Comparative Global Study of Urban Spaces to Support Parents

Final Report

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This report was commissioned from ISSA by the Bernard van Leer Foundation.
Background and Context

The United Nations Sustainable Development Goal 11 which is ‘Make cities inclusive, safe, resilient and sustainable’ identifies that currently 3.5 billion people in the world live in cities and by 2030, almost 60 per cent of the world’s population will live in urban areas¹. The Goal 11.2 states that “By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons”. Thus, focus on young children and families is imperative to developing inclusive and holistic city plans. Globally UNICEF had launched the Child Friendly Cities Initiative (CFCI) in 1996 as platform to take forward the child rights agenda by gathering together a wide range of partners, advocates for governance approaches and participatory urban management, promoting the realization of the rights of the youngest citizens. The UN Conference on Human Settlements (HABITAT II) declared that the well-being of children is the ultimate indicator of a healthy habitat, a democratic society and of good governance².

The Bernard van Leer Foundation (BvLF) identifies the need for critical focus on early childhood development into planning and management of cities and has been supporting Urban95 strategy, which is aimed at working with urban planners, architects, engineers and city managers to incorporate a focus on early childhood development into the planning and management of cities. Urban95 strategy involves technical and financial assistance to pilot and scale innovations in the Urban95 focus areas which are³:

- Public space - This involves transforming existing physical spaces into places for young children to play and explore nature, and for their caregivers to meet and rest.
- Mobility - Making it possible for caregivers and young children to walk or cycle to healthcare, childcare, a safe place to play, and a source of healthy food.
- Data management - Collecting neighbourhood-level data on young children and caregivers and using it to better target resources and facilitate coordination across sectors
- Parent coaching - Providing parents and other caregivers with information on early childhood development through the existing or new services and structures.

The Foundation has developed a 3-Year strategic “Urban95” partnership with the Municipality of Tel Aviv in partnership with the Tel Aviv Foundation and Bloomberg Philanthropies. It is envisaged that through the partnership, young children will become a cross-cutting strategic priority for the city, working to pilot innovative models, mechanisms and practices to support the healthy development of young children growing up in the city and the well-being of their families.

Purpose of the Study

As part of the attempt to improve the quality of life of young children (under four years of age) and their parents, the city of Tel Aviv-Yafo is considering the possibility of establishing programming and/or designated spaces within existing municipal infrastructure (such as the network of community centers in the city) for parents of young children to access support and services. The idea for such programming and potential designation of municipal spaces arose from the understanding that parents in Tel Aviv-Yafo lack the tools to cope with the key challenges of establishing a family. As input

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³ [https://bernardvanleer.org/solutions/urban95/](https://bernardvanleer.org/solutions/urban95/)
into the design of the space or spaces in Tel Aviv, it is understood that a comparative global study of physical spaces that offer services and programs for parents of young children in cities around the world, would provide quality inputs.

The comparative study will aim at answering such questions as:

1. How can such spaces best ‘piggyback’ onto existing infrastructure such as community centers and well-baby clinics?
2. What needs should the space(s) be focused on meeting? What services and programs should the space(s) provide?

Methodology

The aim of the comparative study is to analyze and compare case studies of urban and municipal programs and physical spaces within municipal infrastructure that offer services and programs for parents of young children in cities around the world. The proposed approach to conduct this comparative study involved mapping evidence based/proven cases from a range countries (urban context in specific) from different parts of the world and then undertaking specific country cases for in-depth probe through developing case studies. The evidence from the mapping exercise and the case studies have been compared to gain a nuanced understanding of the trends and practices which can provide input the Urban95 strategy in Tel Aviv. The following are the different steps that were undertaken as part of the methodology

1. Selection of Programmes

A comprehensive list of city based programmes/services across were first identified through the following steps. The ones selected were either integrated or stand-alone programmes or multiple set of services offered under different platforms.

I. We developed a set of criteria and based on this we first shortlisted programmes, either through review of literature available online or through consulting country experts and Regional networks in early childhood:
   a. Services that parents need for themselves, such as relationships, financial counseling, mortgage, and balancing family and career
   b. Parent coaching and early childhood services
   c. Services that promote parent involvement in the community, e.g. coordinating and connecting families to organize holidays and festivals, community activities, parent-led summer-camp arrangements, etc.

