.”

However, the interventions did produce significant improvements across a wide range of outcome domains. The greatest changes were observed with respect to children’s cognitive skills and child outcomes with parent-related outcomes showing the least improvement. Most of the positive effects on child outcomes were the result of centre-based interventions rather than home visiting or case management interventions.

The measured effects of early childhood interventions were limited primarily to the immediate and short-term time frames. Reductions in acts of delinquency and crime, which are easily measured, were the most enduring intervention effects reported. But only 13 of the 32 reviewed interventions (40.6 percent) followed up participants for more than two years. The Perry Preschool Project stands out as the only intervention to collect comprehensive evaluation data on participants into adulthood.

The paper argues that, ideally, evaluation should be planned at the same time as the intervention is designed to enable random assignment and the cheapest form of data collection. The authors recommend that the four parts of a cost-benefit analysis should be conducted separately. These include:

- estimating net impact
- measuring benefits – pecuniary and non-pecuniary

- measuring costs – pecuniary and non-pecuniary
- combining costs and benefits into a present value calculation.

Wise, S., L. de Silva, E. Webster and A. Sanson. (2005). *The Efficacy of Early Childhood Interventions*. Melbourne: Australian Institute of Family Studies, Government of Australia.
<http://www.aifs.gov.au/institute/pubs/resreport14/aifsreport14.pdf>

***The High/Scope Perry Preschool Program: Cost-benefit analysis
 using data from the age-40 follow-up
 Belfield et al., 2006***

A cost-benefit analysis of this program was conducted in 2006 using a randomly selected group of 123 individuals age 40 who had been involved in preschool programming for at-risk children in Michigan in the 1960s. The research updated an earlier study carried out in 1996 that used data on individuals up to age 27 and assessed the primary benefit of higher adult earnings.

Typically, cost-benefit studies compare the costs of a given program with its associated benefits. In this study, contribution was determined by comparing the outcomes of a group that was randomly assigned to receive the program with the outcomes of a control group. The main challenge was to measure the most significant benefits of participation in monetary terms. These were calculated in dollar amounts to the age of 40 and extrapolated to age 65.

Where earlier studies had predicted future outcomes, this study permitted the gathering of more complete and detailed data. Researchers were able to confirm early predictions and refute questions of program fadeout – i.e., whether benefits had a lasting effect.

The benefits of participation were assessed as gains in earnings, reductions in crime and changes in welfare receipt. But there were differences in schooling and adult education costs. Because benefits accrue to both the individual and society, separate cost-benefit analyses were conducted for each category.

Fifty-eight of the subjects in this analysis were enrolled in the Perry Preschool Program; 65 were in a control group. Program costs and their impact on educational attainment, earnings, criminal activity and welfare receipt were compared.

The results found that the Perry Preschool group earned significantly higher salaries. For the wider tax-paying community, the program effected a \$12.90 improvement per dollar invested, realized in the areas of higher tax revenues, lower criminal justice system expenditures and reduced welfare costs.

The authors note that the bulk of the financial gains came mainly from reduced crime by males. They note further that a cost-benefit framework places little emphasis on cognitive impacts, focusing instead on general economic and social outcomes which are influenced by non-cognitive as well as cognitive differences.

Belfield, C., M. Nores, S. Barnett and L. Schweinhart. (2006). "The High/Scope Perry Preschool Program: Cost-benefit analysis using data from the age-40 follow-up." *Journal of Human Resources* 41: 162-190.

Early childhood education: Young adult outcomes from the Abecedarian Project
Campbell et al., 2002

The Abecedarian project was a carefully controlled scientific study of the potential benefits of early childhood education for children living in poverty. Four cohorts of individuals, born between 1972 and 1977, were randomly assigned as infants to either the early educational intervention group or a control group. Children from low-income families received full-time, high-quality educational intervention in a child care setting from infancy through age 5. Each child received an individualized prescription of educational activities.

Educational activities consisted of games incorporated into the child's day. Activities focused on social, emotional and cognitive areas of development with a special emphasis on language. Children's progress was monitored over time with follow-up studies conducted at ages 12, 15 and 21. One hundred and eleven infants were in the original sample; 104 took part in the follow-up. The young adult findings demonstrated that important, long-lasting benefits were associated with the early childhood program.

Campbell et al. confirmed that the preschool intervention remained a significant predictor of children's academic outcomes. They reported that participants in the preschool treatment group scored significantly higher on intellectual and academic measures as young adults, attained more years of total education, were more likely to attend a four-year college and had lower rates of teen pregnancy. In addition, "preschool treatment was associated with educationally meaningful effect sizes on reading and math skills that persisted into adulthood" (p. 42). However, there were no significant academic effects associated with the school-age phase alone.

Campbell, F., C. Ramey, E. Pungello, J. Sparling and S. Miller-Johnson. (2002). "Early childhood education: Young adult outcomes from the Abecedarian Project." *Applied Developmental Science*, 6(1): 42-57.
http://www.tandfonline.com/doi/abs/10.1207/S1532480XADS0601_05

The Benefits and Costs of Head Start
Ludwig and Phillips, 2007

Early Head Start, a US federal program begun in 1995 for low-income pregnant women and families with infants and toddlers, was evaluated through a randomized trial of 3,001 families in 17 programs. Analyses showed that 3-year-old children performed better than did control children in cognitive and language development, displayed higher emotional engagement of the parent and sustained attention with play objects, and were lower in aggressive behaviour. Compared with controls, Early Head Start parents were shown to be more emotionally supportive, provide more language and learning stimulation, read to their children more and spank less. The

strongest and most numerous impacts were for programs that offered a mix of home visiting and center-based services and that fully implemented the performance standards.

Despite its long history, the program had come under scrutiny in the early 2000s, with several influential papers suggesting that the money spent on the program could have been used elsewhere. In 2007, Ludwig and Phillips reviewed previous Head Start evaluations, undertook a cost-benefit analysis of the program and included more long-term data from early cohorts of program participants.

In conducting their cost-benefit analysis, the authors concluded that despite limitations in the available program evidence, Head Start would pass a cost-benefit test. They argue while program design and cost-effectiveness could be improved, or funding be diverted instead to state pre-kindergarten programs, such changes would come with their own risks and as-yet unproven benefits.

Ludwig and Phillips conclude by noting that “the available evidence suggests to us that the Head Start program as it currently operates probably passes a benefit-cost test. Changing the program in various ways that have figured prominently in recent policy discussions may not make the program any better, and could make things worse.”

Ludwig, J. and D. Phillips. (2007). *The benefits and costs of Head Start. Working Paper No. 12973.* Cambridge, MA: National Bureau of Economic Research.

***Effects of a school-based, early childhood intervention on adult health and well-being:
A 19-year follow-up of low-income families
Reynolds et al., 1997, 2002 and 2007***

The Chicago Child-Parent Centres (CPCs) program is a state- and federally-funded early childhood educational intervention for children in the Chicago Public Schools who are at risk of academic underachievement. Centres provide comprehensive educational and family support services for children ages 3 to 9 for up to six years of continuous intervention.

The Chicago Longitudinal Study investigated the Child-Parent Center program for more than 1,500 children born in 1979 or 1980. Findings from a matched 1989 graduating cohort of 878 program and 286 comparison-group children found that the longer children were associated with the program, the more significant the impact on school performance.

Measures selected by which to gauge the impact of the CPC included educational attainment, adult arrest and incarceration, health status and behaviour, and economic well-being. Children whose participation increased into second and third grade demonstrated significantly better academic performance than those whose association ended in kindergarten. Evaluators theorized that program activities likely helped boost long-term cognitive advantages and family support [Reynolds 1997].

In 2002, Reynolds and a team of researchers conducted a cost-benefit analysis of CPC, using data from a cohort of children born in 1980 who participated in the Chicago Longitudinal Study. Their findings indicated that the measured and projected economic benefits of preschool participation, school-age participation and extended program participation exceeded costs.

They calculated that the program provided a return to society of \$7.14 per dollar invested by increasing economic well-being and tax revenues, and by reducing public expenditures for remedial education, criminal justice treatment and crime victims. The extended intervention program (four to six years of participation) provided a return to society of \$6.11 per dollar invested while the school-age program yielded a return of \$1.66 per dollar invested.

A follow-up study carried out 19 years later by Reynolds et al. reviewed gains made by CPC graduates in 20 sites compared to control group children enrolled in alternative preschool programs. As in the previous evaluation, CPC graduates were shown to have high rates of school completion, college attendance and more years of education. They were more likely to have health insurance coverage; less likely to have been arrested, convicted or incarcerated; and showed fewer depressive symptoms (ultimately needing less out-of-home placement). Participation in both the preschool and school-age CPC interventions was associated with higher rates of full-time employment, higher levels of educational attainment, fewer arrests for violent offences and lower reported rates of disability.

The authors concluded that participation in a school-based intervention beginning in preschool was associated with a wide range of positive outcomes. Findings provide evidence that established early education programs can have enduring effects on general well-being into adulthood.

Reynolds, A. (1997). *The Chicago Child-Parent Centers: A Longitudinal Study of Extended Early Childhood Intervention*. Paper prepared by University of Wisconsin Institute for Research on Poverty in its series *Institute for Research on Poverty Discussion Papers* with number 1126-97.
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Appendix C *Child Welfare*

Research highlights

The international child welfare community of practice is undergoing a profound shift from an institutional focus to a focus on the child. A spokesperson from a national child welfare organization argued that while the benefits approach is valid, there is virtually no work being done to evaluate child welfare services from this perspective in Canada. There is optimism that the United Nations child-centred direction of the last 15 years will greatly advance movement in the benefits direction, but the key informant cautioned that governments must be prepared to make the necessary investments.

In 2009, Trocmé et al. noted that there was no common framework for tracking how well Canadian children receiving child welfare services were doing. In an effort to promote a common language across Canada while tracking outcomes for children and families receiving child welfare services, researchers created the National Child Welfare Outcomes Indicator Matrix (NOM). NOM's design seeks to reflect the balance between a child's need for protection, a nurturing stable home, a family's potential for growth and the community's capacity to meet a child's needs. The Matrix uses four main categories among which to assess this balance: child safety, child well-being, permanence, and family and community supports [Trocmé et al. 2009].

