

25 Years

CALGARY SOCIETY FOR HEALTHY CHILD DEVELOPMENT

"It is clear that effective early intervention programming can create sustainable positive change, and reduce the later usage of costly, intrusive services that often have little or no positive effect on this population."

Gene Tillman, C. Psych. 2003



Healthy Child YYC

Twenty-Five Years

Brief History of Calgary Society for Healthy Child Development 2022

What happens in early childhood can matter for a lifetime.¹

This paper provides a brief summary of the formation and accomplishments of the Society over the past twenty-five years.

Please see **Appendix A: Historical Overview** for the chronology of events.

The Origins

The precursor to the Calgary Society for Healthy Child Development was formed in 1997.

The following year, it became a registered Charity; registered 1998-04-01. (Registration no 889948626 RR 0001)

The Society was formed when a small group of visionary individuals got together and wanted to call attention to the fact that unrelenting, negative family stress during children's early years has life-altering consequences. Because brain development occurs so rapidly in young children, negative (toxic) stress can permanently impact their development, putting them at risk for lifelong learning, behaviour, physical and mental health challenges.

The founders were:

Gene Tillman - Regional Manager of Child Welfare, retired

Robert (Bob) Innes -CEO Children's Hospital, retired

John Starkey - Calgary and District Foster Parent Association Board Member

Dianne McGregor - psychologist Calgary Family Services

Richard Conte - Research Psychologist

The founders formed the first Board of Directors. At this time, the Board was joined by Angela Nurse. They received an anonymous donation that allowed them to conduct an extensive literature review. They wanted to show the evidence that providing support to parents during the very early years, ideally birth to three but up to six years, would provide stable and nurturing relationships and prevent or reverse the damaging effects of stress during this vulnerable time of development. The focus of the program was on high-risk families.

¹ From the Center on the Developing Child, Harvard University.

At that time, Gail Smillie was Manager of Early Childhood and Community Programs at Calgary Family Services (now **carya Calgary**). Gail was, and continues to be a passionate supporter of the Society.

"After working in the children's Mental Health field for 25 years, I found myself trying, at every turn, to reach children (and parents of children) at a younger and younger age. I'd ask staff to watch for the pregnant mom or the baby carried into the office when the parents are actually coming for issues with their 9 or 12-year-old.

'Watch for an opportunity to help the parent realize what an impact they can have on the first period of exuberance of the brain (intrauterine first 3 years).'

During this time, all professions, from psychology to teaching, from the medical profession to policing, from emergency care to preschool supports, as well as parenting and even sociological and anthropological research was being inundated with the neuroscience of the developing brain. Although funders were coming around to considering funding prevention programs, it was too slow and too little for a group of energized, caring and determined Calgarians who decided to pound the streets, read and research all of the ground breaking information, and make connections with others in their community to create a program that would have the essential elements needed to impact lives.

The dream: to work with children intrauterine to age 6, work in the home (to not disrupt the family natural flow and reduce barriers to supports), deliver at no cost to families, so that all families can participate and finally, use well-trained para-professional whose instincts and natural abilities put the parents and families at ease and open to learning."

Gail Smillie, M.Ed. CCC

Research Findings

October 2003, Gene Tillman prepared a report: [A Research Based Rationale for Prevention Programming for High Risk Families](#). Its purpose was to provide an Evidence Based Proposal for Services.

"The years from pre-birth to 6 are critical "**prime time**" years for development. A healthy start in life can do more to create a healthy adult than we ever thought possible."

Gene Tillman, C. Psych

The critical developmental milestones that are not successfully resolved in childhood often result in a lifetime of psychological and psychosocial limitations.

This results in poor outcomes for our larger community including:

- Chronic relationship problems in the family and workplace;
- Poor job prospects, higher welfare costs and a dependence on government support;
- Increases in violence, vandalism and teenage pregnancy;
- As a result of toxic stress, health problems including heart disease, diabetes, substance abuse and depression often occur later in life.

The literature review showed:

- Who should be served: children in families with 2 or more identified risk factors
- When they should be served: pre-birth to 6 years
- How they should be served: through an in-home program that offered flexibility and family specificity.

For a brief summary see **Appendix B: Highlights of the Literature Review**. The full report is available from Calgary Society for Healthy Child Development.

