

# Smart Start Effectiveness for Young Children and their Families in North Carolina



June 2002

Annual Evaluation Report



# ■ An Investment in North Carolina's Young Children

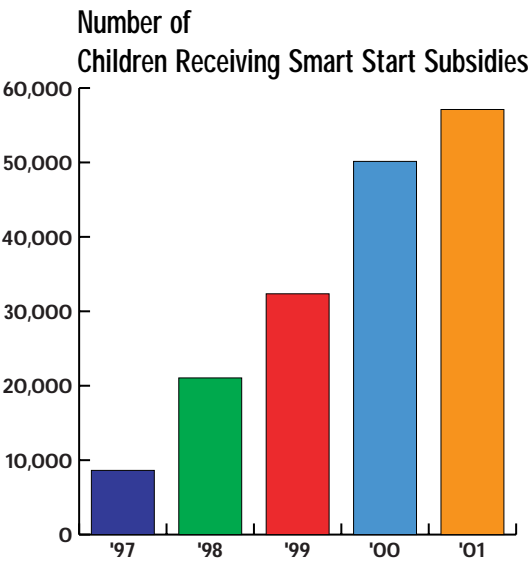
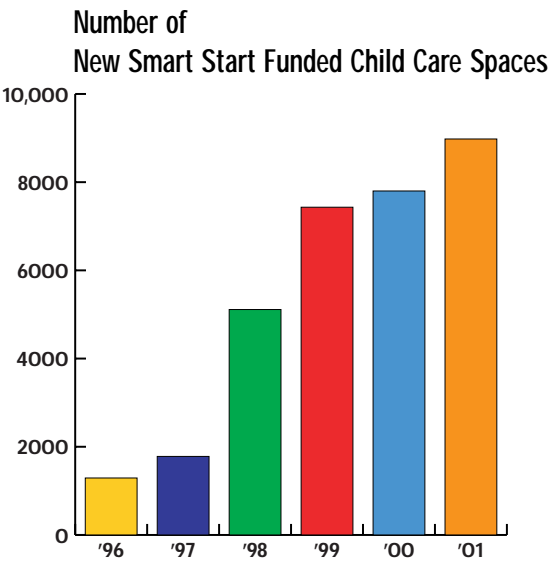
Smart Start is North Carolina's comprehensive, community-based initiative for children under age 6 and their families. Established in 1993, the long-range goal of Smart Start is to ensure that all children enter school healthy and prepared to succeed. To achieve this goal, 81 local partnerships—encompassing all 100 NC counties—coordinate and fund programs to improve child care quality, help working families cover the cost of child care, provide support to families of young children, and help children access health services.

Collaboration and local control are basic principles of Smart Start. Local partnership boards are comprised of a diverse mix of community members who work collaboratively to plan and fund programs that will best meet the needs of their local community. State allocations for Smart Start began at \$20 million in 1993–94 and are now over \$200 million. Smart Start raises 10% of its annual budget from cash or in-kind contributions. Early childhood leaders and policymakers in other states and communities have begun to replicate Smart Start. Today at least 10 states have started comprehensive, community initiatives that are modeled after Smart Start. More information about Smart Start is available at the North Carolina Partnership for Children web site ([www.smartstart-nc.org](http://www.smartstart-nc.org)).

Researchers at the FPG Child Development Institute and UNC-CH have conducted numerous studies of Smart Start over the years. The major findings and our recent results are summarized here. Thirty reports are available on our web site ([www.fpg.unc.edu/smartstart](http://www.fpg.unc.edu/smartstart)).

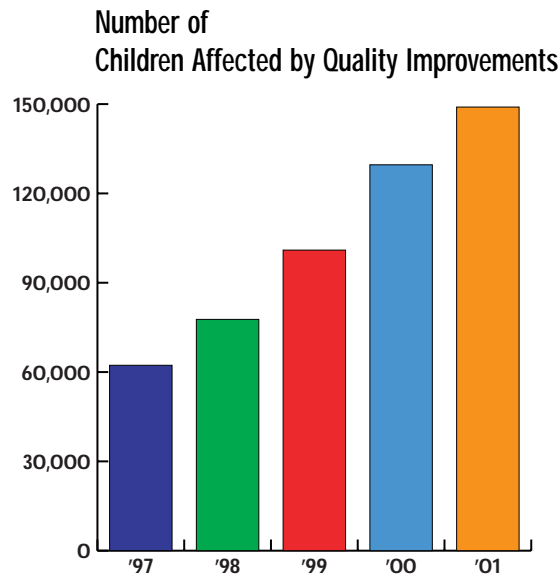
## ■ Are Child Care and Education Programs More Accessible?