Current trends in child welfare involve the prevention of child abuse and neglect as part of a coordinated agency strategy to address family dysfunction. Canadian studies have been launched to compare the cost-benefits of supplementing traditional Children's Aid Society practices with Wraparound services. A preliminary report from McMaster University noted that in the early 2000s, Ontario was spending more than \$1.1 billion a year on direct child welfare services (more than twice as much as in the late 1990s), with the majority of these resources spent on investigation instead of treatment. A variety of response models have been implemented in the US, Australia and Canada and are all at the beginning stages of systematic evaluation [Browne 2009].

Efforts to create a similarly supportive child welfare framework in New Zealand now emphasize three perspectives – initiatives are child-centred, family-led and culturally responsive [Connolly 2007]. Though clearly fitting the benefits lens, these efforts do not include cost-benefit analyses.

Researchers in Australia note that the measurement outcomes of early intervention programs which aim to prevent child abuse and neglect, and enhance child and family welfare are not rigorous enough and often rely on descriptive data for analysis [Valentine and Katz 2007]. There is increasing recognition of the need for longitudinal data in order to make definitive conclusions [James 2000].

Similarly, Australian researchers Izmir and Robinson produced a 2004 report that examined the range of potential monetary and non-monetary benefits that accrue to different stakeholders as a result of child protection and welfare initiatives. It discusses three valuation techniques (market-based, surrogate market and survey-based) and provides examples of their use along with their respective strengths and limitations. The researchers stop short of presenting specific cost-benefit data and analysis, though they advocate continued, interdisciplinary refinement of valuation techniques.

By contrast, work has been carried out in the US to calculate the costs of not providing adequate child welfare services – a cost avoidance approach as opposed to a determination of benefits. Avoiding future costs associated with incarceration, health care and welfare are presented as justification for the prevention of child maltreatment [Fang et al. 2012; Lee, Aos and Miller 2008]. While the results of US home visiting programs designed to prevent child abuse and neglect were found to be effective, the ability of such programs to deter violence by or against juveniles has not been proven with certainty [Bilukha et al. 2005].

Web-based resources

The Canadian Child Welfare Research Portal provides access to up-to-date research on Canadian child welfare programs and policies. The Portal is a partnership supported by the McGill Centre for Research on Children and Families, the Factor-Inwentash Faculty of Social Work at University of Toronto and the Alberta Centre for Child, Family and Community Research. cwrp.ca

The Queensland Council of Social Services Inc. is a useful resource developed in Australia. <http://www.qcoss.org.au/ourwork/Prevention%20and%20early%20intervention>

The Annie E. Casey Foundation formed the Child Welfare Strategy Group (CWSG) in 2010, bringing together the Foundation's former Center for Effective Child Welfare Practice, its child advocacy Family to Family Initiative and the Casey Strategic Consulting group. CWSG collaborates and consults with clients to:

- strengthen agency management, operations, policy and frontline practice
- focus public officials, policy-makers, providers, advocates, communities and families on creating responsive systems and supportive communities for vulnerable children and families as well as fragile parents and caregivers
- improve outcomes for children and families with a focus on lifelong family connections.

<http://www.aecf.org/MajorInitiatives/ChildWelfareStrategyGroup.aspx>

Since its establishment as a research and policy center in 1985, Chapin Hall at the University of Chicago has worked to improve the well-being of children and youth, families and their communities. It uses policy research – the development and testing of new ideas, data

analysis and the examination of policies, programs and practices across a range of service systems and organizations. Chapin Hall's researchers represent many disciplines and include academics, government, service agencies and policy research organizations. <http://www.chapinhall.org/>

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Appendix D

Supports for Families

Research highlights

The majority of studies focused on home visitation programs. Maternal, infant and early childhood home visiting programs in the US were selected by the Obama administration as one of several service strategies within a comprehensive early childhood system. In March 2010, the US government enacted the *Patient Protection and Affordable Care Act* of 2010. It authorized the creation of the Maternal, Infant and Early Childhood Home Visiting program. This initiative facilitates collaboration and partnership at the federal, state and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs [US Department of Health and Human Services, HHS <http://mchb.hrsa.gov/programs/homevisiting/>].

The initiative will direct \$1.5 billion over five years to states to establish home visiting programs for at-risk pregnant women and children from birth to age 5. The Act stipulates that 75 percent of the funds must be used for home visiting programs with evidence of effectiveness based on rigorous evaluation research. Grantee organizations are required to provide evidence of quantifiable, measurable improvements for their participants.

Cost-benefit information on these programs is not yet available through Health and Human Services. However, a 2009 summary of rigorous evaluations of the most widely implemented US home visitation program models (Hawaii Healthy Start, Healthy Families New York, Home Instruction Program for Preschool Youngsters, Nurse-Family Partnership, Parents As Teachers and Parent-Child Home Program) supported the effectiveness of the Nurse-Family Partnership. The summary found few validated effects for the other models. Other evaluation reports confirm that standardized evaluation protocols for home visitation programs continue to require further development [Bair-Merritt 2011].

The RAND Corporation and Washington State Institute for Public Policy both performed a cost-benefit analysis of the Nurse-Family Partnership and have found that benefits outweigh costs, with savings seen through increased maternal employment creating tax revenues, lower use of public welfare, decreased spending on health costs and other services, and reduced involvement in the criminal justice system. The savings were far larger for the higher-risk group, with a savings of \$5.70 per dollar invested [Stone and Page 2009].

The factors of fidelity and quality have been identified as a way of maximizing the US return on its \$1.5 billion investment. ‘Fidelity’ includes adhering to a model’s staff training, certification and supervision requirements; delivering family-level services at the specified intensity; and covering the prescribed content. ‘Quality’ refers to how effectively the content is

conveyed to families – e.g., whether the home visitor engages parents during the visit and whether this engagement is evidence of a positive, trusting relationship between the home visitor and the parents [Daro 2010].

In summary, if home visiting programs are to have their maximum impact, service providers must follow carefully the guidelines mandated by the respective programs, use professional staff whose credentials are consistent with program goals, intervene prenatally with at-risk populations and carry out the programs with fidelity to their theoretical models.

Despite the high level of funding and profile, Canadian researchers might take note of several US studies from the early 2000s that refer to challenges with home visitation programs. These include lack of overall impact, differential effects by program site and/or difficulties tailoring the program to the community, retention of family participants, maintenance of intensity of the program, turnover of home visitors, cultural bias in measures and drift of program activities from building adaptation to focusing on risks.

Benchmark goals for US home visitation program include:

- improved maternal and newborn health
- prevention of child injuries, abuse, neglect or maltreatment, and reduction of emergency department visits
- improvement in school readiness and achievement
- reduction in crime or domestic violence
- improvement in family economic self-sufficiency
- improvement in the coordination and referrals for other community resources and supports.

A US research coordinating and program review agency – the Home Visiting Evidence of Effectiveness – conducts reviews of the home visiting research literature and assesses the effectiveness of home visiting program models. Since 2010, 12 programs have been identified as meeting the Health and Human Services criteria for evidence-based models. These are: Child FIRST, Early Head Start – Home Visiting, Early Intervention Program for Adolescent Mothers, Early Start (New Zealand), Family Check-Up, Healthy Families America, Healthy Steps, Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, Oklahoma Community-Based Family Resource and Support Programs, Parents as Teachers, and Play and Learning Strategies (PALS) Infant.

Canadian perspectives

Reports of Canadian family counselling programs follow a similar pattern to their US counterparts. Many have been shown effective in accomplishing the goals of maternal and child health. Some programs have been more rigorous than others in applying a cost-benefit-type analysis to project outcomes.

Best Start, Healthy Families, Success By 6 and the Canada Prenatal Nutrition Program (CPNP) are all Canadian versions of programs aimed to support young families.

Launched in 1995, the Canada Prenatal Nutrition Program underwent a summative evaluation in 2009. At that time, 330 CPNP projects operated in more than 2,000 communities across Canada. Each community-based project provided a comprehensive range of services including food supplements; nutrition and lifestyle counselling; prenatal, breastfeeding, infant attachment and child development education; social support and skill development; and referral to appropriate health and social services.

Evaluators found that participants who had higher exposure to the program were more likely to make positive changes in their personal health practices and to experience healthier birth outcomes for their infants. Postnatally, participants with higher exposure to CPNP were more likely to initiate breastfeeding and to breastfeed their infants longer than participants with lower exposure to the program.

As a way to measure the program's impact against a control population, a group of women comparable to the CPNP population was selected from the Canadian Community Health Survey. The two groups were assessed based on select risk characteristics. Economic analyses found that the overall average cost per birth among CPNP participants was \$1,915 compared to \$2,004 for the average birth in Canada (2005-06), which represents an average savings of \$89.24. For the 17,689 participants included in the costing analysis, this amount translates into an average savings of nearly \$1.6 million. These findings were seen as strong evidence that CPNP is achieving its intended outcomes and represent value for Canadians.

Additionally when stratified by age, the cost savings per Canada Prenatal Nutrition Program birth among mothers under age 20 compared to mothers of the same age across Canada exceeded \$230. Given that 26 percent of the CPNP participants included in the economic analysis were younger than age 20, this result represents a cost savings of more than \$1.1 million [CNCP website, accessed August 2012].

Best Start in PEI was expanded by the provincial government in summer 2012. The province announced \$60,000 in increased funding, bringing overall funding to more than \$1 million annually. Best Start is a voluntary in-home visiting program that identifies and provides service to families that face challenges. The new funding will allow families to receive Best Start services until their child is 36 months old. Previously, these were available only until the child became 24 months old.