Armed with the extensive literature review, the CSHCD Board approached various government sources of funding, grants, and individuals for support. They argued that this type of early prevention was a "*Window of Opportunity*" to prevent the poor outcomes mentioned above. It was not an easy process. At that time, children's programs and services focused on intervention -- not prevention.

The Demonstration Project 2007-2010

Through persistence the Society was able to raise funds for a demonstration project to prove the effectiveness and cost efficiency of a service to provide an in-home prevention program that would work with high-risk families. The Carthy Foundation awarded \$170,000 to fund the demonstration project for three years (2007-2010). The project was extensively evaluated.

This marked the beginning of the **Prime Time** program, designed to serve Calgary Families with two or more risk factors:

- living below the poverty line
- single parents
- parents with less than high school education
- families living in social isolation
- parenting at a young age.

In promoting the program to funders/donors, the Society identified qualities that set the Prime Time program apart from other family support services. Among these characteristics were: providing services based on risk indicators; starting services as close to birth as possible; providing services in the home, responding to family schedules; and accommodation for long-term episodic follow-up.

The Society made two critical decisions at this time. First, to seek a well-established agency in Calgary with the willingness and capability to provide the demonstration project. Second, to use foster parents to provide the in-home coaching and support.

The Board of the Society established a collaborative venture with Calgary Family Services -- now **carya** Calgary. This agency had existed in Calgary since 1910 and had an excellent reputation for the quality and effectiveness of its programs.² A Steering Committee was established to oversee the project.

The team from Calgary Family Services - (**carya**) included:

Linda Tillman Director of Counselling and Community Development

Gail Smillie, Manager, Early Childhood and Community Program

Marlene Lima, Supervisor, Prime Time

The second decision was to use experienced foster parents as the family workers. Support for the inclusion of foster parents in the program came from Calgary and District Foster Parents Association (CDFPA)³ and the Alberta Foster Parent Association (AFPA)⁴. The CDFPA was a formal partner in the development of the proposal as well as a partner in governance of the program. The rationale for this decision is found in **Appendix C. Experienced Foster Parents - The Ideal Family Workers**.

The decision to use para-professional staff was not always met with acceptance. Gail Smillie wrote:

"As a broader agency, Calgary Family Services later to become **carya**, regularly brought to Calgary the best speakers and training programs to allow staff access to the most current and effective approaches. Initially there was some push back to having the Prime Time family coaches attend as the majority of staff and registrants were working at a Masters level and the workshops were considered academic with professional accreditation awarded for completion. It was critical that the Family Coaches attend. Given their important role in accessing families at such an important stage in child development, we knew they would work with the information according to their role and responsibilities. It was amazing to see how the coaches responded to training,

² Carya has dedicated more than 100 years of service to creating healthier, more connected communities in Calgary by offering a full spectrum of 40 counselling and development programs for individuals and families - from babies to youth to older adults.

³ Calgary and District Foster Parents Association (CDFPA) <https://cfpaonline.ca/>

⁴ Alberta Foster Parent Association = Alberta Foster and Kinship Association <https://www.afkaonline.ca/>

soaked up information and even more importantly found unique and effective ways to implement ideas."

Gail Smillie, M.Ed. CCC

The Board of the Society and Calgary Family Services formed a Steering Committee which established Principles of Practice, based on the research. Initially the Society was involved with the program, leading the development of policies, procedures, and principles of practice; delivering staff education and training; and seeking sources of funding. In time, the program received more government support.

The Steering Committee has remained an important part of the relationship between **carya** and the Board of the Society. An MOU was signed to outline the responsibilities of each partner. (Updated September 2019).

Evaluation

The project was extensively evaluated and showed very positive outcomes.

The evaluation was conducted by Conte & Andrews Consulting and published May 3, 2011.⁵

One of the conclusions of the evaluation was:

The first three years of the Prime Time project have been successful in developing a model that is effective in promoting better parenting practices in at-risk families.
Conte & Andrews Executive Summary, May 3 2011

One of the unexpected findings has been incorporated into the present-day Prime Time program and provided the basis for some decisions of the Board in 2019.

... possible to offer a program which could incorporate the principles of Prime Time into a group program. ... likely be a popular choice since many of the participants - expressed a desire for more opportunities to interact with other parents.

