

# Fighting inequalities from early childhood: A large-scale evaluation of the Parler Bambin program

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When children from an underprivileged background enter school, their average language skills are poorer than those of children from an affluent background. This disadvantage will penalize them in their learning during their schooling, increase their risk of dropping out, and have consequences on their future quality of life. However, a lot of research shows that this situation can be corrected in early childhood, for example by introducing high-quality educational programs in daycare centers. The Parler Bambin program aims to train childcare professionals to strengthen their knowledge and everyday practices in the area of language and language interaction, and thus improve the language development of young children. The program aims to reduce these early inequalities in language development, with the hope of ultimately reducing educational and socioeconomic inequalities.

This study evaluates the effects of the Parler Bambin program on the practices of professionals and on the development of children. To do this, we conducted a large-scale randomized evaluation in 94 daycare centers in metropolitan France, following children from disadvantaged families. We worked with these childcare centers for three years with the aim of estimating short- and longer-term effects.

- Following the training, professionals largely adopted the principles and practices of Parler Bambin: They had more stimulating and richer interactions with the children. However, this change in practices is difficult to maintain over time.
- Parler Bambin does not seem to have an effect on children's language development, but it does have a slight positive impact in the short term on their socio-affective development (self-confidence, relationships with others). This effect is not maintained in the long term.
- Several interpretations are possible. Perhaps the change in the practices of the Parler Bambin-trained daycare professionals was not sufficiently sustained over time to produce the expected effects on children's language development. It is also possible that the actions promoted by the program, in a context where a lot is already done by the daycare professionals, do not have a significant effect on language development. Finally, it is possible that the tools used to measure children's language development are not sensitive enough to detect certain changes in children.



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A child's development is influenced by the environment in which he or she grows and develops. In particular, language development is highly correlated with parents' socioeconomic background, such that children from disadvantaged families have lower levels of language development (Hart and Risley, 1995; Peyre et al., 2014; Noble et al., 2015; Grobon, Panico, and Solaz, 2019). These early inequalities persist throughout children's schooling (Walker et al., 1994; Cunningham and Stanovich, 1997), and have implications for their future socioeconomic lives (Carneiro and Heckman, 2003; Heckman, 2006).

To fight against these early inequalities, it is possible to positively influence the environment in which children grow up. In particular, the inclusion of young children from disadvantaged families in daycare centers is an interesting lever for stimulating their development. The introduction of high-quality educational programs in preschool settings can have strong positive effects on children, especially if they are built around a specific developmental theme, such as language. Several rigorous evaluations conducted in the United States have thus shown the exceptional capacity of this type of intervention to affect children's development in the short term, as well as their academic and professional trajectory in the longer term<sup>1</sup> (Perry Preschool Project : Schweinhart, Barnes, and Weikart (1993), Schweinhart (2005), and Heckman et al. (2010); Carolina Abecedarian : Campbell and Ramey (1994)). These assessments have thus quickly become the standard for early childhood research and public policy. However, they suffer from an important limitation because they were conducted on a very small scale, in a single preschool, and under the supervision of teams of researchers. Such conditions would be impossible to replicate if these programs were implemented on a national or regional scale. While it is now clear that such programs are a promising way to reduce inequalities, it remains to be seen whether their effectiveness is sustained when implemented on a large scale and in real-life conditions.

## The Parler Bambin program

The Parler Bambin (PB) program was created in 2008 in Grenoble by Michel Zorman, a doctor and researcher. It was born from the observation that a large number of young children from working-class neighborhoods in Grenoble suffer from a significant language gap when they enter kindergarten, which translates into a greater risk of academic failure a few years later. Michel Zorman developed the PB program in two of the city's daycare centers to provide early help to children from low-income families. PB is designed as a training program for daycare professionals to reinforce their knowledge and daily practices in

the field of language and language interaction, and thus improve the language development of young children enrolled in daycare. PB aims to reduce the inequalities in language development that are built up from an early age, in the hope of eventually reducing educational and socioeconomic inequalities.