A three-year evaluation of five Healthy Families early intervention programs located in centres across the country was funded by the National Crime Prevention Centre. (The PEI Best Start program was one of these initiatives.) While results in 2003 reported a number of positive child, family and community outcomes, researchers acknowledged their long-term and program cost conclusions were hampered by standardized evaluation instruments that focused on short-term change [Elnitsky et al. 2003].

A cost-benefit analysis of the Best Start program was separately contracted in 2005 by the National Crime Prevention Centre [Kerr 2005]. As part of that analysis, cost-benefit statistics for the Canadian context were extrapolated by reviewing evaluations of Healthy Families America, the Elmira Nurse Home Visiting Program, the Perry Pre-School Program and Hawaii Healthy Start.

Success By 6 is an Early Childhood Development initiative that began in Minneapolis in 1988 under the leadership of the local United Way. In the early 1990s, Edmonton's United Way started the first Success By 6 in Canada and the United Way of the Lower Mainland started the first BC initiative in 1998. Success By 6 is now offered in more than 350 communities in Canada and the US.

British Columbia's Success By 6 program operates as a collaborative partnership among the Credit Unions of BC, United Ways, the provincial government (Ministry of Children and Family Development) and communities. Since April 2003, the Early Childhood Development Provincial Partnership has led the expansion of Success By 6 initiatives that now reach close to 250 communities, bringing together leaders from all sectors (business, labour, health, education, social services, Aboriginal communities), and raising millions in cash and in-kind contributions. Funds raised locally stay in the community to support identified early childhood development.

Intervention summaries that align with the CWS Network's benefits lens perspective

Home Visiting Programs and Their Impact on Young Children

Zercher and Spiker, 2004

Overall, home visiting programs have been found to have a modest and consistent effect on participating children and families. Programs that are designed and implemented with greater rigour seem to provide better results, including changes in parental health and safety behaviour, parenting and discipline, and parental life course.

Home visiting programs also appear to confer greater benefits to certain subgroups of families, such as low-income single teen mothers. However, these programs have not been shown to result in substantive changes in important child outcomes, such as birth weight, cognitive development and behavioural problems.

The greatest functional and economic benefits of home visiting programs are experienced by families at greater risk. This finding implies that universal home visiting programs may be inefficient, unnecessarily using resources that could be better spent on families more likely to experience benefits.

Programs that are successful with families at increased risk for poor child development outcomes tend to offer a comprehensive focus which target families' multiple needs. These programs may be more expensive to develop, implement and maintain.

In their current state of development, home visiting programs do not appear to represent the low-cost solution to child health and developmental problems for which policy-makers and the public have hoped. However, information that is accumulating about long-term outcomes and effective practices may lead to the development of replicable programs capable of producing modest but consistent and positive results for participating families.

Zercher, C. and D. Spiker. (2004). *Home Visiting Programs and Their Impact on Young Children*. SRI International Center for Education and Human Services, USA.
<http://www.child-encyclopedia.com/pages/pdf/zercher-spikerangxp.pdf>

***Home Visiting Programs' Response to Intimate Partner Violence:
What We Know and Why It Matters for the Health of Our Children***
Bair-Merritt, 2011

It is estimated that between 400,000 and 500,000 US families receive home visiting services (three percent of all families with children under age 6) at an annual cost of between \$250 million and \$1 billion.

Home visiting programs across the US vary in implementation with respect to frequency, duration and timing of visits as well as educational background of the home visitors. Despite differences in design, most home visiting programs target families deemed to be at risk for adverse outcomes.

Depending upon the study, 15 to 45 percent of families enrolled in home visiting programs report intimate partner violence (IPV). Additionally, all home visiting programs are united in the goal of optimizing maternal and child health. In order to achieve this overarching goal, home visiting programs should include standardized protocols to assess IPV and provide assistance both to women experiencing abuse and the children exposed to this violence.

The article describes why the inclusion of IPV-specific content is an important component of ensuring excellent child health. It discusses what is known in the scientific literature about the impact of home visiting programs on IPV and what interventions are currently being studied to add IPV-specific content to home visiting models. Recommendations are proposed for translating research into practice.

The case for IPV is often made on the basis of a reverse benefits argument. Without some kind of positive intervention, these children may experience chronic stress and permanent physiological changes that can lead to adverse health outcomes. Poor social-emotional health in their younger years and greater risk-taking during adolescence are more likely among this population.

A review of the IPV intervention research is mixed; some studies show no conclusive evidence that home visiting led to a reduction in this problem. Others report some beneficial effects in children under age 4 but no effect on women during follow-ups six and 12 years later.

Bair-Merritt published a study in 2010 using data from the Hawaii Healthy Start Program to determine whether home visiting was associated with reduced rates of maternal IPV victimization and perpetration. Results showed that in the home visiting group as compared to the control group, rates of IPV victimization decreased and rates of IPV perpetration dropped significantly during the three years of program implementation with children ages 1 to 3.

At long-term follow-up when children were ages 7 to 9, rates of IPV victimization and perpetration decreased for both intervention and control mothers. But there were no longer statistically significant differences between the two groups.

The researcher suggests that more work needs to be done to define and measure IPV. The relationship of trust that typically develops between mother and visitor may be the key success element in any home visiting program.

Bair-Merritt highlights the DOmestic Violence Enhanced Home Visitation (DOVE) Project, a five-year, National Institutes of Health-funded research project. It is a highly structured, public health nurse-administered IPV home visiting program designed to educate new mothers who screened positive for IPV and to reduce their overall risk of continued IPV. As of 2011, 257 women had been recruited to the program. Compared to control mothers who did not receive the intervention, women in the DOVE group reported significantly lower physical and sexual IPV scores at delivery. At 18 months post delivery, DOVE participants reported lower overall total IPV scores. These reductions were seen as a promising trend and provide evidence that integrating IPV-specific content into existing home visiting programs may reduce IPV against pregnant and parenting women.

Bair-Merritt, M. (2011). *Home Visiting Programs' Response to Intimate Partner Violence: What We Know and Why It Matters for the Health of Our Children*.

<http://futureswithoutviolence.org/health/ejournal/2011/04/home-visiting-programs-response-to-intimate-partner-violence-what-we-know-and-why-it-matters-for-the-health-of-our-children/>

Bair-Merritt, M., J. Jennings, R. Chen, L. Burrell, E. McFarlane, L. Fuddy and A. Dugan. (2010). "Reducing maternal intimate partner violence after the birth of a child: A randomized controlled trial of the Hawaii Healthy Start home visitation program. *Arch Pediatr Adolesc Med*, 164: 16-23. [pub med listing]

Home Visitation Programs as an Early Intervention Strategy *Stone and Page, 2009*

Stone and Page present an overview of the history of US nurse home visitation programs, their goals, outcomes and cost-benefit summary information.

David Olds is Professor of Pediatrics, Psychiatry, Preventive Medicine, and Nursing at the University of Colorado Health Sciences Center, where he directs the Prevention Research Center for Family and Child Health. He has devoted his career to investigating methods of preventing health and developmental problems in children and parents from low-income families.

In reaction to the conditions physician Dr. Olds saw in Baltimore day care centers during his undergraduate education, he and his colleagues developed and piloted a home visitation program in Elmira, New York, starting in 1977. After two more trials, the Nurse-Family Partnership was launched in 1996, and today the program exists in 25 states around the country. Recently, home visitation programs have received specific attention as health care practitioners and politicians realize an opportunity for funding to be linked to the health care reforms.

The Nurse Family Partnership program has three main goals:

- to ameliorate pregnancy outcomes by improving prenatal health
- to improve children's health by teaching parents to provide more sensitive and appropriate care
- to enhance parental life courses by helping parents plan future pregnancies, complete education and find employment.

The RAND Corporation and Washington State Institute for Public Policy have both performed a cost-benefit analysis of the Nurse-Family Partnership. Both organizations found that benefits outweigh costs, with savings seen through increased maternal employment creating tax revenues, lower use of public welfare, reduced spending on health costs and other services, and decreased involvement in the criminal justice system. The impact was greater for the higher-risk group, with an estimated savings of \$5.70 per dollar invested.

Stone, A. and E. Page. (2009). *Home Visitation Programs as an Early Intervention Strategy*. Washington, DC: Georgetown Public Policy Institute, September. cjjr.georgetown.edu/pdfs/nurseFP/nurseFamilyPartnership.pdf

***Families First Program Evaluation:
Evaluating the effectiveness of the Families First home visiting program in improving the well-being of at-risk families with preschool children
Healthy Child Manitoba, 2010***

Manitoba's Families First home visiting program offers services to families with children (prenatal to 5 years) who are living in conditions considered to be at risk. These include families with children with congenital health problems, those with teenage parents, parents in financial difficulty and parents with mental health problems.

Researchers found that the Families First home visiting program was strongly associated with improved well-being in the families that participated in this program evaluation. The magnitude of the program benefits was better than those found in previous evaluations of home visiting programs undertaken in the US and Australia. In addition, the improved social support and neighbourhood cohesion found in this program help protect against other stress factors that families often experience.

The evaluation was carried out after controlling for sociodemographic factors, the number of home visits and the quality of the parent-home visitor relationship. Improvements that were associated with the Manitoba program included:

- increased positive parenting
- decreased hostile parenting
- no change in overall score for mother's psychological well-being although improvements were found in three of the following six subscales:
 - purpose in life
 - environmental mastery
 - self-acceptance
- increased social support
- increased neighbourhood cohesion.

While the program appears to have positive effects on neighbourhood cohesion, none were found with neighbourhood safety.

Healthy Child Manitoba. (2010). *Families First Program Evaluation: Evaluating the effectiveness of the Families First home visiting program in improving the well-being of at-risk families with preschool children.* http://www.gov.mb.ca/healthychild/familiesfirst/ff_eval2010.pdf

***Long-term effects of home visitation on maternal life course and child abuse and neglect:
fifteen-year follow-up of a randomized trial***
Olds et al., 1997

Olds and colleagues' 1997 review of home visiting models is considered a foundational review of such interventions. Using random controlled trials among respondents of low socio-economic status, the researchers found that women who received home visits compared to those who did not had fewer subsequent pregnancies and births and longer spaces between children. These women were less likely to use food stamps or require services from Medicaid – the US health service for low-income Americans. Women receiving home visits were also less likely to be substance abusers, be arrested for or convicted of crimes, spend time in jail, or be involved in reports of child abuse or neglect.