Conte & Andrews Executive Summary, May 3 2011

⁵ The executive summary of the evaluation is available from Calgary Society for Healthy Child Development.

Prime Time Program 2011-Present

An anonymous donor provided funding to launch the program based on the demonstration project. Combined with casino funds raised by the Society, the total was \$450,000 which funded the program for three years.

The name **Prime Time** was chosen to reflect that these early months/years were the *prime time* for intervention. ⁶

Presently (2022) the [Prime Time](#) program⁷ continues to be provided by [carya Calgary](#).⁸

Prime Time serves families with children 0-6 years old, supporting families to build connections, strengthen their parenting and relationships and learn more about the early years of childhood.

The mission of the Prime Time program is to enhance the health, competency, and well-being of high risk young children and their families. The vision for effective prevention programming for vulnerable children from birth to age 6 comes from the research supporting intervention during the early years has the strongest potential for positive long term changes. The longer kids and families experience toxic stress and/or traumatic experiences, the more resources to support families are needed, and the higher the risk for developmental maladaptation for kids and families.

Today, Prime Time relies on funding from FCSS and CSHCD.

Prime Time in the Pandemic

When COVID-19 restrictions were put in place in March 2020, The Prime Time team responded. They carried on providing support within the public health restrictions, adapting their 1-1 work with families to virtual meetings. During times of restrictions, the team also offered families a virtual option of the Prime Time Parenting program and virtual Parent Child Mother Goose program. The team returned to in-person when Provincial restrictions allowed.

Post-pandemic, carya Calgary opened the new facility in East Calgary. The Prime Time team is now fully based out of Village Commons Hub and has been working to strengthen families and enhance childhood development using a protective factors, place-based approach. Prime Time's framework allowed the team to focus their 1-1 family work to the targeted communities of East Village, Downtown, Bridgeland, Inglewood & Ramsey as well as do community engagement to bring families to the Village Commons hub space.

⁶ Please see **Appendix D** for a description of **What Sets the Prime Time Program Apart from Other Family Support Services**.

⁷ Prime Time program <https://caryacalgary.ca/our-programs/community/prime-time/>

⁸ carya Calgary <https://caryacalgary.ca>

Intentional effort has been made by the Prime Time team to engage families in the targeted communities. This engagement included a regular weekly drop in play opportunity at the Village Commons Hub space as well as hosting many community events for families such as Halloween Howl, Holiday Party, Spring Fling, and Kick off to Summer Party. During the summer months the team hosted park & plays for families at various parks in the targeted communities as well as attended various community lead events such as the Bridgeland family resource fair. This summer the team also hosted a Teddy Bear Picnic in the Park, Family Movie Afternoon and an Indoor Beach Party at Village Commons.

As part of community engagement, the team has also been intentional about building relationships with other agencies and community partners. These community partners are now referring their clients or families to the various weekly opportunities that Prime Time offers the Village Commons Hub . These partner relationships have also allowed the Prime Time team to host programs in Community.

[Summary of Prime Time Activities in 2022](#)

The program manager, Shauna Pivarnyk (Supervisor, Bowmont Families Together and Prime Time) provided an update of the work the Prime Time team has been doing this last year.

- Prime Time team saw 200 families this past year (community events, 1-1 in-home visits, groups).
- Currently there is no waitlist for families.
- The program had 180 Unique Individuals (Adults & Children).

"The team completed Parent Child Mother Goose training which has informed and supported their work with community families. It has also allowed the team to offer "soft entry" program opportunities for families in an effort to promote healthy attachment and reduce social isolation. An example of this is when the team offered the Parent Child Mother Goose program for the residents of Louise Station building. The Prime Time team is also working closely with carya's Bowmont Families Together team who is located in the Bowness Community Association Hub. Together, both teams support, share and learn from each other new methods of family work, group facilitation and community development. This larger team work has informed the program opportunities being offered by the Prime Time team. The team is offering weekly community groups such as Drop in Play, Circle of Security Parenting, Infant Massage and Parent Child Mother Goose, thus supporting families to connect, learn and play in their community."

Activities of the Board 2014-2022

After achieving their goal of implementation of the Prime Time program, the original founders retired and the following members were on the Board of Directors through the years 2014-2022. Colin Richardson, Angela Nurse, Catherine Marshall, Preet Khinda, Sheena Mills and Maureen Osis.

