

The ‘Village’ project: towards early learning communities

- ▶ *The Village provides access to quality early childhood services in disadvantaged areas.*
- ▶ *Caregivers are directly involved with children in development-focused activities.*
- ▶ *Results show that families include more reading, play and music in their home routines.*

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‘Educational poverty’ is a lack of opportunities to learn, experiment, develop and freely nourish capacities, talents and aspirations (Save the Children Italia, 2014). It is a growing concern in all countries (UNESCO, 2010). Educational poverty coincides substantially but not completely with economic poverty; it is among the key determinants of the early onset of social inequity, and an important contributor to social conflict and loss of human capital (Marmot, 2005). For young children, educational poverty reduces the ability to grow and thrive within a nurturing environment – it implies lack of access to early care, learning opportunities, and safe and responsive relationships, services and communities (World Health Organization et al., 2018).

‘Un Villaggio per crescere’ (A Village to grow together) is a country-wide project designed to address this challenge by improving the accessibility and quality of early child development and education services in economically, socially and culturally disadvantaged communities. The project builds on the ecological theory of child development (Bronfenbrenner, 1979) in providing its services with a focus on the home learning environment around children as much as on the ‘village’ around families. This approach embraces the vision of an early learning community in which multiple actors and systems connect to provide nurturing opportunities to families and their young children (Rodrigues et al., 2019).

The activities offered at the Village project’s centres are meant to be easily replicable within the home environment. They were selected based on solid evidence of their impact on responsive parenting and early learning: the evidence base covers the whole sequence from the general type of intervention to its specific content, as summarised opposite. Adopting a universal, area-based approach, Village spaces are open to all families living in the communities served by the project. Together with engagement of local actors to disseminate information and contribute to activities, this facilitates the creation of new networks among families and services, nurturing shared community values, social inclusion and sustainability.

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The evidence base – a selection from the literature*

GENERAL TYPE OF INTERVENTION: *Caregiving and early learning interventions*

- *Improving Early Child development: WHO guidelines* (World Health Organization, 2020)

SPECIFIC DELIVERY FEATURES: *Professional-led parent groups with children*

- Group-based parent-training programmes for improving emotional and behavioural adjustment in children from birth to three years old, *Cochrane Database of Systematic Reviews* (Barlow et al., 2010)
- The effectiveness of parenting programs: a review of Campbell reviews, *Research on Social Work Practice* (Barlow and Coren, 2017)
- Effects of early parenting interventions on parents and infants: a meta-analytic review, *Journal of Child and Family Studies* (Mihelic et al., 2017)
- *Parental Beliefs, Investments, and Child Development: Evidence from a large-scale experiment*, IZA Discussion paper No. 12506 (Carneiro et al., 2019)

GENERAL CONTENT OF THE INTERVENTION: *Development-focused activities*

- Inequality in early childhood: risk and protective factors for early child development 1–2, *The Lancet* (Walker et al. 2011)
- Advancing Early Childhood Development: from Science to Scale 1–3, *The Lancet* (Black et al., 2017)
- *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential.* (World Health Organization et al., 2018)

SPECIFIC CONTENT OF THE INTERVENTION

Shared reading

- The impact of dialogic book-sharing training on infant language and attention: a randomized controlled trial in a deprived South African community, *Journal of Child Psychology and Psychiatry* (Vally et al., 2015)
- Randomized controlled trial of a book-sharing intervention in a deprived South African community: effects on carer–infant interactions, and their relation to infant cognitive and socioemotional outcome, *Journal of Child Psychology and Psychiatry* (Murray et al., 2016)
- Shared picture book reading interventions for child language development: a systematic review and meta-analysis, *Child Development* (Dowdall et al., 2019)
- *Parent–child Reading to Improve Language Development and School Readiness: A systematic review and meta-analysis*, Final Report. (Law et al., 2019)

Musical experience

- Music therapy with children and adolescents in mainstream schools: a systematic review, *British Journal of Music Therapy* (Carr and Wigram, 2009)
- Music training increases phonological awareness and reading skills in developmental dyslexia: a randomized control trial. *PLoS One* (Flaugnacco et al., 2015)

Interactive play

- The benefits of play for children’s health: a systematic review. *Arquivos de Ciências da Saúde* (Gomes et al., 2018)

* Full citations for these resources appear in the References at the end of this article.