Olds concluded that home visitation interventions by nurses have been effective in reducing health risk behaviours when the infants of women who were part of the program reached adolescence.

Olds, D., J. Eckenrode, C. Henderson, H. Kitzman, J. Powers, R. Cole et al. (1997). "Long-term effects of home visitation on maternal life course and child abuse and neglect: fifteen-year follow-up of a randomized trial." *Journal of the American Medical Association* 278: 637-643.

Families First Edmonton

Families First Edmonton (FFE) is a \$10-million, six-year study to determine whether delivering health, family support and recreation services in a coordinated way can lead to better outcomes for low-income families. Co-led by Alberta Employment and Immigration and City of Edmonton Community Services, its mission is to improve the well-being of low-income families and their children through innovative service delivery, applied research and well-informed public policy.

FFE went through several phases from original concept exploration in 2000 to partnership development, design and delivery. Its data collection phase ended in 2011 and members are now using preliminary results to improve service delivery. Final research results will be released in late 2012.

University of Alberta researchers followed 1,200 families for up to two years during the service delivery intervention and followed up for a further three years to determine longer-term outcomes.

Participants volunteered for the study and were randomly assigned one of four groups:

1. no intervention
2. recreation for children – families were allotted \$250 per child per year in the form of equipment and registration funding
3. family lifestyle group – a service worker taught the family how to navigate the social services system
4. comprehensive group – receive both the recreation and educational components.

FFE consultant and health economist Konrad Fassbender developed a Family Services Inventory that tracked the health and social services used by families, including child care and medical, psychological and dental services. Data points allowed periodic snapshots of the services being accessed.

A cost-benefit analysis of the study is now under way. Its primary focus is to determine how low-income families use social services and whether access to recreation and information changes their service use patterns. Once this work is complete, the researchers will calculate the costs of providing the FFE's recreational and education services.

Contact:

konrad.fassbender@ualberta.ca

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Appendix E *Family Literacy*

Research highlights

Family literacy is an approach to literacy development that targets the family as a learning unit. It builds on families' strengths in the context of the culture and community in which they live and learn.

Canada's adult literacy community has done substantial work to identify and address the needs of sub-groups and to conduct program reviews. While there are many program examples in Canada, the family literacy sub-sector has not undertaken controlled benefits evaluations. In a 2007 report, Sanders and Shively argue that not enough has been done to support the claims made by the literacy field of the differences that these programs make in families' lives.

But preliminary results of family literacy initiatives are promising. For example, results from a Nova Scotian book-in-a-bag program that gives books to parents show that they are reading to their babies significantly more than a control group of parents in Prince Edward Island that did not receive the resource – 74.1 percent versus 53 percent. While the study describes benefits to the child and family, it does not include cost-benefit considerations.

Likewise, results of a five-year, five-group, 158-person study of *The Learning Together* program showed that it positively affected literacy development for children at or below the 70th to 80th percentile. The results also showed that parents acquired and implemented more frequent and varied literacy activities in the home after participating in the program. Parents reported reading more often themselves and being more confident and secure in their ability to help their children achieve pre-literacy skills. They also expressed a desire to learn additional ways to improve their own literacy levels [Sanders and Shively 2007].

Ontario Early Years Centres and British Columbia's StrongStart early learning centres include family literacy components and provide ideal population and program resources for future literacy evaluations. The Healthy Child Manitoba program and other program options – e.g., the Toronto-developed Parent-Child Mother Goose Program and a Canadian version of the US Home Instruction for Parents of Pre-school Youngsters – comprise a strong foundation for building family literacy initiatives.

(Note: On October 10, 2012, the Ontario government announced 17 new Parenting and Family Literacy Centres as part of its Youth Action Plan. There is no cost to attend these centres, which are located in schools in high-needs communities.)

Researchers in Canada are aware of the need for more systematic monitoring and evaluation of literacy interventions. There are international models from which to learn. For example, the UK's *Every Child A Reader* initiative, a £10M, three-year project provides expert literacy

instruction to 6-year-old children who are struggling to learn to read and write. Researchers estimate that every pound spent on the program will return between £14.81 and £17.56 between 2006-08 and 2037-39, when the children currently involved reach age 37 [KPMG 2006].

The Canadian Language and Literacy Research Network calls for the adoption of a national strategy for early literacy that will:

- determine what is known and not known about improving early literacy outcomes
- prepare policy research papers to summarize the available evidence in key areas
- conduct a national public consultation to obtain advice on what can and should be done to improve literacy outcomes. This step involved the solicitation of written briefs, followed by public hearings in eight major cities across Canada.
- synthesize and evaluate submissions, policy research papers, presentations and discussions at public hearings, and other relevant materials [Canadian Language and Literacy Research Network 2009].

Work in the area of family literacy overlaps the benefit and cost analyses carried out in the early childhood education and care sector. For example, longer-term benefits of early preschool interventions tracked in the US include increased high school graduation rates, reduced incidence of grade retention and less need for special education. In addition, children who attend preschool have lower rates of juvenile arrests later. Cost-benefit analyses indicate that early intervention programs save money by increasing participants' lifetime earnings and associated tax revenues while lowering criminal justice and welfare expenditures.

Note from Scott Murray, President, DataAngel Policy Research Incorporated: Two noteworthy analyses of adult literacy issues were released in Fall 2012 that look at the costs and benefits of investing in literacy education, including savings on Employment Insurance, social assistance and Workman's Compensation benefit payments [Murray and Shillington 2012a; 2012b]. A third forthcoming report will estimate the benefits of skills upgrading and the associated health cost savings.

Websites to follow

Canadian Council on Learning research page:

<http://www.ccl-cca.ca/CCL/Topic/Literacy/index.html>

Canadian Language and Literacy Resource Network: <http://www.clrnet.ca/>

Decoda Literacy Solutions (www.decoda.ca). Literacy BC merged with the literacy department of 2010 Legacies:

<http://decoda.ca/resources/library/library-materials-by-topic/family-literacy-materials/>

Canadian Language and Literacy Research Network Encyclopedia of Language and Literacy Development: <http://literacyencyclopedia.ca/index.php?fa=home.show>

National Adult Literacy Database: Canada's Literacy and Essential Skills Network
<http://www.nald.ca/>

The Centre for Family Literacy website: www.famlit.ca

Community Literacy of Ontario: <http://www.nald.ca/clo/>

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Appendix F

Disability Supports

Research highlights

While an extensive body of literature discusses supports for independent living, very few reports assess the value of these programs and services. Instead, the effectiveness of supports and services are described as they relate to the consumer – the individual deemed to be the best judge of their effectiveness.

In recent years, the disability field has shifted from a human service to a human rights orientation. One key informant was opposed to a conversation about human service valuation (the benefits lens discussion). He believed that any intervention that improves the well-being, inclusiveness or income of people with disabilities is worth the effort. In his view, government must acknowledge its responsibilities and accept the costs.

Director of Strategy Planning at Community Living BC Brian Salisbury has substantial expertise in the areas of individualized funding. In one of a blog series called “Becoming Visible 2011,” Salisbury describes the work of those involved in Co-Production™ (<http://www.aletmanski.com/al-etmanski/2011/02/brian-salisbury-becoming-visible-2011-co-production.html>). He writes:

Over the past decade, the importance of belonging, contribution and citizenship has been emphasized. However, community living faces many complex challenges, including growing demand in the face of finite resources and practices and support models that have outlived their usefulness. To address these and other issues, the sector must reach beyond its own walls and more effectively engage in relationships, partnerships and collaborations with the larger world of business, non-profits, charities and various levels of government to maximize opportunities to grow and improve. Such an approach can broadly be defined as co-production, a concept popularized in the UK and Europe over the last two years.

Other key informants agreed that disability issues cannot be considered within a cost-benefit paradigm. The investments are required by virtue of the human rights protections embedded in Canada’s international commitments.

Programmatic issues – benefits lens literature

Early childhood development

In 2002, the Roeher Institute published *Toward An Inclusive Approach to Monitoring Investments and Outcomes In Child Development And Learning*. The paper was written to assist community and government sectors design a framework for public monitoring and accountability for investments in healthy child development. It proposed a logic model on which

an inclusive monitoring system for full public accountability could be built – one that values all children regardless of differences in ability, Aboriginal status, ethnicity, language and culture. It was based on the goals and objectives of the National Children’s Agenda and Early Childhood Development Initiative.

To further the discussion about operationalizing such a framework, the authors presented a framework of seven child development outcomes inclusive of all children and a range of co-requisites that would be necessary to achieve those outcomes. Their next suggested step is to design indicators and select assessment tools for gathering information about children’s progress, and the availability of co-requisites and conditions of their healthy development. Three broad approaches to defining indicators and assessments of child development needs and outcomes were presented: norm-referenced, criterion-referenced and self-anchored.

In the absence of a systematic method for benchmarking inclusion in child care policies in particular, the Roeher Institute:

- identified methods of benchmarking the level of inclusiveness in child care programs and services
- developed and tested an instrument for benchmarking the inclusivity of child care policies
- evaluated existing child care policies across the country using the benchmarking instrument
- identified policy directions.

A 2010 paper by Timmons and Wagner concludes that while inclusive education is not a panacea, it may provide an option for improving the health of students with disabilities. Evidence shows that placing students with disabilities in inclusive educational settings, in which their diversity is accepted and valued, means making a positive difference in the life of *all* students and potentially having a positive impact on their health.

Other kinds of systemic barriers must be faced by children with disabilities and their families. *Between and Rock and a Hard Place* by Ontario ombudsman André Marin in 2005 drew attention to the plight of parents who were forced to choose between putting their children in care in order to secure the required supports and services.

