



RESEARCH REPORT

Early Childhood Centers, Inter-Ministerial Model Developed by 360⁰ – The National Program for Children and Youth at Risk Evaluation Study

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The study was commissioned by Ashalim and 360⁰ –
The National Program for Children and Youth at Risk,
and funded with Ashalim's assistance

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Executive Summary

This study is an evaluation of the Early-Childhood Centers (ECCs) that function as part of the New Beginnings component of 360⁰ – the National Program for Children and Youth at Risk (hereafter: the National Program). The purpose of the ECCs is to connect community services for young children; to serve as the main setting for identification, diagnosis, treatment and prevention for children up to the age of 6, their parents, and community professionals; and to institute continuity of care for the children and their families. To this end, the ECCs focus on three core areas of service: multidisciplinary services to identify potentially at-risk children in community frameworks; diagnostic and treatment services for their developmental and emotional difficulties; and work with parents at various levels of intensity. The ECCS may also offer additional activities to help prevent situations of risk and provide enrichment.

Various local authorities have long hosted early-childhood centers in recognition of the need to create a comprehensive service for young children and their parents. These centers encountered numerous obstacles in the effort to pool under one roof the services and resources of different ministries, and to work simultaneously in a large number of specialties.. As part of the National Program, many local authorities¹ asked to establish ECCs, and the need arose to develop a model consensual to the relevant ministries. A sub-committee was established under Prof. Asher Or-Noy of the Ministry of Health, coordinated by the director of the Good Start program at JDC-Ashalim, to develop an inter-ministerial ECC model in the areas of education, welfare and health. The sub-committee charted policy and generated inter-ministerial consent concerning implementation.² JDC-Ashalim was accorded responsibility for constructing the professional shell and the provisions of staff training and further learning. The Ministry of Education assumed responsibility for the ECC.

In the framework of the National Program, every local authority that was prepared to commit to implementing a new or existing ECC according to the inter-ministerial model was authorized to use the budgets of the National Program for purposes of managing the ECC and for training. In addition, it was declared that local authorities committed to implementing ECCs over time would receive a one-off grant for building renovations and preparations for implementation.

The Myers-JDC-Brookdale Institute closely followed the period of initial implementation through this evaluation study. The goal of the study was to furnish data to improve the existing centers and help develop ECCs in additional localities. At the request of the National Program executive, the emphasis was on examining the inter-ministerial ECC operational model. The research questions focused on how the ECCs operate; how the inter-ministerial configuration and the process of partnership at the local and national levels are implemented; the integration of the ECCs in the array of community services; the contribution of the centers to the array of services, and to the children and their parents.

¹ Within the National Program, local authorities are able to choose responses that have been approved and introduced into the pool by one or more of the partner ministries.

² In addition, an implementation committee was established under the director of the Division for Preschool Education at the Ministry of Education, which monitors implementation on the ground.

Various data sources were used in the study: questionnaires for ECC directors (20 of the 23 directors responded), interviews with head-office personnel and the program administration (at the national and local levels). In four selected localities, there were focus groups comprised of ECC staff, and interviews with staff of services related to the joint work and with professionals and parents concerning the children treated at the ECCs. In addition, data were analyzed from the localities data infrastructure (LDI), developed through the National Program, on the children and services that they receive. The actual implementation of the model was juxtaposed with an official National Program document describing the model and its application.

Data collection began in September 2013 and extended over a year and a half. This was the first period that the model was implemented in the ECCs. The study findings were presented to the development team of the model and served as a basis for updates for improvement of the model.

At the start of the study (end 2013), there were 23 ECCs – some longstanding ones that had adopted the inter-ministerial work model (9) and some new ones (14). These ECCs were included in the study population.

It emerged from the LDI of the National Program that out of the 13,321 young children served in localities of the National Program as of October 2014 – 4,697 received the services in localities that had an ECC.

The model was modified often in response to the evaluation findings. The changes are described in the corresponding sections in the body of the report.

a. ECC Operational Modes

The physical building and accessibility – Twelve ECCs operate in a self-standing building of the locality, five operate in a structure that is part of a community center. Most ECCs (15) operate at least five days a week. In six ECCs, opening hours end at 5 p.m. on at least three days a week, which limits access for working parents.