Fund Raising

During the years 2018-2021, CSHCD raised \$214,000, mainly through three casinos (March 2018; July 2019; and February 2022). Those funds were provided to help to support the Prime Time program. The Board was responsible to ensure that sufficient volunteers were available for each casino.

Activities to Support the Mission

1. Meetings with the Prime Time program through the Prime Time steering committee.
2. Looking for opportunities to support the families in the PT program.
 - In the summer of 2021, we were concerned about the limited access that children in the program had to reading. Day cares, early childhood programs, schools and the public library were closed due to the surge of the pandemic. We understand the value of reading in the development of a child. Fortunately, a donor agreed and we were able to provide a program called **Choose a Book, Own A Book**. We used these funds to provide a book to each child in the PT program. At the direction of the donor, this included all children in the family - even those over 6 years of age.
 - Using funds raised from another donor, we were able to provide one reference book to the parents in each family in the program - and a surplus for use in new families entering the program. The staff chose the book; *The Color Monster*, by Anna Llenas. It is an international best seller that helps young children identify emotions and feel more in control.
 - On hold: Prime Time Cooks program. In 2019, we asked the staff to propose a program that would enhance the outcomes of PT. They shared their concerns about food insecurity and poor nutrition. They also wanted to develop a program that would bring the families together -- to offer support to each other. ⁹

⁹ The Executive Summary of the demonstration project showed that many of the participants - expressed a desire for more opportunities to interact with other parents. Conte & Andrews Executive Summary, May 3 2011

In short, they presented a proposal that would:

- teach families how to budget, plan and prepare healthy meals for their families,
- reduce the stress surrounding food security,
- increase parent's knowledge and capacities and strengthen their confidence and natural supports in the community.

We secured funding; however, the program was put on hold through the pandemic. Our donors agreed for us to keep the funds on hold with the plan that the program will be offered in 2023 at Village Commons.

3. Developing ways to increase awareness how parents, grandparents, extended family, and childcare providers can engage in practices that promote the healthy development through the ages of birth to 6 years.

- This has been achieved through identifying reliable evidenced-based sources of information and publishing some select articles on our website.
- We have also used social media (Facebook & Instagram) to promote this awareness and information.
- We hosted two free education events to the public: one in-person and one online.

4. Looking for opportunities to support the staff in the PT program. We asked the staff for ways that we might support them in their work. They requested a small resource library of books that they could use as reference material. They identified a list of 16 books which we purchased.

Education Events

2019 How to Support Your Child Using the 5T's with Kamal Chopra-Bhamra, M.Ed., B.G.S and B.Ed.

2021 Parenting: The Good, The Hard, and The Science of it with Gail Smillie, M.Ed. CCC

Both events had very positive feedback. There were some surprises in the feedback. Grandparents attended and said that the information was very useful. We heard from child care workers who told us that they have almost no affordable and appropriate opportunities for continuing education.

The Future

Reflecting back now, we can be grateful for the vision and tenacity of the founders of the Society. We can be grateful to Family Services (Carya Calgary) for providing leadership; conducting the demonstration project and launching the Prime Time program. Hundreds of families and children have benefitted from Prime Time support.

The Prime Time program and the role/activities of the Board of the Calgary Society for Healthy Child Development continue to evolve. The Mission and the principles remain the same.

"The importance of the CSHCD has increased with new and elevated ways to spread the word. Using technology to reach large numbers of families is an effective way to combat misinformation, promote secure attachment, elevate the importance of fathers, reduce stress in parenting, change the norms regarding parenting very young children, and improve early conditions so that the mental health of children later is improved.

This is an example of a group of people taking action to improve conditions, targeting one of the most malleable, fascinating and potentially creative things on earth - the developing brain and mind of young children. I applaud their continuous efforts and look forward to more in the future."