Some 4,000 people in Ontario with physical disabilities are waiting four to 10 years for the Attendant Services required to assist them with the activities of daily living. The wait list for Attendant Outreach and Self-Managed Attendant Services could be reduced by 50 percent in year one with an investment of \$16 million; 895 more people could be served with the existing infrastructure. By 2005 estimates, \$16 million was being spent to have 40 people with disabilities inappropriately in Alternate Level of Care beds/year.

Non-residential supports and intellectual disability

A literature review conducted in 2007 surveyed papers written about employment and day activities (non-residential supports) for people with developmental disabilities. It emphasized how to address the trend toward ‘commodifying’ people with disabilities – i.e., those with more abilities are valued more highly by employment agencies. Reversing the trend would require policy changes, financial incentives for employers, financial support to modify workplaces, pre-placement support for the hiring organization, the development of postsecondary programming for persons with disabilities and the gathering of success stories.

Individualized funding (also referred to as direct funding, self-directed care, self-managed care, consumer-directed care, family-managed care)

Direct funding programs provide funds for persons with disabilities to take responsibility for recruiting, hiring, training and supervising their own attendant workers.

<http://www.nidirect.gov.uk/guide-to-financial-support-for-disabled-people>

John Lord and Peggy Hutchison’s 2008 paper examined individualized funding for people with developmental disabilities – a route which is increasingly being seen as valuable for self-determination and inclusion. The Individualized Coalition of Ontario commissioned a study to explore the practice of individualized funding. Lord and Hutchison examined 130 files of people receiving individualized funding and interviewed 18 families. While families were generally very satisfied with individualized funding, they raised a number of concerns. Individuals and families generally received less funding than they requested and funding often came from multiple government sources [Lord and Hutchison 2008].

Small sample studies carried out by John Lord in Ontario show that people benefit when they have both individualized funding and facilitation support. Self-managers report high levels of skills and confidence in their abilities to be employers, experience greater empowerment through control and flexibility over their attendant services. They report higher levels of self-esteem compared with people on the waitlist for self-managed care [Lord forthcoming; Lord 2000]. The later study also concluded that the program’s cost-effectiveness provided a strong rationale for offering this type of funding across Ontario.

The Centre for Independent Living in Toronto is in the process of finalizing another evaluation report on direct funding. The basic message is that people with disabilities are not receiving adequate levels of support, nor are enough of them able to access the funds that are available.

A study on self-managed care programs posted on Health Canada’s website concludes that while demand for self-managed care programs appears to be growing, the researchers found little data and no systematic population needs assessment [Spalding, Watkins and Williams 2006].

Researchers note a lack of Canadian studies on the subject. But qualitative evidence from users indicates that individualized funding programs can produce positive outcomes, including high levels of satisfaction for consumers and their families, and improved quality of life for consumers.

Community residential supports

Research undertaken in 2011 by Stainton et al. made use of a large-scale survey. Its design drew from two existing surveys: the Adult Family Survey from the National Core Indicators (NCI) project in the US and Statistics Canada's Participation and Activity Limitation Survey (PALS). Family members and support staff of adults with intellectual disabilities involved with community living services in BC allowed a comparison of outcomes across four types of residential settings – group homes, family model homes, independent housing and family home. Results indicated that on all measures other than choice and control, group homes and family model homes showed better outcomes than either independent settings or family homes.

The researchers concluded that the move to more independent living settings is not being accompanied by appropriate supports. The study did not include a cost-benefit-type evaluation.

Work to ensure a high quality of care for people with disabilities living in residential settings has been ongoing in Alberta for the last 13 years. In 1999, the Alberta Council of Disability Services established the “Creating Excellence Together” (CET) Standards by which community disability service providers can be evaluated using 12 quality of life standards.

The standards' purpose is to support continuous improvement in the provision of services to individuals. Every three years, a team of trained ACDS accreditation surveyors visit a service provider to conduct a site survey. They meet with service recipients, their friends and family members, service staff that work directly with clients, and other staff and board members.

Two levels of accreditation allow service providers to progress from a primary level of service outcomes and performance to a second, advanced level. Accreditation certificates are valid for three years; standards are reviewed and adjusted regularly. Additional accreditation areas are also available, such as the Complex Behaviour Supports, which was initiated by the Edmonton region in 2004 as a designation program. In 2008, the designation became a component of the CET Standards, and was offered as a review process for service providers of other regions that want to demonstrate this additional level of service achievement.

Facilitator services

An independent facilitator works directly for and on behalf of a person with a disability (and his or her family). The facilitator is a “neutral” helper who can represent the person with a disability in discussions with government, professionals, service providers and others in the community.

Independent planning and facilitation are services that help consumers manage individualized funds. The Disability Services Commission of Western Australia has supported Local Area Coordination (facilitation) for almost 20 years. A 2003 review of LAC concluded that the program has been able to reduce costs and improve community participation of people with disabilities. Consumers have identified as particular strengths LAC's values base and capacity to develop flexible, respectful personal relationships; the local nature, accessibility and relevance of its services; and its hands-on, practical approach [Government of Western Australia 2003].

The review also concluded that the values upon which LAC was based – a commitment to inclusiveness, empowerment and respect for the natural authority of families – are in conflict with more recent organizational practices. Clients see LAC acting more as a crisis response mechanism instead of maintaining its focus on long-term relationship building. Balancing local responsiveness and flexibility with demands for common practices and accountability is seen as an ongoing challenge.

Project of interest

Canadian Union of Postal Workers. (2003). *Moving Mountains: Work, family and children with special needs*. <http://www.cupw.ca/multimedia/website/publication/English/PDF/2003/childcarejan162003eng.pdf>

CUPW's *Special Needs* and *Moving On* projects are among 15 initiatives covered by the union's Child Care Fund. The Special Needs project is the only program in North America that addresses the challenges of workers who have children with special needs, live in communities across Canada and work non-traditional shifts.

Evaluations indicate that the program has a real impact: 93 percent of parents say it has lowered their overall family stress and 81 percent say it has improved their morale and effectiveness at work. The program provides financial assistance to parents for extra costs directly related to a child's disability. Families also receive a regular newsletter, personal support by phone, and education and resource materials. Funding comes from the union's Child Care Fund, negotiated with Canada Post in the 1990s. Canada Post puts money into the fund quarterly and the union develops and coordinates the fund's projects.

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Appendix G

Home Care

Home care services can range from home support, such as a few hours a week of monitoring, to full nursing and medical care, such as administering intravenous medications. Provinces and territories vary widely in the provision of these services.

Research highlights

Two Canadian studies of note regarding the benefits and costs of home care were undertaken in the late 2000s. Veterans Affairs Canada and the Government of Ontario collaborated on the Continuing Care Research Project, which had two major components. The first evaluated the impact of a policy change that allowed veterans to choose a home and community care option over residential long-term care. An informal assessment showed that a large majority of clients preferred to remain at home with support, rather than accept residential care placement. A second component evaluated the comparative costs and outcomes, by level of care need, for veterans receiving home care, supportive housing and residential care [Miller, Hollander and MacAdam 2008].

Ending in 2008, the project lent evidence to the conclusion that home care is a cost-effective alternative to long-term care, and it highlighted the role and economic contribution of informal caregivers.

The *National Evaluation of the Cost-Effectiveness of Home Care* was a major research program of 15 interrelated sub-studies. With a budget of \$1.5 million from Health Canada's Health Transition Fund, the project was jointly conducted by the University of Victoria's Centre on Aging and Hollander Analytical Services Ltd.

On average, the overall health care costs to government for clients in home care are about one-half to three-quarters of the costs for clients in facility care, by level of care [Hollander 2001]. The cost-benefit calculations around home care must also consider the imputed costs of replacing the unpaid care provided by Canadians to the elderly. Imputed costs refer to costs that would be incurred if the care provided by an unpaid caregiver was, instead, provided by a paid caregiver, on a direct hour-for-hour substitution basis [Hollander et al. 2009].

Six of the sub-studies in the national evaluation focused on the cost-effectiveness of home care compared to care in long-term care facilities. Nine examined the cost-effectiveness of home care as an alternative to care in acute care hospitals.

Despite growing evidence of the importance of a healthy home care sector, political and jurisdictional changes often result in unanticipated changes to program operations. One key

informant's work provides an example of how policy changes within a single jurisdiction created opportunities for comparing service levels and outcomes.

One Canadian province decided to look for cost savings and rescinded the policy that supported the minimal care provisions for seniors at level 1 (those needing light housekeeping supports). The decision was ignored by some health networks and implemented by others, which allowed clear comparisons to be made of the care trajectories of the seniors involved. After a three-year interval, a large proportion of people whose housekeeping supports had been removed were shown to have deteriorated rapidly and ended up in the top levels of need. Those whose housekeeping duties had remained intact continued to function at level 1.

Taking a more holistic approach to care, the UK's Social Care Institute for Excellence hub website provides a variety of report formats for browsing by care professionals, care recipients and their families/caregivers. A 2007 *Knowledge Summary* in the website's home care area reports that seniors typically identify three sets of outcomes (benefits) that are central to their independence and well-being.

Outcomes involving change

- improvements in physical symptoms and behaviour
- improvements in physical functioning and mobility
- improvements in morale

Outcomes involving maintenance or prevention

- meeting basic physical needs
- ensuring personal safety and security
- having a clean and tidy home environment
- keeping alert and active
- having social contact and company, including opportunities to contribute as well as receive help
- having control over daily routines

Service process outcomes – these refer to the ways that services are accessed and delivered and include:

- feeling valued and respected
- being treated as an individual
- having a say and control over services
- value for money
- a good 'fit' with other sources of support
- compatibility with, and respect for, cultural and religious preferences.

The report includes evidence that many of the desired outcomes are not addressed by current social care services [Glendinning et al. 2006]. In addition, UK practitioners and services focus on 'change' outcomes, while seniors place a higher value on maintenance and prevention outcomes. The disconnect between the preferred outcomes of both groups underlines an important facet of home care

in Canada – it is the service that bridges the current health care/social service divide. If we assume that Canadian seniors and services resemble their UK counterparts, the benefits seniors most value are those that meet survival and social needs, while service providers focus mainly on health care-related outcomes that are more easily measured.