PB training is built around three components:

- **Everyday language: Participating in everyone's development.** This component consists of professionals' adoption of a set of 12 practices and strategies that they are required to use on a daily basis in order to enrich their language interactions with all the children in the daycare center (for example, asking open-ended questions to the children, see Figure 1 for other actions). These practices are considered particularly important for stimulating the language development of young children, even those who do not yet speak. These practices are recorded in a "self-positioning star" given to each professional during the PB training, allowing them to judge their mastery and application of each practice and to monitor progress over time.
- **Language workshops: A helping hand for the children who need it most.** Some children need more attention than others: At two years of age, some children do not talk much or at all. This component consists of organizing language workshops several times a week that bring together a professional and two to three children who are at least 22 months old and have been identified as less talkative, for a privileged and playful interaction time around a book or a picture book. Designed as an additional "helping hand" for those who need it most, these workshops value and encourage the participation of less talkative children and reinforce their self-confidence.
- **Accompanying and involving parents.** This last component consists of passing on the knowledge and skills of the PB training to parents when they come to the daycare center.

As of 2015, the PB network became more formally organized on the initiative of the Agence Nouvelle des Solidarités Actives (ANSA),<sup>2</sup> which is now structuring and standardizing PB training at the national level in the aim of experimenting with large-scale deployment by acquiring a network of trainers made up of health and language professionals (speech therapists, neuroscientists, public health doctors) and daycare professionals who have adopted PB practices in their establishments for several years. Together, they provide a range of theoretical knowledge and practical skills during training.

<sup>1</sup>See the Terra Nova (2017) report "Investing in Early Childhood – Equal Opportunity Comes Before Kindergarten" for an overview of the exceptional effects of these different programs.

<sup>2</sup>ANSA is a non-profit association acting in France since 2006 against poverty and to promote social inclusion.

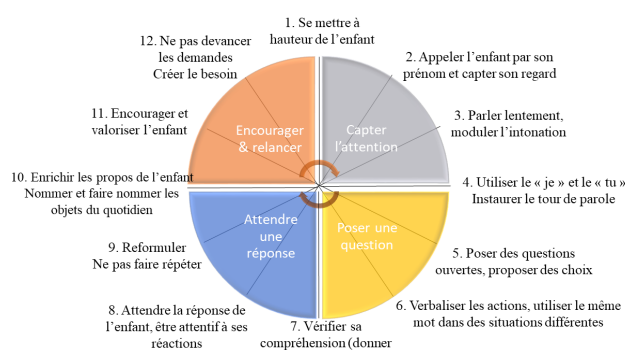


Figure 1: Self-positioning star

The PB training offered by ANSA is intended for the entire daycare team and is divided into seven modules divided into four half-days over a period of six months, and takes place on site at the facility. The first module focuses on theoretical knowledge about the importance of early intervention in language development. Four other modules focus on the three components of PB: everyday language, language workshops, and parental transmission. A one-day module is also dedicated to the training of the supervisory team and the project's resource person.<sup>3</sup> During these training modules, the professionals are invited to observe and implement the techniques and strategies taught through role-playing and practical experience with the children. A final day of consolidation is provided the year following the training in order to reinforce what has been learned and to transmit the fundamentals of the approach to the new professionals who arrive after the initial training.

## A rigorous evaluation

### 94 daycare centers and more than 1,000 professionals and families surveyed

A total of 94 childcare centers participated in the evaluation protocol. These centers are located throughout mainland France and are managed by municipalities, non-profit associations, and private companies with a mandate to provide public services. They are mainly located in priority neighborhoods and serve a large number of disadvan-

tagged families. Table 1 presents the characteristics of the daycare centers and the professionals who work there. In total, we were able to survey nearly 1,100 professionals in the course of the research.

Table 1: Characteristics of the daycare centers and the professionals

Average number of professionals per daycare center	12
Average number of children per daycare center	67
Average age of professionals	40 years
Average number of years of study for professionals	12 years
Average experience in the daycare center	6 years

Note : 12 years of study correspond to a level equivalent to the baccalaureate.  
Source : data from the survey

To measure the effects of the PB program on children's development, we recruited 1,234 families who are being followed as part of the research project: To target the most precarious families, we selected them according to the CAF hourly rate paid by the parents. The CAF hourly rate is the hourly rate for daycare, based on income for the year N-2 and the number of dependent children. The lower the parents' income, the lower the CAF hourly rate. In practice, we selected as a priority parents with an hourly rate lower than €1 – corresponding approximately to the poverty line – but also parents with an hourly rate up to €1.5 in order to guarantee a reasonable sample size. In addition, children must be between 3 and 27 months old at the time of selection, and attend the daycare center at least three days a week. Table 2 provides a socioeconomic portrait of the experimental population included in our follow-up sample. It is a disadvantaged population, with a high unemployment rate, the majority of families being below the poverty line.