Gail Smillie, M.Ed. CCC

APPENDIX A

HISTORICAL OVERVIEW

- 1997 Formation of **Calgary Society for Foster Care and Adoptions (later to become Calgary Society for Healthy Child Development - 2004)**
- Board established
 - Bylaws written
 - Society registered Alberta Societies Act
- 1998 Registered Charity
- 2002 Grant from anonymous donor, \$51,500
- 2003 Grant from Community Initiatives Program \$15,500
Grant from Calgary and District Foster Parent Association \$5,000
Used to conduct extensive literature review and program proposal.
Report published October 2003¹⁰
- 2004 Name changed to **Calgary Society for Healthy Child Development**
Proposals for a demonstration project submitted to many foundations and granting agencies; including CIBC Foundation, Kahanoff Foundation, United Way, and Family and Community Support Services (FCSS). Max Bell Foundation.
- 2007 Carthy Foundation ¹¹ approved 3-year funding of \$170,000 to implement demonstration project. Established formal partnership with Calgary Family Services Society. Prime Time demonstration project established for 3 years and evaluated by Conte & Andrews Consulting. Evaluation report published May 3, 2011¹²
Application to Community Initiative Program \$75,000
- 2012 Anonymous donor approves funds for three years; total \$450,000
- 2014 Prime Time program continues through FCSS funding and support from CSHCD (mainly through casino funds)¹³

¹⁰ A Research Based Rationale for Prevention Programming for High Risk Families: An Evidence Based Proposal for Services, October 2003, by Gene Tillman for Calgary Society for Healthy Child Development. Available from archives of CSHCD

¹¹ Carthy Foundation <http://www.carthyfoundation.org/index.html>

¹² Executive Summary of the Evaluation of the Prime Time Program, May 3, 2011 Conte & Andrews Consulting is available from Calgary Society for Healthy Child Development.

APPENDIX B

Highlights of the Literature Review

PRIME TIME

A Research Based Rationale for Prevention Programming for High Risk Families
An Evidenced Based Proposal for Services

We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow', his name is today.

Gabriela Mistra, Nobel-winning poet
Su Nombre es Hoy (His Name is Today)

Understanding how the brain in young children develops and structures itself is critical, as recent research has demonstrated that early experiences have a significant impact on how the brain is formed. This early "wiring" of the brain dramatically impacts the child's capacity to learn and on later psychological and social adjustment.

Five key findings about early brain development

1. The brain development that takes place during the prenatal period and in the first year of life is more rapid and extensive than we previously realized.
2. Brain development is much more vulnerable to environmental influences than we ever suspected.
3. The influence of early environment on brain development is long lasting.
4. The environment affects not only the number of brain cells and the number of connections among them, but also the way these connections are "wired".
5. There is scientific evidence for the negative impact of early stress on brain function.

Appendix B continued

[Ten Facts About Early Childhood Development and Adverse Childhood Experiences](#)

1. By the time a child is 3 years old, 90% of his/her brain has been developed. ¹⁴
2. Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behaviour and health. ¹⁵
3. Children who have 4 or more categories of adverse childhood experiences are 32 times as likely to have learning and/or behavioural problems than kids with no adverse experiences. ¹⁶
4. Individuals who had experienced 4 or more categories of adverse childhood experiences, compared to those having experienced none had a 4 to 12-fold increase health risk for alcoholism, drug abuse, depression and suicide attempt. They also had 200% to 400% increase in smoking, poor health and sexually transmitted disease. ¹⁷
5. In a Manitoba study, youth with 1, 2 or 3 risk factors in place were assessed on the % who gave birth in adolescence; % who received income assistance as a young adult; and the % who did not complete high school within 7 years of grade 9. The results: ¹⁸

Outcomes	No risk factors	Three risk factors
% who gave birth in adolescence	2.1%	44.5%
on income assistance	1.2%	33.5%
did not complete high school within 7 years of grade 9	18.1%	84.2%

6. The prevalence of adverse childhood experiences (ACES) and their strength as a predictor of health risks and disease make these experiences the leading determinate of health and well-being in the U.S. ¹⁹
 7. Prevention of child abuse and neglect occurs in effective in-home support programs. In one program, across 32 sites that served 2,272 families, the rate of maltreatment was 1.1%. ²⁰
- Appendix B continued

¹⁴ Engaging Families in the Early Childhood Development Story, March 2010

http://www.curriculum.edu.au/verve/_resources/ECD_Story-Final_project_report_of_Stage_1.pdf

¹⁵ A Science-Based Framework for Early Childhood Policy Center on the Developing Child, Harvard University, August, 2007 http://developingchild.harvard.edu/wp-content/uploads/2015/05/Policy_Framework.pdf

¹⁶ Centers for Disease Control and Prevention, Adverse Childhood Experiences Study, JAMA, Dec 26, 2001

¹⁷ ibid

¹⁸ source?