A project which appears to span the differences in perceived value between the health care and social service sectors was recently initiated by Ontario’s Change Foundation. This independent think tank seeks to improve the health care experience as people move in, out of and across the health care system over time. Between 2012 and 2014, it is sponsoring a three-year, \$2 million Parents Advancing Transitions in Healthcare (PATH) program. Its goal is to work with a community coalition of service providers, seniors and caregivers to redesign how care is delivered and to co-design changes that will improve the health care experience at all points along the continuum. A capstone Summit in 2015 will propose final recommendations for change.

Chappell and Hollander maintain that the key issues of the sector are the organization of care delivery systems for the elderly, long-term home care and informal care. “Three decades of gerontological research suggest that the most appropriate care system for an aging society is one that supports both caregivers and older adults in a comprehensive continuing care system, and that this can be cost-effective if established so that it has the capacity to substitute less costly care for more expensive forms of care, while maintaining at least an equivalent quality of care” [Chappell and Hollander 2011].

MacAdam [2009] identifies four promising frameworks of integrated health and social care for the elderly. Each of these frameworks requires a structure that is supportive of the following elements:

- umbrella organizational structures to guide integration of strategic, managerial and service delivery levels; encourage and support effective joint/collaborative working; ensure efficient operations; and maintain overall accountability for service, quality and cost outcomes
- multidisciplinary case management for effective evaluation and planning of client needs, providing a single-entry point into the health care system, and packaging and coordinating services
- organized provider networks joined together by standardized procedures, service agreements, joint training, shared information systems and even common ownership of resources to enhance access to services, provide seamless care and maintain quality
- financial incentives to promote prevention, rehabilitation and the downward substitution of services, and to enable service integration and efficiency.

Websites

Social Care Institute for Excellence (UK) gathers and analyzes knowledge about effective approaches and translates that knowledge into practical resources, learning materials and services, including training and consultancy. Its mission is to improve the knowledge and skills of human service workers – managers, frontline staff, commissioners and trainers – and of service consumers. The focus of this resource is “caring” and includes children, seniors and persons with disabilities. <http://www.scie.org.uk/>

Evidence Database on Aging Care (EDAC)

<http://www.searchedac.org/>

Search engine, worldwide reach – an online database to help scholars, policy analysts, and advocates stay on top of the latest research and innovations in aging care, including health care and social services.

The *National Evaluation of the Cost-Effectiveness of Home Care* was a research program of 15 interrelated sub-studies. \$1.5 million was provided by the Health Transition Fund of Health Canada. The project was jointly conducted by the University of Victoria’s Centre on Aging and Hollander Analytical Services Ltd. The co-directors for the overall project were Dr. Neena Chappell (Director, Centre on Aging) and Dr. Marcus Hollander (President, Hollander Analytical).

<http://www.homecarestudy.com/overview/index.html#sumwhol>

Veterans Affairs Canada, Continuing Care Research Project

http://www.veterans.gc.ca/eng/pro_research/publications/projects#a05

Social and Economic Dimensions of an Aging Population (SEDAP) was a multidisciplinary research program funded primarily by SSHRC and centered at McMaster University. It involved 46 academics from 14 universities in Canada and three abroad. The program ran from January 3, 2005 to April 1, 2011. <http://socserv.mcmaster.ca/sedap/papers12.htm>

In the UK, a new online tool allows users to search and compare *Care Quality Commission* (CQC) registered home care, residential or nursing home providers (see NHS Choices).

<http://www.dh.gov.uk/health/2012/08/ppp/>

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Appendix H *Crime Prevention*

Research highlights

There is a substantial body of evidence regarding the benefits of investing in crime prevention through social development over incarceration. From a cost-benefit perspective, US studies have demonstrated that:

If a politician wanted to reduce crime by 10 percent in California, \$220 of taxes paid by the average family would have to be used to achieve this objective through incarceration. In contrast, the same goal could be achieved by spending \$45 of taxes for the average family on better parent training for young families for only \$30 of taxes per family to help kids at risk complete school. In sum, it costs taxpayers seven times as much to reduce crime through incarceration as it does through promoting school completion [International Centre for the Prevention of Crime 1999].

The community aspect of this human service area makes clear that single interventions – while they may lead to reductions in crime statistics – require a broader orientation if they are to have a long-term impact on the safety of individuals, families and communities. University of Ottawa Professor Irvin Waller continues to promote the crime prevention conversation among policing agencies, municipalities and community organizations. He is a leading proponent of “smart enforcement and effective prevention.” He writes:

We have a wealth of practical knowledge that identifies the actions that reduce violence by intervening in the negative life experiences that so often correlate with violence, guns and gangs. Targeting services to problems of domestic violence, school failure or substance abuse and so on stops youth at risk from becoming violent young men. But to be effective, we must invest in these actions so that they are sustained, targeted to where a diagnosis shows they are needed, and implemented by professionals whose jobs are as permanent and rewarded as in the enforcement aspects of public safety [<http://irvinwaller.org/crime-victims-rights/2012/08/21/1758/>].

There are many examples of successful crime prevention models. In the US, the Center for the Study and Prevention of Violence disseminates information to the public, offering technical assistance to those working in violence prevention and conducting basic research into the causes of violence and the effectiveness of violence prevention programs.

The Center’s Blueprints initiative identifies violence and drug prevention programs that meet a high scientific standard of effectiveness. Blueprints serves as a resource for governments, foundations, businesses and other organizations trying to make informed judgments about their investments in violence and drug prevention programs.

Blueprints identifies 11 model programs with a high level of evidence supporting their effectiveness. In addition, it has designated 22 promising programs that have shown good results

but require either replication in another community or additional time to demonstrate their effectiveness and sustainability (<http://www.colorado.edu/cspv/about.html>).

In 2011, the Washington State Legislature directed the Washington State Institute for Public Policy to calculate the return on investment to taxpayers from evidence-based prevention and intervention programs and policies. The findings were prepared as a *Consumer Reports*-like list of what works and what does not, ranked by benefit-cost statistics and a measure of investment risk [Aos et al. 2011]. Programs covered are grouped by topic area and include: juvenile justice, adult criminal justice, child welfare, pre-kindergarten to Grade 12 education, children's mental health, general prevention, substance abuse, adult public health, mental health and housing [Aos et al. 2011].

The City of Glasgow inspired municipal leaders in Toronto and Prince Albert, Saskatchewan, to implement a pilot project aimed at preventing violent crimes. Called Furthering Communities and Uniting Services (FOCUS), the model is simple: Get existing community agencies to work together, track results and use evidence. FOCUS assesses risk factors in individuals, families and neighbourhoods to divert people from offending or becoming victims of crime. The program moves the conversation away from being 'tough' or 'soft' on crime to one that uses resources in a smart way to improve community safety. The lessons from Glasgow saw a 28 percent reduction in violent crime in Prince Albert compared with statistics from the same period in 2011.

FOCUS aligns well with Saskatchewan's 2011 *Building Partnerships to Reduce Crime*, an integrated approach to crime reduction in Saskatchewan. The proposed next steps in establishing the framework include better integration of government services; building on the strengths of communities, individuals and families; continuing to support police officers and the victims of crime; and targeting services to individuals and families with the highest needs and at risk of coming in conflict with the law. Similarly, Alberta's *Safe Communities and Sound Solutions* is working to combine policing, rehabilitation and prevention in order to reduce crime.

Resources, organizations and trends

Launched in August 2012, the Smart Justice Network (info@smartjustice.ca) is a collaborative volunteer effort of individuals and organizations from across Canada whose vision is a responsible criminal justice system that values justice and human dignity for all – victims, offenders, families and communities. The Smart Justice Network will use the Web, traditional media and speakers to disseminate comprehensive information on the justice system and on smart justice approaches and practices, and provide a channel for people with experience in the criminal justice system to share their perspectives and stories.

The UK's Youth Justice Board was established in 1998 after a 1996 report identified the importance of using resources to improve family and social risk factors instead of incarceration.

Recommendations include providing assistance with parenting skills, support for teachers and positive leisure opportunities.

The UK subsequently multiplied success ‘pre-crime’ prevention programs across difficult neighbourhoods and cut delays between arrest and convictions in juvenile courts by half. The YJB’s Youth Inclusion Program has a goal of achieving a 30 percent reduction in youth offending in two-thirds of the 70 participating neighbourhoods. Preliminary evaluations reported a 65 percent reduction in youth arrests, 27 percent reduction in youth removed from schools and a 16 percent reduction in overall crime. The program has been expanded to 100 neighbourhoods [Waller 2006].

Another repository for crime prevention program information is available through the US Department of Justice, National Institute of Justice *CrimeSolutions.gov* website (<http://crimesolutions.gov/about.aspx>). The program uses rigorous research to inform practitioners and policy-makers about effective approaches in criminal justice, juvenile justice and crime victim services. Potential justice-related programs are identified through literature searches of relevant databases, journals and publications, or nominations from experts, practitioners and others. Before a program’s evidence is reviewed and rated, the program is screened to determine whether it meets *CrimeSolutions.gov*’s criteria for inclusion on the website.

Intervention summaries that align with the CWS Network’s benefits lens perspective

Washington State Institute for Public Policy

In the mid-1990s, the Washington legislature began to direct the Institute to undertake comprehensive reviews of evidence-based policy strategies on juvenile and adult criminal justice. Researchers identified several programs – not then operating in Washington – with the potential to reduce crime and save money. In subsequent sessions, the legislature used the information to begin a series of policy reforms. A decade later, relative to national rates, juvenile crime has dropped in Washington, adult criminal recidivism has declined, total crime is down and taxpayer criminal justice costs are lower than alternative strategies would have required.