Table 2: Socioeconomic characteristics of families recruited into the evaluation

Average age of responding parent	33 years
Number of years of education	13 years
Share of parents who speak another language than French at home	61%
Share of single-parent families	29%
Share of parents who are unemployed	21%
Average income per household consumption unit	€946
Share of households below the poverty line	67%
Average age of the child when entering the daycare center	12 months
Average age of the child when he/she is recruited into the evaluation	17 months

Note: The consumption unit assigns a coefficient to each member of the household, making it possible to compare the living standards of households of different sizes or composition. The poverty line is defined as 60 % of median income (median income is the income that divides the population into two equal parts). 12 years of education corresponds to a level equivalent to the baccalaureate; 13 years of education corresponds to a BAC+1.

Source: Survey data

In addition, Table 3 presents the average scores obtained by the children on different developmental measures (these measures are detailed later in this policy brief) and compares them to the calibrated norm in France for each measure. At the time of their selection for the research project, the children in our sample had a level of language development that was significantly lower than

<sup>3</sup>In each facility, at least one "resource person" is appointed to ensure the proper application of PB in the facility, notably through the organization of regular team meetings. At the end of the initial training, the resource persons become part of a regional network of daycare centers trained in PB, meeting twice a year to help these professionals support the change in team practices over time.

the calibrated norms. For example, the level of language development of the children measured by the Brunet-Lézine test is almost one standard deviation below the calibrated norm, which is an extremely large gap. This portrait of the families and children recruited for the research project confirms the appropriateness of our sample: It includes children for whom the program is likely to be useful.

**Table 3:** Children's initial level of language development

<b>French Inventory of Communicative Dvpt (IFDC) (norm = 50)</b>	
Lexical production	33.9
Emergence of grammar	47.5
Average age of test taking	23 months
<b>Brunet-Lézine (norm = 100)</b>	
Language development	88.9
Average age of test taking	15 months

Note: This table shows the average developmental scores of children on different instruments. These instruments are described below in the section "Measuring Children's Development." The developmental scores are to be compared to the norms defined differently in each test. At the time of measurement, no child has yet been exposed to the PB program. For example, for the Brunet-Lézine, children took the test on average at 15 months and have an average score of 88.9, to be compared with the norm level set at 100. For their age, the children selected in the research protocol have a lower level of language development than the norm. Source: Data from the survey.

## The experimental protocol

To evaluate the impact of PB, we take advantage of two capacity constraints. On the one hand, ANSA does not have the logistics to train all 94 daycare centers simultaneously, and on the other hand, the managers of the different daycare centers do not have the financial capacity to fund this training for all of their centers at the same time. Given this necessary staggering of the trainings over time, we developed a randomized protocol: We randomly select the year in which the daycare centers receive the PB training. In general, and for a group of daycare centers managed by the same manager, half of the daycare centers are trained in school year T, while the other half are trained three years later, in year T+3. This protocol creates a "test" group, consisting of the daycare centers that receive PB training from the start, and a "control" group, consisting of the daycare centers that will receive PB training in the future. This random assignment allows us to precisely identify the effects of Parler Bambin by comparing the practices of the professionals and the development of the children in the test group with those in the control group. In addition, this three-year interval allows us to follow the professionals and the children over a sufficient period of time to measure short- and long-term effects.<sup>4</sup>

<sup>4</sup>The training is spread out over the entire duration of the project because different managers started the sequence at different times. In a few cases, some daycare centers receive the training in T+1 or T+2.

## Measuring the practices of professionals

With the help of early childhood professionals, we designed a professional practice questionnaire (QPP). This questionnaire captures several dimensions of the professionals' daily work. Specifically, we measure: i) the professionals' knowledge of children's language development; ii) the quality of their declared practices (in general and in particular during a very specific interaction with a child); iii) their vision of their role with the children; and iv) their interactions with the parents. This questionnaire is used in each of the three years of the study.