II. The criteria enabled us to select programs/services which fall under all these categories (as mentioned above) or at least one of these categories. In addition to having the criteria, we chose well established and evidence based programmes across different sectors (government, private and civil society), functioning for some years, to ensure there is adequate experience to derive lessons for the system. The team initially shortlisted 10 programmes.

III. Once the programmes have been shortlisted, the team reached out to the heads of the programmes to collect preliminary data/information based on the year of Initiation of the programme, implementing model and mechanisms, funding and costs, service delivery mechanism, programme content, quality assurance and impact. Based on information, the team developed brief programme profiles for all the 10 programmes.
IV. The programme profiles were shared with officials at Tel Aviv municipality and with BvLF and in consultation with both stakeholders, 5 programmes were identified for conducting in-depth case studies.

2. Case Studies

Based on the consultation with officials from Tel Aviv municipality and BvLF, the following programmes were selected to conduct in-depth cases studies. These programmes are:

a. Empowering Parents, Empowering Communities (EPEC), London, United Kingdom
b. Two Generation Programme offered by Briya Public Charter School, Washington D.C., United States of America
c. Mala Ulica Family Centre, Ljubljana, Slovenia
d. De SLOEP, House of the Child, Ghent, Belgium
e. The Triple P – Positive Parenting Program, Queensland, Australia

The team reviewed the data already collected for these five shortlisted programme, to identify critical gaps under each component for which additional data collection was done for each of the respective programmes. The team also reviewed reports, research studies and other secondary data for each of these programmes. The nature of data collected is qualitative and each case study has been prepared and presented following a uniform format.

Findings from Case Studies

Along with five in-depth case studies conducted, the final output is in the form of a report as prescribed in the terms of references. The report focuses on the comparative analysis of the findings and the lessons learned from the five case studies. The findings of the comparative analysis are presented in a framework aimed at informing the strategy and programming under the Urban 95 partnerships.

1) Diversity in Programmes

a. The research found a diverse category of programmes across different urban contexts. While some of the programmes focused on providing support services to both parents and children, the other programmes focused on parent support only.

b. The forms of parent support vary across programmes. The programmes offer a range of services like parenting courses, family resilience, health, income, housing and other social services.

c. The programmes documented for case studies are either programmes supported by municipal or sub-national government or are private and civil society based programmes. The programmes cater to all parents from different backgrounds and use specific strategies for parents from the underprivileged sections.

We present here in the following matrix, the types of diversities we came across in the comparatively analysis. The findings are presented as below:
<table>
<thead>
<tr>
<th>De Sloep (Belgium)</th>
<th>Briya Public Charter School (USA)</th>
<th>Mala Ulica Family Centre (Slovenia)</th>
<th>Empowering Parents Empowering Communities (UK)</th>
<th>Triple P-Positive Parenting Programme (Australia)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Diversity in Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services provided for both children and families</td>
<td>Services provided for both children and families</td>
<td>Services provided for both children and families</td>
<td>Services provided for families</td>
<td>Parenting programme targeted towards parents</td>
</tr>
<tr>
<td><strong>II. Diversity in Partnerships</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Agencies working for children and families, for employment provision utilise De Sloep to provide the services</td>
<td>Different types of organizations like organizations providing health services, elementary schools and school consortia</td>
<td>A range of stakeholders actively participate in carrying out the Family Centre’s programme which include local departments of preschool, culture, public institutes, individuals, non-government organizations and beneficiaries themselves</td>
<td>Centre for Parent and Child Support directly delivers the programmes where it’s geographically feasible and elsewhere partners with local organizations</td>
<td>Organisations across the state voluntarily opt to participate in the initiative. Agencies may have anywhere between two and 100 staff, who typically have a background in social services (nursing, education, counselling, social work, psychology or welfare), with many having post-high school qualifications.</td>
</tr>
<tr>
<td><strong>III. Diverse Target Groups</strong></td>
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<tr>
<td>Disadvantaged families (which includes immigrants) with children aged 0–6 years or are expecting children</td>
<td>Most of the families enrolled are immigrants, with around 76% self-identified as Hispanic. 20% of the enrolled students are African-American, while 2-2% are Asian or White/Non-Hispanic</td>
<td>All families which also include single-parent families, immigrant families and low-income families face higher risk factors and these risk factors are reflected through poor housing conditions of these families, exposure to crime, violence and pollution</td>
<td>Families from economically weaker sections, unwaged category, lone parents, black and minority ethnic background and from non-English speaking backgrounds</td>
<td>A proportion of 47% of participants indicate that they have a child aged between birth and 4 years; 43% have a child aged 4-11 years and 13% have a teen aged 12 to 16 years (some participants have children across multiple age groups)</td>
</tr>
<tr>
<td><strong>IV. Diverse Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most funding from Flemish Government, from municipality for organizing health promotion services and agencies who utilize De Sloep for providing their services</td>
<td>Most of the funding is from State Government and remaining from government grants and grants from foundations</td>
<td>Grants from Municipality and user fees</td>
<td>Funding is through user fees</td>
<td>Funded entirely by Queensland Government</td>
</tr>
</tbody>
</table>
2) **Mechanisms for Social Cohesion**