In the early 2000s, the legislature directed the Institute to apply the same benefit-cost approach to other public policy areas, including kindergarten-Grade 12 education, early childhood education, child welfare, adult mental health and substance abuse. This effort updated and extended the earlier work on criminal justice, applying an economic model that assessed benefits and costs. The goal was to provide an internally consistent valuation so that one option can be compared fairly to another. The bottom line benefit-cost measures include standard financial statistics: net present values, benefit-cost ratios and rates of return on investment.

In 2009, the Washington State Institute for Public Policy prepared a *Consumer Reports*-like list of what works and what does not, ranked by benefit-cost statistics and a measure of

investment risk. Researchers calculated the return on investment to taxpayers from evidence-based prevention and intervention programs and policies.

Aos, S., S. Lee, E., Drake, A. Pennucci, T. Klima, M. Miller, L. Anderson, J. Mayfield and M. Burley. (2011). *Return on investment: Evidence-based options to improve statewide outcomes*. Olympia: Washington State Institute for Public Policy. <http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf>

International Centre for the Prevention of Crime

The International Centre for the Prevention of Crime (ICPC) is an international forum for discussion and knowledge exchange for national governments, local authorities, public agencies, specialized institutions and nongovernmental organizations.

The mission of ICPC is to help countries and cities improve community safety, and reduce both crime and violence by putting into practice prevention policies, strategies and action which are effective and sustainable. ICPC promotes dialogue and exchange of expertise between developed and developing countries.

Similar to the Blueprints initiative, but wider in scope and reach, ICPC's materials resemble the listings of the Canadian Parks and Recreation Association's National Benefits Hub. They do not include cost-benefit analysis of programs.

Sample publications:

Urban Crime Prevention and Youth at Risk: Compendium of Promising Strategies and Programmes from around the World

The Compendium was compiled to accompany the Workshop on Strategies and best practices in crime prevention, notably in relation to urban crime and youth at risk in the context of the 11th UN Congress on Crime Prevention and Criminal Justice held in Bangkok in April 2005.

In 1999, ICPC published the second edition of its *100 Crime Prevention Programmes*. Still in use, this publication was the outcome of an extensive process of information gathering and validation of practices from many countries around the world. The more recent publication is more modest in its coverage and content, but is meant to serve as a guide for the implementation of innovative prevention strategies and practice in cities, and for youth at risk.

Shaw, M. and K. Travers eds. (2007). *Urban Crime Prevention and Youth at Risk: Compendium of Promising Strategies and Programmes from around the World*. Montreal: International Centre for Crime Prevention. <http://www.crime-prevention-intl.org/en/publications/compendium-of-practices/practices/article/urban-crime-prevention-and-youth-at-risk.html>

International Compendium of Crime Prevention Practices to inspire action across the world

This international compendium contains crime prevention and community safety practices gathered from North America, Europe, Africa, the Caribbean, Central and South America, Oceania and South Asia. It accompanies the first biennial *International Report on Crime Prevention and Community Safety: Trends and Perspectives* (2008), published by the International Centre for the Prevention of Crime (ICPC).

The biennial report summarizes current trends on crime and victimization around the world, describes major preoccupations for governments and communities, and touches upon the range of crime prevention and community safety responses. The compendium provides further examples that illustrate what governments, police and community partners can do to prevent crime and enhance safety.

As part of ICPC's ongoing work in collating, analyzing and disseminating information on effective and innovative crime prevention policies and practices, this compendium builds on additional reports developed by ICPC, including two editions of *100 Crime Prevention Programs to inspire action*, published in 1997 and 1999, and a compendium on *Urban Crime Prevention and Youth at Risk: Promising Strategies and Programmes from around the World* (see above).

This compendium addresses government and nongovernment actors, decision-makers and practitioners working in crime prevention at the national, regional and local levels. It is divided into five sections: Aspects of Community Safety, Youth at Risk, Youth Gangs, Community Safety and Indigenous Peoples, and Police-Community Partnerships in Crime Prevention. The document focuses on process and implementation, including information on partnership, outcomes and sustainability.

ICPC. (2008). *International Compendium of Crime Prevention Practices to inspire action across the world*. <http://www.crime-prevention-intl.org/en/publications/compendium-of-practices/practices/article/international-compendium-of-crime-prevention-practices.html>

Publications of note

Aos, S., S. Lee, E. Drake, A. Pennucci, T. Klima, M. Miller, L. Anderson, J. Mayfield and M. Burley. (2011). *Return on investment: Evidence-based options to improve statewide outcomes*. Olympia: Washington State Institute for Public Policy. <http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf>

Aos, S., P. Phipps, R. Barnosky and R. Lieb. (2001). *The Comparative Costs and Benefits of Programs to Reduce Crime*. Olympia: Washington State Institute for Public Policy, May. <http://www.wsipp.wa.gov/rptfiles/costbenefit.pdf>

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Appendix I *Supports for At-risk Youth*

Research highlights

Like the crime prevention file, supports for at-risk youth typically try to prove their value by comparing intervention costs with the high cost of incarceration. The 11 efforts highlighted by the Center for the Study and Prevention of Violence's Blueprints initiative (see Crime Prevention, Appendix H) provide program and benefits descriptions and, in some cases, cost-benefit information. These program reviews are subject to the same evaluation framework, which allows design comparison and the generation of longitudinal results.

Similarly, the Washington State Institute for Public Policy commissioned a cost-benefit report that reviewed evidence-based policy strategies in the areas of juvenile and adult criminal justice. Researchers prepared a *Consumer Reports*-like list of what works and what does not, ranked by benefit-cost statistics [Aos et al. 2009].

Canadian intervention examples abound as well; fewer of these include cost-benefit analyses. One key informant noted that the National Crime Prevention Centre is encouraging community organizations to implement local versions of Blueprints programming. This movement toward "tried-and-true" programming options will make it easier to undertake longitudinal evaluations.

Research on early childhood education and child care make clear the link between safe and healthy childhoods and avoidance of criminal involvement. In one respondent's view, families at risk of poverty and violence must receive support from health professionals. The UK Families First program ensures that all households below a designated income threshold receive a series of visits and training sessions from a registered nurse. Offering nurse visits to all families – as currently happens in many Canadian communities – leaves less funding available for families at risk.

Intervention summaries that align with the CWS Network's benefits lens perspective

Blueprints

Centre for the Study and Prevention of Violence, University of Boulder

The Center for the Study and Prevention of Violence (CSPV) was founded in 1992 with funding from the Carnegie Corporation of New York. CSPV provides assistance to groups committed to understanding and preventing violence, particularly adolescent violence. It disseminates information, offers technical assistance and conducts research into the causes of violence and the effectiveness of prevention programs.

The Center's Blueprints initiative was established to identify violence and drug prevention programs that meet a high scientific standard of effectiveness. Blueprints serves as a resource for governments, foundations, businesses and other organizations trying to make informed judgments about their investments in violence and drug prevention programs. Blueprints has identified 11 model programs deemed to have a high level of evidence supporting their effectiveness. In addition, Blueprints has designated 22 promising programs that have shown good results but require either replication in another community or additional time to demonstrate their impact and sustainability.

Example of one of Blueprints' 11 Model programs:

Midwestern Prevention Project (MPP)

The Midwestern Prevention Project (MPP) is a comprehensive, community-based and multifaceted program for adolescent drug abuse prevention. MPP involves an extended period of programming. While initiated in a school setting, it goes beyond this setting into the family and community contexts. MPP disseminates its message through a system of well coordinated, community-wide strategies: mass media programming, a school program, a parent education program, community organizing and training, and local policy changes on tobacco, alcohol and other drugs. These components are introduced to the community in sequence at a rate of one per year, with the mass media component occurring throughout all the years. The central component for drug prevention programming, however, is the school.

Evaluations of the MPP have demonstrated for program youth, compared to control youth:

- reductions of up to 40 percent in daily smoking
- similar reduction in marijuana use and smaller reductions in alcohol use maintained through Grade 12
- effects on daily smoking, heavy marijuana use and some hard drug use have been shown through early adulthood (age 23)
- increased parent-child communications about drug use.

<http://www.colorado.edu/cspv/blueprints/modelprograms/MPP.html>

Supplementary information:

Pentz, M., S. Mihalic and J. Grotzger. (1998). "The Midwestern Prevention Project: Blueprints for Violence Prevention, Book One." In D. Elliott ed. *Blueprints for Violence Prevention Series*. Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

Youth Inclusion Programs

UK

Youth Inclusion Programs (YIPs) were established in the UK in 2000 to reduce youth crime and anti-social behaviour. Younger children (ages 8 to 12) and adolescents (ages 13 to 17)

living in marginalized communities and considered at high risk to commit crimes are provided with intensive services.

Young people are identified through a number of different agencies, including Youth Offending Teams (YOT – a national network that fits within the government’s regional development agencies), police, children and family services, local education authorities or schools, neighbourhood wardens and anti-social behaviour teams.

The program gives young people a safe place to learn new skills, take part in activities, and get educational and career guidance. Workers and volunteer mentors act as positive role models and seek to change young people’s attitudes to crime. They also address the factors that put young people at risk of involvement in offending or anti-social behaviour.

Each project contributes to its YOT’s target of reducing the number of first-time entrants into the criminal justice system. Their involvement in the program and progress are carefully measured. Results have shown dramatic reductions in criminal offences and improved attachment to school. Success is greatest with programs that maintain a high delivery standard.

While YIPs target young people in high-risk neighbourhoods, they are also open to other young people in the local area. The program operates in 110 of the most deprived/high crime neighbourhoods in England and Wales.

Each YIP is funded annually by the Youth Justice Board through prevention grants. This funding is supplemented by sharing resources with other local agencies. In many areas, programs also obtain resources from other funding streams (e.g., Neighbourhood Renewal) which share the aim of reducing crime and supporting communities.

An evaluation of Phase 2 of the program (2003-06) found that the program reduced school expulsions by 27 percent, reduced youth arrests by 65 percent and overall crime in neighbourhoods by 16 to 27 percent.