The practices reported in a questionnaire cannot capture the full complexity of the interactions between professionals and children. We have therefore designed an observation protocol capable of capturing actual practices. We record short interactions between a professional and children at specific times. We organize these recordings at the end of the first school year, and at the end of the third year of the research project. At each phase, we record a diaper change, a meal, and a story for between 5 and 15 minutes. These recordings are listened to and transcribed one by one by expert linguists, in order to construct a practice quality score for each recorded professional. This score is composed of a set of good practices for children's language development, corresponding to the PB training. For example, the expert linguist counts the number of open-ended questions a child is asked by the registered professionals. In addition, in the final year of the research project we organize an observation of the professionals' practices during one morning. A psychologist attends several sequences (arrival of the children, activities, and meals) and evaluates one by one (during the defined times) the frequency with which the practices corresponding to the self-positioning star PB (see Figure 1) are used by the professionals, making it possible to construct a score of the suitability of practices at the daycare center.

## Measuring children's development

Children's development is evaluated both by questionnaires given to parents and daycare professionals, which provide information on the children's abilities, and by "baby tests" which allow direct observation of their level of development.

The IFDC (Inventaire Français du Développement Communicatif) questionnaire allows us to evaluate the child's communicative development, from the appearance of the first gestures to the emergence of grammar, including the lexicon that they understand and produce. It consists, for example, of asking parents which words their child knows from a list of proposed words. The IDE questionnaire is used to evaluate the child's understanding of language,



expressive language, and social-emotional development: It consists of asking the daycare professional who knows the child best what the child is able to do in different areas (language, social development, etc.).<sup>5</sup>

Finally, to directly observe the level of development of the children, we use two baby tests carried out in the child's daycare center by qualified and experienced psychologists. The Brunet-Lézine scale allows us to evaluate the language, psychomotor and socio-affective development of the child between 3 and 30 months. In particular, this scale measures the functions of comprehension and language expression and studies the social relations related to self-awareness, relations with others, and adaptation to social situations.<sup>6</sup> The Wechsler Preschool Primary Scale of Intelligence (WPPSI) provides a comprehensive picture of the language and cognitive development of children over 30 months of age. In particular, this scale measures the child's knowledge of the environment, vocabulary development, verbal concept formation, and verbal reasoning.

The aggregation of these different measures allows us to create a language development score and a social-emotional development score for the short term (less than one year of exposure to trained PB professionals) and long term (more than one year of exposure to PB).

## What are the impacts of Parler Bambin?

### *Training in Parler Bambin has a strong impact on the techniques and practices of professionals, especially in the short term*

**PB training had a strong impact on the knowledge of the professionals as well as on their perceptions of their role for the children** (see Figure 2). Daycare workers trained in PB have a better knowledge of the stages of children's language development and are more likely to correctly describe an open-ended question. In addition, in these daycare centers, more professionals stated that it was important to stimulate children's language development, especially for those who needed it the most, in order to give them the best preparation for their entry into kindergarten. They have a better understanding of the inequali-

ties in development that are built up from an early age and consider that they can act and stimulate children's development appropriately. The differences in scores between the professionals in the trained daycare centers and the control daycare centers on these dimensions are strong and significant. For example, at the end of the training, the difference in terms of knowledge of the professionals is 22% of a standard deviation (SD) of this measure in the population.<sup>7</sup>

**PB training has an effect on the transmission and communication practices of parents.** Figure 2 shows, however, that professionals need time to adapt in order to adopt better practices for transmitting their knowledge and know-how to parents in the medium and long term.