ECC staff – An ECC is headed by a director responsible, among other things, for managing the staff as an interdisciplinary team, as well as developing and maintaining ongoing collaboration with early-childhood services in the locality. The reports of the 20 directors who completed the questionnaire showed that common staff professions at the ECCs are paramedical: occupational therapists (currently at 20 centers), speech therapists (19), physiotherapists (13). In addition, ECCs employ social workers (18), and psychologists, (17). Many centers also have auxiliary staff: secretaries (13), housemothers (7). Some ECCs reported having public health nurses (8) or kindergarten teachers (9) on staff.

Inter-ministerial training for the multidisciplinary staff – The inter-ministerial model calls for regular interdisciplinary instruction and training of center staff in addition to specific professional training. Inter-professional training is intended to help construct the joint work and consolidate a shared staff identity for the various professionals. The evaluation found that the instruction is imparted to center directors rather than to the entire staff. Although there are some inter-professional staff meetings at all the centers, many of the directors and staff personnel interviewed expressed regret that they are insufficient.

Core areas – A National Program document (from October 2014) shows that most centers (25 of the 27 operating at the time) offered services/programs in three core areas: diagnosis/developmental care – by the developmental unit; early detection and intervention – through preschool programs (such as Or and Maagan programs); programs for parents – delivered by parent groups on a variety of topics. There were reports, too, of intensive programs of working with parents, such as Mishpahot [Families], Hataf [Young Children], Reishit [First], and Tze'adim Briim [Healthy Steps]. Several directors cited the development and expansion of parental programs as the main goal the ECCs. Moreover, ECCs offer enrichment and prevention activities, such as story time, readiness for first grade, theater plays and excursions.

Internal and external ECC activity – The ECCs are meant to refer children and parents both to services provided at the center and services provided elsewhere in the community, to serve as a hub of knowledge and training, and to provide tools to early-childhood professionals in the locality. We found that during the study, ECC directors were primarily engaged in developing services provided at the center. Asked about the amount of time devoted to various center activities, most directors replied "appropriate" for activities focusing on work at the center: direct care of children (14 directors); coaching and instructing parents (14); staff meetings (13); staff consultations and instruction **within** the center (12). On the other hand, quite a number of directors said that there was an inadequate amount of time devoted to such activities as staff consultations and instruction **outside** of the center, and staff participation in locality/ neighborhood teams (14 and 7, respectively). This finding suggests that the directors are aware of the ECC goals of establishing interdisciplinary work in the community but found them challenging.

b. Inter-Disciplinary Work and Coordinated Care

According to the inter-ministerial model, ECC staff are to maintain contact with other professionals treating a child (such as preschool teachers, nurses at Well-Baby clinics, Social Service social workers and Psychology Service therapists). The mechanisms defined to ensure coordination are the ECC case managers as well as "a structured, adapted, uniform data system having points of control, follow-up and feedback with referral services" (document of the inter-ministerial model).

The findings show that inter-professional activities are part of the ongoing work and ECC professionals do coordinate care. However, no funds are allocated for the position of case manager nor have the duties and authority accompanying the position been defined.

Coordinated care as ongoing practice – On the directors questionnaire, 14 out of 17 reported that center professionals cooperate in aspects of coordinated care to a great or very great extent. Center staff reported informal consultations with one another concerning the children in care, as well as consultations or observation in the course of treatment. They noted that a common roof facilitates access to, and acquaintance with, different professionals. There were also reports of joint or coordinated care in cases of complex problems, and of discussions about children with complex needs at inter-professional staff meetings. Nevertheless, the centers that were examined in depth reported difficulty in standardizing ongoing, inter-disciplinary meetings. Among the reasons cited by directors was the difficulty of prioritizing meetings and activities unrelated to direct care. They also reported logistic problems of scheduling meetings given the different work hours of the professionals.

As regards coordinated care with services outside of the ECC – in interviews on 15 children with complex needs, professionals reported that for 14, they had connected with the preschool teacher during treatment to obtain information and updates. In some cases, there were reports of advising teachers and observing a child in preschool. There were also reports of contacts with professionals at social services. In a few cases, there were reports of a center professional accompanying a child and parents to various community services. The professionals interviewed (mainly at head-office levels) noted the need to formulate consensual guidelines for the different ministries regarding the professional obligation to cooperate on various aspects of the interdisciplinary work.