<http://www.justice.gov.uk/youth-justice/prevention/youth-inclusion-programme-yip>

Youth Agreement Program
BC Ministry of Management Services

In December 1999, British Columbia’s Ministry of Children and Family Development launched the Youth Agreement Program (YAP), to serve youth ages 16 to 18 who were homeless and for whom Ministry care was not a viable option. The program operated first in the Vancouver/Richmond and Okanagan Regions. It reached its peak numbers in the summer of 2001 when there were 178 youth in the program. At the time of an evaluation in 2002, 425 youth had participated in the YAP.

The group of youth being targeted was considered high risk, were homeless, could no longer live with their families and had significant personal vulnerability due to pregnancy, misuse of alcohol and drugs, mental or behavioural instability, involvement in the sex trade, or not attending school or working.

For all youth served, social workers reported “somewhat” to “greatly improved” for the five primary risk factors which comprise Youth Agreement eligibility: homelessness (95 percent), not attending school (79 percent), serious substance misuse (88 percent), sexual exploitation (91 percent) and mental health issues (83 percent).

The majority of youth reported an improvement in physical and mental health and in well-being, self-esteem, sense of responsibility, motivation and self-determination. While there did not appear to be large immediate gains in reducing these youths’ cost to the public in terms of financial support, there were likely other public costs that have dropped substantially. Many youth made important changes in their lives. Criminal activity appeared to decrease significantly (87 percent were far less involved). Drug/alcohol abuse was moderated to the point where only slightly more than one-third still reported having a problem.

The report also contained recommendations for easier pre- and post-data collection by which to gauge medium- and long-term outcomes.

BC Ministry of Children and Family Development. (2002). *Evaluation of the Youth Agreement Program*. Victoria: Ministry of Management Services.
http://www.mcf.gov.bc.ca/youth/pdf/ya_evaluation_report.pdf

***Aboriginal Youth and Violent Gang Involvement in Canada:
Quality Prevention Strategies
Totten, 2009***

While there are many Canadian initiatives that focus on gang prevention, intervention and suppression, few focus exclusively on Aboriginal youth and most have not been adequately evaluated. Mark Totten hopes that the National Crime Prevention Centre’s current funding of a number of multi-year projects, all with robust evaluation designs, will redress this gap [Mark Totten, personal communication 2012].

Totten’s report identifies what doesn’t work:

- gang suppression programs
- incarcerating gang members
- curriculum-based programs
- traditional detached-worker programs
- community development approaches
- child welfare models.

Five key strategic areas are identified by the National Working Group on Crime Prevention (2007) as elements of success: collaboration and problem-solving partnerships, concentrating investments on highest needs, developing and sustaining community capacity, adequate and sustained resources, and public engagement. Three Canadian projects are currently being evaluated:

1. *The Warrior Spirit Walking Project*, delivered by the Prince Albert Outreach Program Inc., targets 12- to 20-year-old Aboriginal gang members and youth at high-risk of gang membership. The Circle of Courage model [Brendtro, Brokenleg and Van Bockern 2002] is the foundation for this program.
2. The North Central Community Association's *Regina Anti-Gang Service* (RAGS) projects targets 16- to 28-year-old gang leaders and their partners and family members. Core services are based upon the Wraparound and Multi-Systemic Therapy models [Henggeler, Schoenwald, Borduin, Rowland and Cunningham 1998].
3. The Vancouver Aboriginal Youth – Vancouver Police Department Working Group *Creating Healthy Aboriginal Role Models* (CHARM) project target youth ages 12 to 18 in East Vancouver who are most at risk of being recruited into gangs. All core services are based upon principles of positive youth development and asset building.

The report argues that there is compelling data which support the need for gender-responsive and culturally competent models of intervention and prevention. Girls and young women have unique risks and protective factors compared to boys and young men; it is bad practice to select and implement programs that do not reflect this reality. There is indisputable evidence pointing to the fact that suffering serious and prolonged sexual abuse by men is a key pathway into gang involvement for young women. Further, there is compelling research supporting the fact that almost all female gang members are treated as sexual slaves by their male counterparts. Approaches considered effective for male youth will not work with females.

There is also sound evidence outlining the importance of cultural competency. BC's youth gang members are disproportionately composed of ethno-racial minority and Aboriginal youth. These youth face serious barriers to full participation in society, including blocked opportunities for good schooling and employment. The identity, sense of family, protection and fast money derived through gang activity are appealing to marginalized young people.

The venue of program delivery is of crucial importance. Quality strategies are neighbourhood-based and provide intensive family support delivered in the home.

Totten, M. (2009). "Aboriginal Youth and Violent Gang Involvement in Canada: Quality Prevention Strategies." *IPC Review*, 3: 135-156. www.ipc.uOttawa.ca
<http://www.sciencesociales.uottawa.ca/ipc/eng/documents/IPCR3Totten.pdf>

The impact of after school programs that promote personal and social skills
Durlak and Weissberg, 2007

Previous reviews of after-school programs have concentrated on the academic benefits of programs that offer tutoring or other forms of academic assistance to youth. The results have been mixed. This review was structured to evaluate systematically the impact of after-school programs that attempt to enhance youths' personal and social skills, identify the nature and magnitude of the outcomes of such programs, and describe the features that characterize effective programs.

Effective approaches to skills development are sequential, active, focused and explicit (see below). A search for published and unpublished studies netted a set of reports that provided information on 73 programs. The two most important findings were:

1. youth who participate in after-school programs improve significantly in three major areas: feelings and attitudes, indicators of behavioural adjustment and school performance.
2. it was possible to identify effective programs. Programs that used evidence-based skill training approaches were consistently successful in producing multiple benefits for youth, while those that did not employ such procedures were not successful in any outcome area. The two criteria related to process were the presence of a sequenced set of activities to achieve skill objectives and the use of active forms of learning. The two criteria related to content were the presence of at least one program component focused on developing personal or social skills and the targeting of specific personal or social skills.

Durlak, J. and R. Weissberg. (2007). *The impact of after school programs that promote personal and social skills*. Chicago: Collaborative for Academic, Social, and Emotional Learning.
<http://www.pasesetter.org/reframe/documents/ASP-Full.pdf>

*After school programs and academic impact:
A Study of Chicago's After School Matters*
George et al., 2007

A study of Chicago's After School Matters (ASM) program – which offers paid internships in the arts, technology, sports and communications to teenagers in some of the city's most underserved schools – finds a positive relationship between participating in after-school activities and higher class attendance, lower course failures and higher graduation rates.

Even after taking into account demographic characteristics and prior attendance records, students who participate in ASM miss fewer days of school than their classmates. Similarly, students who participated at the highest levels in the after-school program tended to fail fewer core academic courses. Over the course of their time in high school, students who were enrolled

in ASM for three or more semesters and those who participated at the highest levels had higher rates of graduation and lower dropout rates than similar students who did not participate in the program.

The report highlights the importance of further research into the factors that lead students to participate in after-school programs and that contribute to higher engagement and retention once they are enrolled.

George, R., G. Cusick, M. Wasserman and R. Gladden. (2007). *After school programs and academic impact: A Study of Chicago's After School Matters*. Chicago: Chapin Hall.

<http://www.chapinhall.org/research/brief/after-school-programs-and-academic-impact>

[http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument\(2\)_0.pdf](http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument(2)_0.pdf)

The costs and benefits of after school programs: The estimated effects of The After School Education and Safety Program Act of 2002

Brown et al., 2002

This report is an analysis of the potential cost and benefits of *The After School and Education Safety Act of 2002* (“The Act”).

The Act expanded funding to after school programs in California by \$433 million with the goal of reaching approximately 485,000 additional students when fully implemented. An expenditure of \$10,038 over Grades 1 to 9 for each of these several hundred thousand additional children in the programs produced benefits from a low of \$89,522 to a high of \$129,465 per participant. A calculation of benefits minus cost found that the net benefit of each participant is between \$79,484 and \$119,427. Each dollar invested in an at-risk child saw a return of \$8.92 to \$12.90.

The report concluded that the extent to which these benefits are realized is contingent on the Act’s ability to reach at-risk youth. As the program expands to serve all eligible schools throughout the state, the incremental benefits may decline. It is not possible to determine how many at-risk children will participate in the program. However, reaching even a small fraction of the at-risk children is likely to be cost-effective.

Brown, W., S. Frates, I. Rudge and R. Tradewell. (2002). *The costs and benefits of after school programs: The estimated effects of The After School Education and Safety Program Act of 2002*. California: Rose Institute of Claremont-McKenna College.

http://www.claremontmckenna.edu/rose/publications/pdf/after_school.pdf

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BC Ministry of Children and Family Development. (2002). *Evaluation of the Youth Agreement Program*. BC: Ministry of Management Services. http://www.mcf.gov.bc.ca/youth/pdf/ya_evaluation_report.pdf

Brown, W., S. Frates, I. Rudge and R. Tradewell. (2002). *The costs and benefits of after school programs: The estimated effects of The After School Education and Safety Program Act of 2002*. California: Rose Institute of Claremont-McKenna College.
http://www.claremontmckenna.edu/rose/publications/pdf/after_school.pdf

Center for the Study and Prevention of Violence (CSPV), a research program of the Institute of Behavioral Science (IBS) at the University of Colorado at Boulder. <http://www.colorado.edu/cspv/about.html> [Blueprints]

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Cohen, M. (1998). "Monetary value of saving a high risk youth." *Journal of Quantitative Criminology* 14(1): 5-23. <http://www.byep.org/cost%20of%20not%20saving%20youth.pdf>

Durlak, J. and R. Weissberg. (2007). *The impact of after school programs that promote personal and social skills*. Chicago: Collaborative for Academic, Social, and Emotional Learning.
<http://www.lions-quest.org/pdfs/AfterSchoolProgramsStudy2007.pdf>

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<http://www.chapinhall.org/research/brief/after-school-programs-and-academic-impact>
[http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument\(2\)_0.pdf](http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument(2)_0.pdf)

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Summary: http://durhamnc.gov/ich/op/DPD/Documents/after_school_fact_sheet.pdf

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