**PB training has a very strong effect on the quality of the professionals' practices, particularly in the short term.** Analysis of the audio recordings shows a very significant difference in the quality of the language used with children between the daycare workers trained in PB and those in the control group. The difference at the end of the training represents 82% of an SD, an effect of rare intensity in the field of education.<sup>8</sup> Analyses of subgroups of professionals (for example, by level of education, experience, or quality of practice) show that this positive effect is general: All professionals benefit from the training and adopt better practices. The effect of PB training measured by the audio recordings, however, diminishes sharply in the long term, and becomes marginally significant. Moreover, the observations made by the psychologists three years after the training also show a positive effect on the practices of the professionals, but this effect is barely significant (notably because of the limited size of the sample, as we only have one observation per daycare center). Note that some long-term records and observations were collected at the end of the 2019-2020 school year, a year marked by the onset of the Covid-19 pandemic and the closure of daycare centers for part of the year. It can be seen in Figure 2 that this particular year had a detrimental effect on the quality of professional practice because the effects are stronger when we restrict the analysis to daycares with pre-pandemic recordings and observations.

**PB-trained daycare centers are adapting to organize language workshops.** More than 80% of PB-trained daycare centers hold language workshops after training (and only 70% after three years, but this is related in some daycare

<sup>5</sup>The IFDC is the French adaptation (see Kern and Gayraud 2010) of an American questionnaire, the MacArthur Bates — Child Development Inventory (Fenson et al. 1993). The IDE is the French adaptation (see Duyme et al. 2011) of an American questionnaire, the Child Development Inventory (Ireton and Glascoe, 1997).

<sup>6</sup>In the Brunet-Lézine assessment, social-emotional development is captured by a set of items observed by the psychologist. For example, the psychologist notes whether the child is pointing to something that interests him or her, whether the child is playing pretend, or whether the child is aware of the novelty of a situation. In the IDE assessment, the child's relevant professional describes the child's abilities using a large number of questions. For example, she reports whether the child asks for help during a task, expresses complaints in words, adapts easily to the group, or offers to help others, etc.

<sup>7</sup>For example, in the questionnaire we measure the proportion of professionals who correctly describe what an open-ended question is. A 22% SD effect on this variable is equivalent to increasing the proportion of professionals who correctly describe what an open-ended question is from 57% in the control daycare centers to 68% in the PB-trained daycare centers.

<sup>8</sup>To give some examples, the control group professionals call the children by their first names an average of 1 time, and ask 0.8 open-ended questions per minute of interaction with the children. In the test group, practitioners call children by their first names an average of 1.8 times and ask 1.6 open-ended questions per minute of interaction.

### Box 1 : Validity of language development measures

Language acquisition is a complex process. A child's communication begins with sounds, cries, and non-verbal gestures, and becomes more complex as the child "enters the language" with its first words. Measuring children's language development is inherently difficult, especially in the early years. There are few tools available to experts to capture the full range of what language represents, particularly because of strong inter-individual differences and the non-linear evolution of language development over time.

In this study, we selected valid tools that are capable of measuring key elements of children's language development from the earliest age. This validity is expressed first by a set of psychometric properties that measure the internal consistency of the scales we have selected, and their sound correlation with other instruments. Above all, it can be assessed by its capacity to predict children's future learning in the medium and long term. Numerous studies indicate that language skills are continuous over time: Very early on, a child's language skills are predictive of future language performance. It is therefore important to use instruments that have this predictive power, so that we can assess the extent to which the PB program can contribute to reducing future socioeconomic inequalities.

As a parental questionnaire, the IFDC, for example, has good predictive properties of language performance in the short term, a few years after the initial measurement (Camaioni et al., 1991; Reese and Read, 2000; Feldman et al., 2005), and in the long term, when children are between 5 and 11 years old (Can et al., 2013; Lee, 2011). Regarding baby tests, the Brunet-Lézine index is one of the only tests in France capable of measuring the development of very young children. Wong et al. (2014) show that Brunet-Lézine scores before 30 months are predictive of school outcomes for children between 5 and 18 years of age. Finally, the WPPSI has very good predictive qualities on children's future abilities in the short and long term, up to 12 years after the initial measurement (Yule, Gold, and Busch, 1982; Lowe et al., 1987). Furthermore, Kaplan (1996) shows that language development as measured by the WPPSI is particularly predictive of academic performance in elementary school, compared to other dimensions measured with this instrument. In general, the ecological validity of general intelligence, as measured by the WPPSI and of which language is a key component, is supported by its ability to predict many future dimensions, for example in terms of physical and psychological balance, health, academic achievement, and work performance.