   a. All the programmes focus on neighbourhoods, thus reaching out to communities at the doorstep. To meet this objective, the programmes work with civil society partner organizations to reach out to the neighbourhood areas within the cities. Programmes also use community spaces within neighbourhoods like school infrastructure, gymnasium classes (where babies are accompanied by fathers or grandfathers also) enable creating community hubs to deliver services.

   b. Programmes use diverse methods to promote different forms of social cohesion, within families as well as among families in a community. For example, Mala Ulica Family Centre in Ljubljana operates as a ‘public living room’ promoting parents to play with their children or peers, attend creative workshops, puppet shows, storytelling, etc. Similarly, under De Sloep, there is an intervention called “Play and Meet”, where meeting spaces are provided for parents to meet and share experiences and information and learn from each other, spaces for children to meet with other children and spaces created for parents to spend quality time with their children. The other programmes focusing on parenting courses or other educational courses for parents (for example Briya Public Charter school), also enable group of parents with common interest to meet and interact during those sessions.

   c. A select number of programmes train parents or community members to deliver the programme services (for example in case of Empowering Parents Empowering Communities and Triple P - Positive Parenting Programme) and this acts as an enabling and encouraging factor in mobilizing and connecting with parents.

3) **Service Delivery**

   a. The five programmes documented provide multiple services. All programmes except for Triple P, provide a set of services and hence these programmes are multi-sectoral in nature as they provide multiple types support services to parents. These include services for children, parenting programmes, language courses, health services, housing, employment, social welfare, counselling and other forms of services.

   b. All the programmes follow a partnership based approach in delivering services. Programmes partner with municipal governments, community based organizations, civil society and private organizations.

   c. Programme staff responsible for delivering the programmes receive training for delivering specific services. In case programme services are delivered by parents or community members, they also undergo training by the programme staff.

   d. We found the following categories of professionals and para-professionals involved in the delivery of the services.

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Types of Professionals Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Sloep</td>
<td>Social workers who receive training to provide counselling and support services of different types like parent and family counselling, services related to parenting, etc. De SLOEP maintains strong intersectoral coordination with other organizations (i.e. basic education, agency for integration, local medical centers, poverty organizations, employment service, public center for social welfare, center general welfare, toy libraries) who also provide services using De Sloep’s platform.</td>
</tr>
<tr>
<td>Briya Public Charter School</td>
<td>For infants and toddlers, trained teachers are there who act as facilitators between children and parents. For adult education classes, respective faculty conduct the specific classes on English language and digital literacy.</td>
</tr>
</tbody>
</table>
### Programmes

<table>
<thead>
<tr>
<th>Programme</th>
<th>Types of Professionals Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mala Ulica Family Centre</td>
<td>Primarily the trained instructors (hired from outside) and the employees of Mala Ulica Family centre would conduct the activities.</td>
</tr>
<tr>
<td>Empowering Parents Empowering Communities</td>
<td>Parent leaders who are selected and then trained in delivering the parenting courses and have access to all training materials and manuals.</td>
</tr>
<tr>
<td>Triple P Positive Parenting Programme</td>
<td>Agencies responsible to deliver the programmes in different neighbourhoods appoint local coordinators to coordinate the trainings of practitioners. The practitioners deliver the programme. They have background in social services (nursing, education, counselling, social work, psychology or welfare), with many having post-high school qualifications.</td>
</tr>
</tbody>
</table>

### 4) Trends in programme content

a. The programme content varies depending on the nature of interventions and the target groups the programme is working with. While on one hand programmes have specific content material to work on parenting, post-natal care by mothers, on the other hand programmes which offer capacity building courses in other areas (like language education, digital literacy etc.) have well developed courses in these areas. The content used by programmes are translated in different language groups as most of the programmes work with communities from different language and ethnic backgrounds.