¹⁹ source?

²⁰ Healthy Families Virginia FY 2000-2004

https://www.dss.virginia.gov/files/division/olra/sbss/resource_center/related_links/An_Overview_of_Healthy_Families.pdf

8. For cognitive outcomes, the effect sizes for preschool child care are only about 1/3 to 1/2 as large as those for parenting.²¹

9. 40% of all childhood mistreatment may be prevented if communities across Canada implemented home visiting programs.²²

10. Canada's spending on early childhood education relative to its level of prosperity ranks among the lowest among first-world countries. Approximately .25% of GDP. Denmark in first place among 14 countries is at 2%.²³

Program Attributes

The research supported certain program attributes and strategies to generate long-term gains.

In brief, the program:

- starts services at around or before birth and provides continuous support for two or more years;
- provides services in the family's home and responds to the family's time schedules and issues of concern (including spontaneous/unscheduled access)
- provides exemplary program models of intervention (social and emotional support and counselling; guidance and training to encourage healthy growth and development; service coordination and links; and advocacy for services);
- a "never say good-bye" philosophy. Potential re-engagement at future times, even for brief periods can support growth and mitigate against a reversal of gains made;
- a high level of collaboration and cross referral with others who have expertise or information supports the family may require.

²¹ E. Melhuish et al, 2008, Journal of Social Issues, Vol. 64, No. 1, pp 95-114

²² Centers for Disease Control and Prevention, Task Force on Community Prevention Services, 2002

²³ Globe and Mail, Feb/14

APPENDIX C

Experienced Foster Parents - The Ideal Family Workers

Success in working with high risk families is entirely dependent upon the establishment of a trusting relationship between family members, especially parents, and the Family Worker. Without this relationship, through which all of the family's hopes, aspirations, and expectations are confronted and struggled with, the possibility of change and growth is severely limited. Experienced foster parents are in an ideal position to not only establish trust with families at risk, but to systematically help families profit from program interventions and supports. This unique approach to in-home support programming adds strength to the proposal due to the qualities that foster parents bring to this critically important position:

- Foster parents have an appreciation for, and proven expertise (backed by training) in working with families with high needs.
- They have expertise in dealing with difficult to manage children, including those with special needs.
- They possess an experiential understanding of parenting children who present difficult challenges, and have practical, concrete skills that can be taught fairly easily.
- They are perceived as not having a "professional agenda", which makes it easier to engage families who often have had negative experience with professionals.
- They are accustomed to working alongside others and negotiating roles and functions in a team management way.
- They are knowledgeable about formal and informal services, and experienced at making referrals and effectively connecting families to services and supports.
- They live and work in communities, and know how to access neighbourhood and community resources. They often play leadership roles within their own communities.
- They are comfortable in dealing with crises, and experienced in managing multi-problem issues faced by families with high needs.

NOTE: A family support program utilizing experienced foster parents was in place for 5 years in Calgary. It was terminated due to a change in budget priorities, but was seen by its consumers, referral sources and staff as being a particularly effective program.

APPENDIX D

What Sets the Prime Time Program Apart From Other Family Support Services.

The following characteristics of the Prime Time program, while similar to other programs in some ways, is unique when the aggregate of its properties is considered. It's the combination of the following qualities that define its uniqueness and proven effectiveness as a primary prevention program.

1. Providing support and coaching to vulnerable families who have two or more risk indicators in place as this results in the greatest return on financial investment.
2. Starting services as close to birth as possible, thus maximizing positive development in the key "prime time" years of birth to age 6.
3. Services based on evaluating and adopting proven outcome-based strategies of intervention with vulnerable families.
4. Services delivered in families' homes, and responding to families' time schedules and availability.
5. Services that are not prescriptive or time limited. Variable intensity of programming occurs as needed, and there is accommodation for long-term episodic follow-up.
6. Services that are comprehensive in order to deal with multiple family concerns and to facilitate a range of strategies to address major aspects of healthy family development.
7. Using experienced and trained caregivers, especially foster parents, as family coaches. This is probably the most critical element of success.
8. A commitment to results-based accountability and continuous improvement by means of an outcome evaluation structure (with proven positive outcomes).