Structured mechanisms of case management – On the questionnaire, 11 directors reported that their centers had a case manager (a position generally filled by a social worker). At four centers – coordinated care was reported to apply to all the children; at seven centers – there was coordinated care for all children in treatment at an overall framework (e.g., a Child-Developmental Unit). The structured feedback system, as planned in the inter-ministerial model, had not yet been implemented during the period of data collection.

Strengthening continuity and comprehensiveness of care – Various examples were mentioned by center and service professionals in the localities, as well as by parents, presenting the way that center activity contributed to strengthening the continuity and comprehensiveness of care. The fact that some center staff also work in community developmental detection programs was cited as increasing the chances that they would be referred for, and persist in, treatment, and as facilitating ongoing contact between center staff and community services. In addition, some center staff spoke of efforts to encourage parents to bring their children in for treatment at the center, and of assistance in reducing waiting times for community services and clinics. In this context according to LDI data, in localities that have an EEC, the percentage of children in care (from among the population of at-risk young children identified) was higher than in localities with no EEC.

c. Promotion of Inter-Ministerial Work at the Locality Level

According to the inter-ministerial model, the local authorities are responsible for operating and managing the ECCs. The mechanisms reflecting this responsibility are the Program/Center Coordinator (who is a representative of the local authority) and the support and performance team (the Inter-Organizational Program Coordination Team) that include representatives of the main services in a locality. These positions are found in all the programs operating as part of the National Program. The ECC is also meant to play a prominent role in the advancement of a locality's data infrastructure system (LDI) – a key National Program component – which should promote, among other things, the development of a common language and collaborative planning processes between the various service representatives at the locality level.

Municipal Center Coordinator– This position exists for each program/service implemented under the National Program. The *Municipal Program Coordinator* is a representative of the local authority, an experienced professional from a service in the locality. S/he is in charge of managing the program in the locality according to the policy of the local authority and the responsible ministries, and of liaising between the ECC and the other programs and services in the locality. On 18 out of 20 questionnaires,

ECC directors reported the presence of a Center Coordinator at the ECC who, in most cases, was the director of the Education Department in the locality. Most of the ECC directors (11-15 of them in response to the statements presented) agreed that the Center Coordinator was receptive to their appeals, displayed a sense of responsibility for the ECC as well as involvement, and represented the ECC before the local authority. Nonetheless, disagreements were described between some ECC directors and Center Coordinators; there was a sense of duplication and confusion regarding the latter's authority and limits of responsibility opposite the directors of the community centers where some of the ECCs function.

The position of Center Coordinator is complex, especially in the context of the ECCs, which, themselves, are aggregates of different services. In the first stage of the study, the Center Coordinator worked alongside other Service Coordinators of the different services within an ECC. But this changed during the study. Today, there is one ECC Center Coordinator for the center as a whole. S/he is also responsible for all the other services implemented at the ECC.

The Inter-Organizational Program Coordination Team (hereinafter: Coordination Team) – The mechanism of Coordination Team is found in all the services operating as part of the National Program. In an overall study of the National Program, 95 Program Coordinators were asked about the contribution of the Coordination Team to the different services that they, the coordinators, head. Most coordinators reported a meaningful contribution by the Coordination Staff, not only with respect to the operative aspects of the service but also as regards broader thinking about the participants and their needs (Margolin et al., 2015). The directors questionnaire showed that 19 of the 20 centers had a Coordination Team. Most of the directors agreed with the statements that the staff include representatives of relevant services, that staff members attend meetings regularly, and that they follow up and remain involved in center-related topics (between 14 and 17 directors agreed "to a great or very great extent" with the statements on this topic). Fewer directors agreed with the statements that the staff provide responses to ongoing difficulties and issues (10 agreed "to a great or very great extent"), and initiate new services according to ECC needs (8 directors). However, as noted, at the time that the study was conducted, there was no distinction as yet between the Coordination Team supporting the entire ECC and the Coordination Team supporting each of the different services operating in the ECC framework and, in fact, there was duplication. Today, a single Coordination Team supports the ECC as an entire entity, and all the services operating within it.