b. Programmes which have parenting courses as part of the interventions, have developed structured evidence based parenting courses with specific and definite modules.

c. Parenting courses being offered as part of parent support would include key topics/areas like being a parent, children’s behaviour, communicating with children through reading, listening, sharing experiences, stories, positive discipline, setting expectations and dealing with stress situations.

d. Programmes also have interventions developed specifically for babies, which is the birth to three-year-old age group, delivered by trained professionals, include topics/areas like movements of young children which contribute to brain development, course for mothers on understanding signs of babies, advice on breastfeeding, diaper changing, lulling, and all the other important topics.

e. Two generational programme offered by Briya Public Charter school offers capacity building courses for diploma and advance diploma programmes in English language, courses in digital literacy in addition to the parenting courses.

f. In some of the programmes, parents and caregivers play a role in providing inputs to the programme content or participate in the programme. Some examples are provided as below.

i. In the EPEC programme, the Centre for Parent and Child Support trains select parents from the communities and train them as parent leaders and parent leaders are the frontline workers in the EPEC hubs.

ii. In the Two Generation Programme offered by Briya Public Charter School the parents are often brought into the classroom to learn alongside their children and they continuously participate in setting their child’s goals and monitoring their child’s progress.

iii. In Mala Ulica Family Centre the beneficiaries themselves help shape the programme activities. The different categories of beneficiaries include mothers on maternity leave and their babies, young families with pre-school children from all over Slovenia, foreign-language families with pre-school children, separated fathers, etc.
5) **Financing and Costs**

a. All programmes operate in a cost sharing model, where a part of the budget comes from the municipal government and (or) state government, a part of the budget is covered under grants which occasionally the programmes receive and a part of budget from the nominal fees that users of the services pay.

b. The different programmes present different scenarios of costs. The following table summarizes the cost estimates and the sources of funding:

<table>
<thead>
<tr>
<th>Name of Programme</th>
<th>Total Annual Budget</th>
<th>Per Beneficiary Cost</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowering Parents</td>
<td>Not Available</td>
<td>£400-550 per parent (£50-70 per session) and £160-220 per child beneficiary (£20-28 per session)</td>
<td>Not Available</td>
</tr>
<tr>
<td>Empowering Communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Briya Public Charter School</td>
<td>$9.4 million</td>
<td>Not Available</td>
<td>85 percent of the budget from state government and remaining funding through competitive grants from government and foundations.</td>
</tr>
<tr>
<td>Mala Ulica Family Centre</td>
<td>580,000 €</td>
<td>One-time entrance fee for a child with an adult is 2 €</td>
<td>Municipality of Ljubljana and User Fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family ticket for siblings with an adult is 4 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual pass is for 40 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family annual pass is for 60 €</td>
<td></td>
</tr>
<tr>
<td>De Sloep</td>
<td>Approximately €350,000 – 400,000</td>
<td>Not Available</td>
<td>50% funds from the Flemish government and through Kind &amp; Gezin; Municipality, Project Fundings and Donations</td>
</tr>
<tr>
<td>Triple P- Positive Parenting Programme</td>
<td>Australian Dollar $6.6 million for the first two years of the statewide rollout, and then another $5.35 million to continue the initiative for a further three years (up to June 2020). Practitioners accessing training and delivering the program are generally employed within government and non-government services to deliver parenting and family support interventions</td>
<td>Not Available</td>
<td>Government of Queensland. Parents access the services free of cost</td>
</tr>
</tbody>
</table>

c. The annual budget indicated for the programmes includes not only the cost of services being provided but also the training costs of the professionals providing the services.
d. The comparative matrix also reflects that in most cases the maximum funding towards programme sustainability for majority of the programme is through government authorities or municipality. The programmes also present examples of revenue generation through innovative methods like user fees, grants and donations. However, the backbone for all programmes continue to be the funding from government authorities.

6) Common Challenges
   a. One of the challenges of the programmes is that impact evaluations of the interventions have not been conducted. This also has much to do with programme funding which is more directed towards implementation of activities rather than conducting research studies.
   b. Forming and managing partnerships and monitoring the same. Many of the programmes work through partners to reach out to the different neighbourhoods in municipality (partners could be civil society organizations, individuals, health clinics, etc.). This makes it challenging for the main organization to manage the partnerships, any challenges emerging out of it and monitor the quality of services being delivered.
   c. While all the programmes invest sufficient resources on training of the frontline workers/professionals and partner organizations, it came across from the study that the organizations do not have structured monitoring and evaluation framework defining goals, output, processes and input which are being monitored through periodic data collection. Few programmes mentioned about maintaining quality standards, but it was not clear how the data is collected, analysed and used to feedback into programme planning and administration.