### Box 2 : Observed and reported practices

Figure 2 shows that the practices declared by the professionals do not seem to be affected. The differences in the quality index of these practices in the short, medium, and long term are small and never statistically significant.

It may seem paradoxical that we find very strong effects on observed practices, but that we find no effect on compliance with PB practices as declared by the professionals in the questionnaires. This discrepancy shows the difficulty of having an objective and detached perspective on one's own practices. The audio recordings and observations by psychologists thus make it possible to re-establish what actually happens on a daily basis, and thus to be able to detect the effects of PB training.

centers to the Covid crisis). In these facilities, workshops are held several times a week for children identified as less talkative, as recommended by the PB program. The professionals who run these workshops report that they feel comfortable and that they see progress in these children.

### **PB training has no effect on children's language development**

Daycare workers trained in PB more consistently adopt techniques and strategies that promote richer and more stimulating language interactions with the children. However, this does not seem to affect their language development in the short or long term (see Figure 3). Subgroup analyses (for example, for children from the most disadvantaged families or children with the lowest level of language development at the outset) lead to the same conclusions.

Under the hypothesis that the PB program does have the capacity to improve children's language development, it would seem that **the change in the professionals' approach is not sufficiently sustained over time to produce a significant effect on children's language skills**. Indeed, Figure 2 shows that practices were clearly in line with the training recommendations at the end of the training, but also indicates that these practices have difficulty being maintained over time. If children's progress is built up over time, this change in practice may not be sufficiently sustained over time to have an effect. This decline in the quality of practices can be explained by the difficulty of mobilizing daycare teams in a sustained manner, particularly in the area of day-to-day language, which requires automation of professional actions. There is also a practical difficulty: Our data show a significant turnover in the number of professionals over the three years of our study. Each year, we interviewed all the professionals in the 94 daycare centers who had the "early childhood educator"

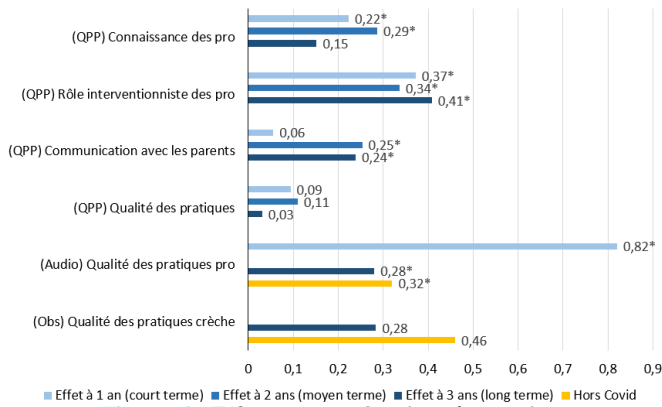


Figure 2: Effect on professional practices

Interpretation: The effects are expressed as a percentage standard deviation of the score in the population. A positive coefficient with a star is interpreted as a significant beneficial effect of PB training on the practices of professionals. We present the effects on practices at different time horizons: 1, 2 and 3 years.

Note: The results are expressed as a percentage of standard deviation (SD): A value of 0.3 corresponds to an effect equivalent to 30% of an SD. In education, effects of less than 5% of a SD are generally considered "weak", effects between 5% and 20% "moderate", and effects greater than 20% "strong". The following abbreviations are used: "QPP" for professional practice questionnaires, "Audio" for audio recordings, and "Obs" for observations in the daycare centers.

(*éducatrice de jeune enfant*) diploma, the highest diploma required to work in a daycare center (excluding management).<sup>9</sup> Among this subset of professionals, only 50% of those who responded to our first questionnaire also responded to our last questionnaire, three years after the research began. Some of the professionals who did not respond may just have been absent from the daycare on the day of the questionnaire, but this data still suggests a significant turnover of professionals. This turnover implies that after three years, a significant part of the team has not directly attended the PB training, making it difficult to mobilize the teams over time and maintain the practices recommended in training.