Participation of center staff in committees, groups and forums in a locality – One aspect of inter-ministerial work is the participation of center staff in a locality's committees, groups and forums. Out of the 20 directors responding to the questionnaire, 16 said that the staff participate in various forums in the locality, such as the early-childhood committee (11 centers reported participation in this forum), and in specific areas such as family, community or health (eight centers). Only eight directors said that the amount of time the staff devoted to participation in the locality's groups and neighborhoods was appropriate; seven directors said that the amount of time was insufficient.

The Locality Data Infrastructure (LDI) – This database is designed to enable the local authorities and the services/ programs operating under the National Program to conduct follow-up, control and

learning; and to examine both the implementation of the services/programs and the state of the children and youth that they address. The evaluation study of the National Program found that the LDI database was perceived as a significant resource contributing to the transparency of program management and supporting the division of labor between the different authorities, especially in localities lacking a prior database infrastructure – notably the Arab and ultra-Orthodox sectors. At the same time, there were reports of a need to better communicate to professionals the importance of using the LDI and fully exploiting the learning process (Margolin et al., 2015). ECC professionals are asked to use the system to report on all the children receiving service. However, not all the ECCs fully follow this directive: only some complete the data on all the children receiving service, and about half of the directors reported that at meetings of the Coordination Team, little or no use was made of the data.

Creating cooperation in a locality and developing a common language for the area of early childhood – In the questionnaire, the directors were asked to note the ECCs' main contributions. Six directors noted the ECC contribution to creating cooperation between early-childhood services in a locality, and seven noted its contribution to developing a common language for early childhood. This contrasts with the impression given in in-depth interviews that the centers, at this stage, were busy building, upgrading and positioning the organizational infrastructure and treatment, and that they had not yet freed themselves to play a significant role in locality processes. At some ECCs, professionals related to a growing discourse regarding early childhood working strategies, beyond the differential responses delivered by the center. Some of the head-office staff interviewed said that an ECC, as a visible, physical compound, had political significance in that it enabled the recruitment of the heads of local authorities to promote the topic of early childhood in their localities.

d. Satisfaction with the Centers and their Perceived Contribution to Children and Parents

The parents interviewed were asked about the services that they and/or their children had received from the center. Also, the various professionals (directors, center staff, and professionals at the headquarters level and in the field) were asked how they perceived the contribution of the centers to the children and parents.

Satisfaction with the service delivered to children and parents: The children of the majority of parents interviewed received para-medical services at the center. Parents reported their satisfaction with the attitude of the staff, their professionalism and their commitment to the children, as well as the pleasant, informal atmosphere. They cited with great satisfaction the services that they and their children had received. They also said that since the center was an overall framework of therapeutic and enrichment services – no stigma was attached to its users. The professionals interviewed stressed the staffs' persistence and constant follow-up of parents who found it difficult to come in for treatment. In their view, this approach distinguishes the work of the centers vs. the work of other therapeutic frameworks that may not have the time and resources for follow-up.

Perceived contributions of the centers: Beyond general satisfaction, parents and professionals pointed to a number of contributions of the center to children and parents. The main contributions cited were making developmental services accessible to children and parents who, without the center, would have

found it difficult to receive them; making enrichment services accessible to vulnerable populations; and having the center serve as an available "address" for parents to turn to in times of difficulty.

e. Issues and Challenges in Implementing the ECCs

The study showed that during the implementation of the model in the existing centers and the new ones, the model continued to develop, as it does to this day. Some topics have remained for further discussion and development:

The ECC as a "service," with a team: The center is responsible for services that are delivered either in its own building or outside of it. Therefore, it was sometimes difficult for the directors to define which of the services were under their responsibility and who the center staff were. On the questionnaire, ten out of 18 directors reported that there were no regulations or procedures for the joint work of the various services/programs delivered by the center.

Another difficulty related to the exercise of authority by directors over staff of programs affiliated with services that had their own organizational hierarchy. This arose over such issues as participation in staff meetings and sharing data on the children.