Recommendations

The following recommendations have been developed keeping in mind the Tel Aviv context and the findings from the 5 case studies. These recommendations are as follows:

1) The urban community in Tel Aviv is divided into different types of neighbourhood comprising of affluent community, economically backward, immigrant community and Arab community. The parent support programme may therefore comprise of activities which would focus on the specific needs of each parent group, customized to respond to challenges by each category of parents. Along with specific services, a set of common services may also be made available to parents.

2) Considering the fact that child is central to a family and families have impact on children’s growth and development, it is recommended to consider developing a family support programme, which goes beyond parent support.

3) The services may be provided at community centres, wherever they are located. However, if some neighbourhoods do not have community centres, municipality may work collaboratively with civil society organizations to reach out to those neighbourhoods. The services may also be provided through the 15 health clinics in the cities, if in some neighbourhoods the community centres are not functional. In case certain neighbourhoods neither health clinics nor community centres are available the programme may be delivered in partnership with community based organizations or non-government organizations which have the potential to work in these neighbourhoods.

4) The parent support services may comprise of the following categories of intervention:
   a. Counselling services (individual and group) for parents and family members on preventive healthcare, child care, stimulation of young children
b. Open forums for parents (parents of birth to 3 years old children) to come together discuss different issues, questions and challenges and collaboratively solve common problems. Provide créche facilities with trained and certified caregiver, where parents can leave their children while they attend sessions and forums.

c. Monthly events like puppet theatres, story sessions where parents can come with their children and attend.

d. Parent education courses for parents of young children and couples who are expecting children. Special sessions for fathers and grandfathers to provide them support to play a significant role in child development.

e. Advisory support services on parenthood for young couples who plan to start family.

f. Skill based courses aimed at adult education which parents can take up and they meet as a common group during these courses.

g. Advisory and support services pertaining to job trainings, financial requirements, social welfare requirements, housing, and other such areas.

h. Advisory and support services towards physical and psychological health of parents who are expecting children.

i. Any other relevant form of specific to the contextual needs of any neighbourhood.

5) Municipality may consider partnering with some specialized agencies or organizations which can provide some of these services mentioned above in the premises of the community centre. Municipality may collaborate with other departments within municipality, whose staff can provide these services. The community centres would thus emerge as single window for the communities to access different services.

6) The programme services should be provided by trained professionals and the training of the professionals must be a part of the programme. Adequate budget may be allocated for training and municipality may consider working with faculties from departments of child development from Universities or certified child development practitioners/organizations in providing training to frontline workers and partner organizations.

7) Develop mechanisms to involve parents and caregivers in designing programme content and in carrying out specific activities with their children as they are the first educators of their children. Identify parent leaders among all the parents and build their capacities for them to become advocates of early childhood development and involve them to influence other parents. Develop methods whereby the programme updates, activities and challenges are shared with parents and their suggestions are used to make annual plans.

8) The municipality may consider adopting the following mechanism for financing the programme:

   a. Annual grants may be provided to each community centre for running the day to day recurring expenses. One time grants may be provided to those centres, which may need to buy some assets

   b. Salaries, honorariums and training costs may be paid directly by the municipality from the annual budget.

   c. Community centres may levy reasonable user charges which beneficiaries may pay for availing the services. However, this may not be made compulsory for parents from economically weaker backgrounds.

   d. Other agencies who would be providing specific services using the community centre as the platform may pay some charges for using the community centre spaces.

   e. Performance based annual incentives may be provided to well performing community centres.

   f. Community centres may be encouraged to raise funds through fund raising activities in the community and by applying for competitive grants from government, civil society, private organizations and foundations.
g. Municipality may establish fund raising norms which the community centres must abide by when they are raising funds from external sources.

9) Develop, implement and monitor service standards for programme services. Conduct periodic review and evaluations to monitor progress, challenges and opportunities. Maintain detailed databases of workers, partners and beneficiaries. Ensure partner organizations are implementing these standards and develop a method to monitor and evaluate partner organizations periodically.