Child care fees average \$400-\$500/month in NC, depending on the age of the child. Parents who earn low wages and parents in school or job training programs need help in paying for child care. Smart Start is meeting these needs by helping centers and family child care homes serve more children, including adding spaces for special age groups and helping subsidize the cost of child care in licensed centers or family child care homes. In addition, the number of centers serving children with disabilities increased from 40% of centers in 1994 to 59% in 1999.

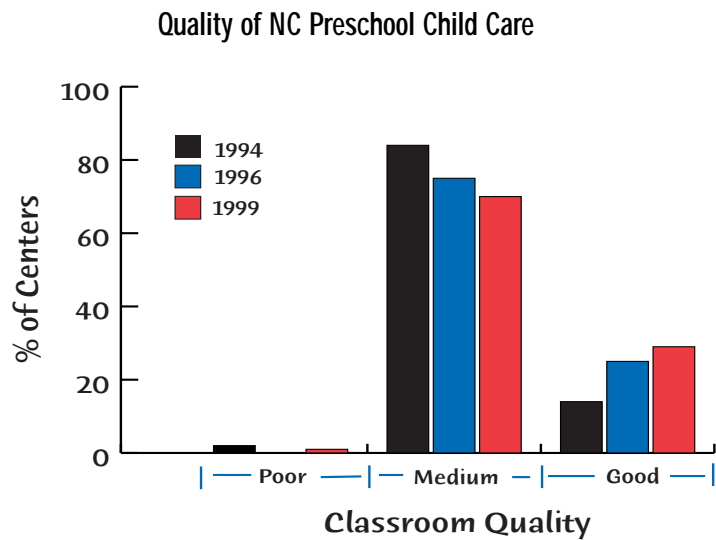


# ■ Is Child Care Quality Improving?

Smart Start partnerships spend about 30% of their funds on quality improvement activities because research shows that high quality child care environments, both centers and family child care homes, are positively related to children's later language, math, and behavior skills. Grants are provided to programs for specific quality enhancement activities. Higher subsidies are given to centers that reach specific quality milestones. Technical assistance through training and mentoring helps child care providers deliver better care and education. Each year through FY2001, the numbers of centers, teachers, and family child care providers who participated in these activities increased as has the number of children affected by these activities.



Our evaluation data also show that the quality of child care has increased in NC. In 3 waves of data collection (1994, 1996, and 1999) we visited hundreds of child care centers using a widely accepted measure of child care quality, the *Early Childhood Environment Rating Scale*. Results showed significant improvement in quality over time. Compared to 1994, almost twice as many classrooms in 1999 were rated as providing “good” to “excellent” care (a rating of 5 or more on a scale of 1 to 7). Centers participating in more Smart Start quality improvement activities were likely to have higher scores. Recent results show that current Smart Start participation rather than past participation significantly predicted quality, suggesting that NC cannot rest on past successes but must continue the focus on quality improvement.

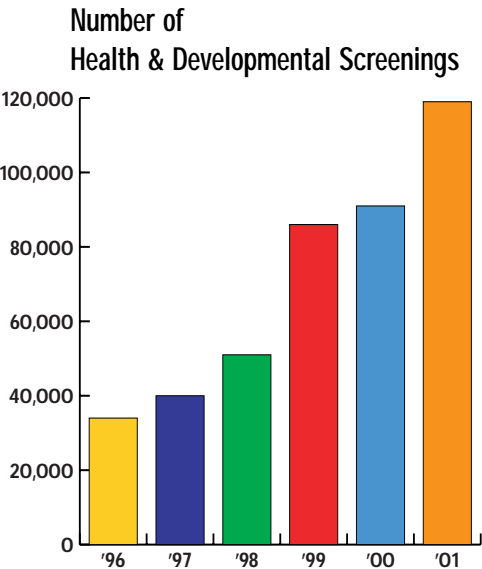


Another index of quality improvement is the licensing level of a center. NC used a 2-tiered (A or AA) rating in the 1990s and converted to a 5-star licensing system in 2000, so data cannot be easily compared across decades. However, using an AA license as an indicator of high quality in 1993 and a 4-star or 5-star license as an indicator of high quality in 2001, the number of high-quality centers in NC has risen from 19% in 1993 to 23% in 2001. Our study of the new 5-star system showed that the star rating level of a center was significantly related to observed quality and several other indicators of program quality. Parents and policymakers should be assured that centers with higher star ratings are indeed providing higher quality care for young children. Another sign of quality improvement is that the number of NC centers that are nationally accredited has risen from 28 in 1992 to 170 in 2000.

## Family Support and Health Access Programs

Smart Start funds training in parenting skills, parent education opportunities, and family literacy and home visiting programs to help families effectively fulfill their roles as primary providers, nurturers and teachers of their children. In 2000-2001, over 82,000 families participated in some type of Smart Start family activity and almost

29,000 participated in intensive parent support activities such as regular parenting meetings or home visits. While these programs seem to be having a positive impact, families in NC still have a great need for such support. Our recent study of staff in over 200 agencies serving young children and their families found that the broad interconnected problems of poverty, work-family strain, parent education, and access to general services such as transportation and health care were the most frequently reported issues facing families.