Target population and activities: Among the partners at the level of the local authority, disagreement sometimes arose over basic implementation questions. For example, was the center to address the entire population in the locality or for only the population at risk, and what was the desirable balance between the two types of population? What was the desirable balance between therapeutic and enrichment activities? The latter draw more participants but make it difficult to distinguish between the ECC and other community centers.

Activities beyond direct care: Mechanisms of coordinated care, data collection and use, interdisciplinary guidance, and consultation for professionals outside of the center are designed to lend the inter-ministerial model its distinctiveness. It appears that at this stage, these activities have not yet received major emphasis in ECC work. One explanation lies in the budgeting format for the work done by some of the professionals, which is based on the hours of treatment they deliver. As a result, any involvement of theirs in additional activities is perceived as coming "at the expense of" direct treatment. This is compounded by the lack of clear, consensual guidelines from the ministries on the topic. Nevertheless, note that many ECC directors reported that they felt that the amount of time devoted to the participation by ECC staff in committees, teams and forums in the locality was very little. This may reveal an understanding of ECC goals as a program/service that lies at the heart of the interdisciplinary work

Relations with the representative of a local authority: Questions arose as to the responsibility/authority of the Center Coordinator (who is a representative of the local authority) opposite the position of managers of community centers where the center is located, and the need to clarify the authority of the different professionals.

Cooperation with related services: Occasionally, the centers, especially the new ones, had to cope with the fear of professionals in older, traditional services that their status would be weakened by the establishment of the new centers. At some localities, difficulties of cooperation with related care services were reported, in the form of few referrals to the center or disagreement over the transmission of data on the children.

Mechanisms of coordinated care: At the time that the study was conducted, systematic work procedures and modes had not yet been formulated nor the extent and nature of the coordination required, the parties to be involved in these processes, and the parties responsible for it.

The commitment of the ECCs to multiple organizations: Various professionals interviewed from inside and outside of the ECCs reported multiple meetings and updates deriving from the need for interdisciplinary work. This question was raised also by some of the head-office staff who reported an overload of executive duties related to supervising and coordinating the joint work. Ostensibly, this difficulty defies the claim of a lack of procedures (above). However, the absence of procedures could create a need for superfluous discussions in instances that the authority should be, and is not, clear.

Stability and budget: The model facilitates regular use of the budgets of the National Program to finance ECC management and training. Most of the budget originates in ongoing allocations from various ministries or from the National Program to the ministries, and from them, to the ECCs. At the centers that were examined in depth, incidents were described of delays in cash flow from the ministries. On an open question to directors asking about major recent difficulties, ten directors cited budget troubles. The fact that most of the budget components of the centers are not fixed, but transferred from different ministries as payment for activities performed, is a constant concern in the funding efforts; it also makes it difficult to focus on developing new services/programs. Some directors related to the financial aspects of working for an umbrella organization (community center) – which, on the one hand, may provide financial security, but, on the other, if it itself is in an unstable financial and organizational situation, may prove detrimental to the stability of the ECC.

Complexity of the director's position: The complexity of the model obliges a director to fill multiple roles, including supervising a multi-disciplinary professional staff, and participating in a locality's partnerships and processes while contending with a lack of clarity and opposition. During the data collection, seven directors left their jobs. In the interviews and questionnaires, some directors reported that they did not feel sufficiently equipped to deal with the tasks of conducting and administering partnerships. The interdisciplinary counselors reported that the directors lacked the knowledge and tools to advance processes in the locality, and that a considerable portion of their instruction to directors dealt with this topic. The head-office personnel who were interviewed recognized a need to examine and define more clearly the position of center director and the necessary qualifications. This issue was also discussed in meetings of the Good Start head office. By the time of writing, a more precise job description had been formulated and composed for the director's position to define her/his place in the system of the locality and to facilitate the recruitment of candidates with suitable qualifications.

The study findings were presented at various forums: the national committee of Good Start, the forum of regional supervisors of Good Start, and some center staff. Note that some of the issues raised in this report were discussed by the national committee of Good Start, and changes have already been introduced into the model. Thus, for instance, the new position of center manager takes into account the role of advancing a locality's processes, and a job description was formulated for the new role of integrated supervisor.

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