**This assessment is further limited by the tools available to measure language development in very young children.** We selected valid instruments that are simple to use and capable of measuring various dimensions of language development that are predictive of individuals' future school success. Although we do not find significant effects on these dimensions, it is possible that the PB program produces effects on other dimensions that could not be measured. It should also be noted that the results of a statistical study are always accompanied by a margin of error: While we can state with a very high level of confidence that the PB program does not increase children's language development by more than 20% of an SD, it is still possible that the program has smaller effects.

<sup>9</sup>We interviewed a random sample of the other professionals each year, which does not allow us to follow them over time.

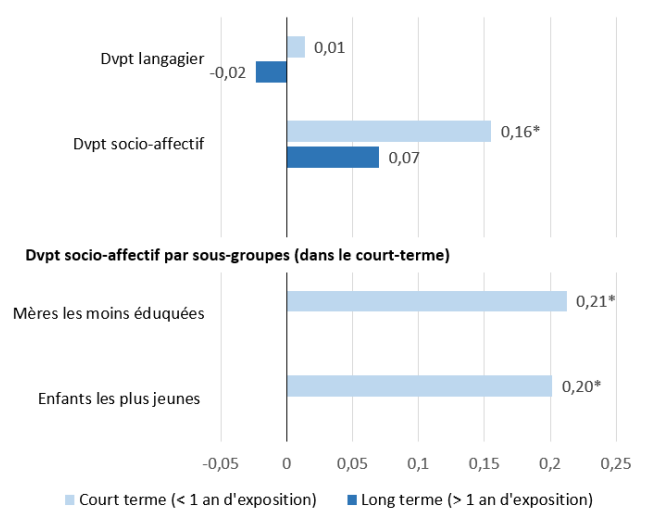


Figure 3: Effect on children's development

Interpretation: Effects are expressed as percentage standard deviation of score in the population. A positive coefficient with a star is interpreted as a significant beneficial effect of PB training on the children's development.

### PB training has a moderate short-term impact on children's socio-emotional development

The PB program does not significantly improve children's level of language development (especially the extent of vocabulary understood or produced), but does appear to improve their level of socio-emotional development in the short term (see Figure 3). This effect is particularly pronounced in two groups: for children whose mothers are the least educated and for the youngest children. **Children in PB-trained daycare centers thus are better at forming positive relations with others, expressing their emotions in an effective way, and have more self-confidence.** In our assessments, this means, for example, smiling at the examiner, following the adult's gaze, or actively participating in a game, but also verbalizing emotions. The audio recordings of the interactions between professionals and children give us a clue to the interpretation of this effect: In the recordings made after the training, the children from the PB-trained daycare centers expressed themselves significantly more than the children from the control group, in terms of words and statements produced. While this increase in children's participation is partly mechanical, due to the frequency of conversations initiated by the professionals,<sup>10</sup> it may perhaps explain the positive effect of PB on their socio-emotional development. These recordings show that after the training, children in PB daycare centers benefit from more one-on-one verbal interactions with the professionals, which could stimulate their socio-emotional development.

<sup>10</sup>Therefore, this observation in itself cannot be a measure of the children's language progress.

## Conclusion

Given the exceptional results of experimental early childhood intervention programs evaluated in the United States (Carolina Abecedarian and Perry Preschool), the effects of the Parler Bambin program may seem limited. However, these programs were evaluated in a very different (temporal and geographic) context than ours, and on a very small scale, in a single facility, and under the supervision of research teams. The enthusiasm generated by these experiments should not obscure the fact that there is no guarantee that comparable effects would occur if they were deployed on a national or regional scale. Comparing our results to those of these studies may suggest that making lasting improvements in the practices of professionals at one facility that is highly motivated to participate in a very intensive program is simpler than achieving the same change at dozens or hundreds of facilities.

Another difference between the U.S. programs and the context of this evaluation should be noted. All of the children in this study are cared for in daycare by trained staff, whereas in the Perry Preschool and Abecedarian studies, children in the control group were often not in daycare at all. The issue of language is obviously already present in all of the daycare centers included in our study, and PB training aims to strengthen the skills of professionals in this area and especially to automate "everyday" techniques. It is possible that this supplementation will have a limited effect at the margin in an already supportive environment. This leaves open the question of interventions that can be carried out with audiences that do not attend the daycare center, for example via children's social workers (PMI) or professional childminders (*assistantes maternelles*), but also directly with families.

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