Children need proper immunizations, screenings, and health care in order to arrive at school healthy and prepared to succeed. About 10% of local partnership funds are allocated to programs that increase children’s access to appropriate health and dental services, including a variety of efforts to make immunizations available and convenient for families. To help identify health and developmental problems early—when interventions can be more effective—Smart Start funds

screenings in child care programs. Data show that progress is being made in both these areas. The number of children receiving immunizations and developmental screenings has increased substantially each year. In a recent study of over 2,000 children, those who had participated in any type of Smart Start health intervention were significantly more likely to have a regular source of health care and to have had DPT and polio vaccines than children who had not participated in Smart Start.

## Does Smart Start Help Children Become Ready to Succeed in School?

### Comparison of Children’s Skills at Kindergarten Entry

	Smart Start	Non Smart Start
% children with low language skills	8%	15%
% children with behavior problems	10%	18%

Improving child care, supporting families, and ensuring access to health care should help children arrive at school healthy and ready to succeed. A study of 508 kindergartners showed that Smart Start is making a difference in children’s developmental skills. Children who attended child care centers that were very involved in Smart Start quality improvement activities were compared with children attending centers that were not involved. Kindergarten teachers rated the children from the Smart Start centers as significantly better prepared for school, and as seen in the table to the left, half as many children from the Smart Start centers had language delays and behavior problems.

## ■ The Smart Start Process

Smart Start is more than the sum of its parts. Smart Start is a leading example of “reinventing government” by returning decision making about family services to local communities, asking all parts of the community to work together in a partnership to improve the lives of children and families, and allowing greater flexibility in how and what types of programs are implemented. We recently conducted a study of over 200 people in local agencies that provide child care, health, and family support to young children and their families. This network analysis showed how central the individual partnerships have become in their local service systems. The more central they became over time, the more improved was the service system. Gaps in services were reduced, duplication of services was reduced, and providers were more aware of other resources that could be offered to families. The local partnership was perceived to have played a key role in these improvements.

## ■ Summary

Smart Start’s goals of better child care, improved well-being of families, and greater health resources are being achieved. Evidence also shows that children who have attended child care centers that are very involved in Smart Start activities are more prepared for kindergarten. In spite of its successes, Smart Start is at a crossroads. Like many other states, NC faces a major budget deficit and hard decisions will need to be made. NC set important goals back in 1993 and has made steady progress towards improving child care quality and accessibility, access to health and screening services, and parent involvement. Whether and to what extent NC continues these efforts is, as of this writing, unknown. We hope that the results from the evaluations will be considered as Smart Start is debated. ■





## ■ Selected Reports and Publications

### **Reaching Out to All Children in North Carolina**

(Fall 2001). *Summary of efforts by local Smart Start partnerships to locate children aged 0–5 who are not in regulated child care.*

### **The Effect of Smart Start Health Interventions on Children's Health and Access to Care**

(October 2001). *This report documents the range of health-related activities being supported by local Smart Start partnerships and the health benefits to children participating in a Smart Start-supported health service.*

### **Collaboration: A Smart Start Success**

(August 2001). *This report summarizes findings of a multi-year study of the impact Smart Start has had on local interagency collaboration among organizations that serve young children.*

### **Validating North Carolina's 5-Star Child Care Licensing System**

(February 2001). *Independently gathered data from 84 child care centers validates North Carolina's new 5-star child care licensing system. Centers with higher star ratings are indeed providing a higher quality of care for young children.*

### **Smart Start Services & Successes: 1999–2000 Annual Evaluation Report**

(June 2000). *Progress in the provision and quality of services are tied to the longer-range goal of increased preparedness for school.*

### **Smart Start and Quality Inclusive Child Care in North Carolina**

(May 2000). *The study described in this report examined the role of Smart Start in supporting high quality inclusive child care.*

### **Effects of a Community Initiative on the Quality of Child Care**

(1999). Bryant, D., & Maxwell, K. *Early Childhood Research Quarterly*, 14, 449–464. *Article published in a peer-reviewed journal. Based on the April 1997 evaluation report, The Effects of Smart Start on the Quality of Child Care.*

### **Quality of Early Childhood Programs in Inclusive and Noninclusive Settings**

(1999). Buysse, V., Wesley, P. W., Bryant, D., & Gardner, D. *Exceptional Children*, 65, 301–314. *Article published in a peer-reviewed journal. Based on the December 1996 report, Effects of Smart Start on Young Children with Disabilities and their Families.*

These and other reports are available from our web site at  
[www.fpg.unc.edu/smartstart](http://www.fpg.unc.edu/smartstart)

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