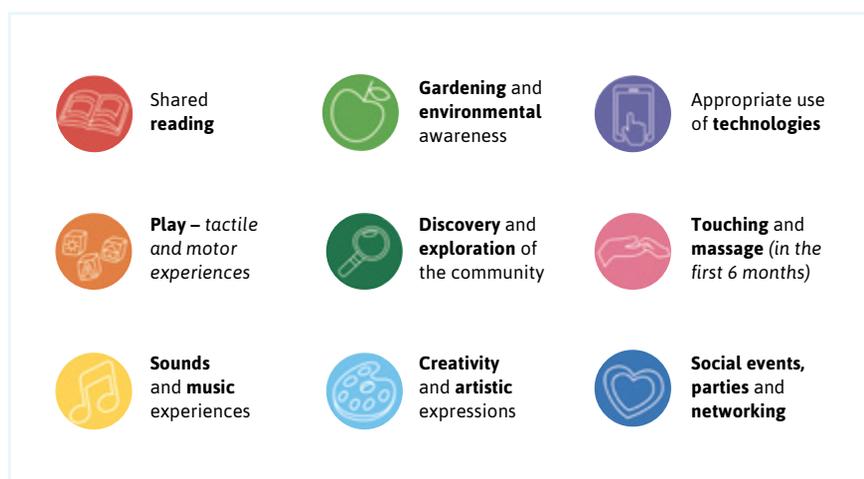
The Village model

The project started in 2018 in low-income communities in ten Italian cities, serving populations ranging from 10,000 to 40,000. Over three years, the project plans to reach up to 4000 families. A central secretariat provides funding, guidelines, training, and monitoring tools, and supports local Village teams, including with communication materials. At local level infrastructure is offered by public or private entities providing health, educational and community services. Each 'Village' operates for an average of 10–12 hours per week. Activities are facilitated by three or four professional educators who have been trained on the project's rationale and content, including effective communication with caregivers. Educators from all centres meet twice a year to receive further training and exchange experiences.

Attendance for caregivers is free, with no requirement other than to bring their children (newborn to 6 years old) and remain engaged in the activities (see Figure 1), which are planned in agreement with families and tailored to different age groups and developmental needs.

FIGURE 1

Content of activities at the Village project



The project reaches out to families – and seeks to retain their interest and participation – through strategies including flexible home visiting, use of social media, and involving the wider community network. Among the services involved are family health centres, immunisation clinics, child rehabilitation clinics, preschool services, community social services, parish and local associations, and commercial entities such as bars and shops.

To strengthen the coherence of messages and facilitate pathways to care, the project collaborates with local service providers across sectors through co-planning, continuous exchange on both organisational issues and individual cases, and multi-professional training. This engagement of local stakeholders

– including for-profit and non-profit entities – also aims to increase local ownership and build the foundations for sustainability. For example, a local confectioner donated cakes and another shop fruit for a summer party organised by the Village for the whole community, and volunteers are available for logistical support.

By getting involved in the Village, caregivers – and particularly mothers – get to know each other and soon establish new friendships, which extend into their life beyond the Village. Mothers and other family members get together to have a coffee or share activities such as shopping. They are guided by educators to discover the public library, which they can then attend independently, or a public beach. The Village is designed to target disadvantaged communities, so its centres serve mainly at-risk families – but they also encourage social mix, as diversity of experiences promotes social cohesion and helps to avoid the risk of participants becoming ghettoised.

At the time of writing, the Covid-19 pandemic has necessitated changes to how the Villages conduct activities with families. They are working online, using both individual and group-based contacts, to provide support, advice, and readings. The Villages have also worked to make electronic tablets available to families who need them, as well as children’s books and pencils.

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Village model: key features

- Universal, area-based approach
- Open access and proactive strategies for outreach and retention
- Joint participation of parents and children from birth to age 6
- Easily accessible spaces with timetables adapted to parents’ needs and seasonality
- Evidence-based activities for child development and responsive caregiving
- Facilitation of activities by professional educators
- Inter-sectoral collaboration (health, education, social services, libraries) through co-planning, co-location and multi-professional training
- Involvement of all community actors (public services, commercial, non-profit, religious, etc.) for ownership, shared values and sustainability
- Mixed-method impact evaluation

Impact evaluation and preliminary results

The impact evaluation is based on the project’s logical framework and theory of change. It adopts a mixed-methods approach to assess outcomes, including measures of parental knowledge of child development, awareness of parental role, parental stress, parental self-efficacy and changes in the home learning environment. It also looks at retention as an indicator to assess

impact on caregivers and children, and considers the extent and functioning of community networks and collaboration among services and families to evaluate the wider impact.

Preliminary data across the ten centres, after an average of 12 months of activities, show that the project involved more than 1600 children and 1400 caregivers, in line with the target objectives of 5000 and 4000 respectively by the end of the third year. Several new agreements have been established among public services, civil society organisations and for-profit entities.

Preliminary analysis of a sample of families showed that 100% of parents feel more aware of children's developmental needs and empowered in their parental role, and almost all have introduced or strengthened activities such as reading, play and music in their family routines and feel more supported by services and other families. Observations made by project educators confirm that engaging parents in development-focused activities with their children, rather than just offering parenting classes, is an effective way to promote responsive parenting skills (Carneiro et al., 2019) and that benefits are likely to be greater for families with a low educational level (Engle et al., 2007).



In conclusion, the Village project responds to a variety of needs: for children, the need to enjoy activities with their parents; for parents, the need to discover ways to spend quality time with their children, to make friends with other parents and help each other; and for the whole community, the need to feel that something new and promising is happening – starting from improved social cohesion and smoother functioning of inter-sectoral collaboration. The dramatic implications of educational poverty on life trajectories can be effectively tackled if the ‘whole village’ is involved.

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