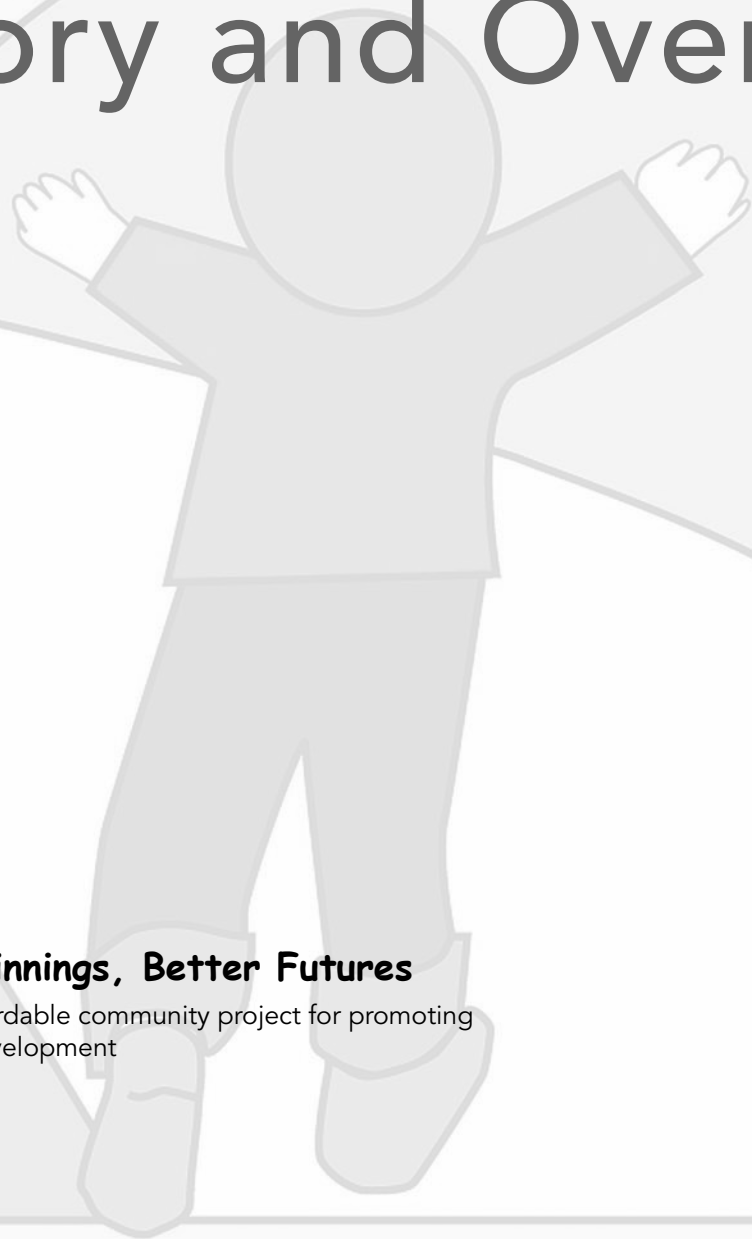


BUILDING BETTER BEGINNINGS: A TOOLKIT

History and Overview



Better Beginnings, Better Futures

An effective, affordable community project for promoting positive child development

© Hayward, K., Loomis, C., Nelson, G., Pancer, M., & Peters, R. (2011).
*A Toolkit for Building Better Beginnings and Better Futures. Kingston, ON:
Better Beginnings, Better Futures Research Coordination Unit.*

Design

Stéphane Gibelin

The Research Coordination Unit gratefully acknowledges the financial support from the Max Bell Foundation. This report reflects the views of the authors and not necessarily those of the funders.

We also acknowledge the dedication of the Site Researchers whose diligence and hard work have made this longitudinal research possible.

We also extend our gratitude to the families, youth, and teachers who have participated in the research over the past 20 years.

Permission is hereby granted by Better Beginnings, Better Futures, Research Coordination Unit, Queen's University, to reproduce this document for non-profit and educational purposes.

www.bbbf.ca

TABLE OF CONTENTS

INTRODUCTION

The Roots of *Better Beginnings, Better Futures* 1

The *Better Beginnings, Better Futures* Program Model 3

Choosing the *Better Beginnings* Communities..... 4

The *Better Beginnings* Communities 5

The Research Coordination Unit 6

Research Results 6

About this Toolkit 7

APPENDICES

Appendix A: On-line Resources and Abstracts..... ii

INTRODUCTION

The Roots of *Better Beginnings, Better Futures*

The roots of *Better Beginnings, Better Futures* are firmly planted in earlier research reviews and initiatives by the Ontario government's Ministry of Community and Social Services in the field of primary prevention.

The first was the 1979 landmark position paper, *The State of the Art: A Background Paper on Prevention*, by Dr. Naomi Rae-Grant.¹ Her definition was critical to all future work — primary prevention focuses on interventions for children at risk for a disorder or disability, but who do not yet have any symptoms. This definition clearly set primary prevention apart from 1) promotion, which focuses on the supports all children need to thrive, regardless of risk, and 2) early intervention, which focuses on children who show the start of a disorder or disability, and require treatment.

Additionally, the report included a comprehensive research and program review, a “scenario for a community prevention program”, and a discussion of policy issues and directions for provincial action.

Rae-Grant recommended that to be effective, primary prevention programs would require:

- a variety of levels of intervention;
- comprehensive programming for various developmental stages;
- responsiveness to expressed community needs;
- coordination and collaboration of different levels of government, agencies, and the community in planning and implementation;
- research to measure the effectiveness; and
- adequate funding to meet the needs and measure the results.

In fact, each of the elements described above was ultimately included in what would become the *Better Beginnings, Better Futures* program model ten years later.

¹ Rae-Grant, N.I. (1979). *The State of the Art: A Background Paper on Prevention*. Toronto: Ministry of Community Social Services, Children's Services Division.



Another important antecedent to *Better Beginnings* was the Ontario Child Health Study, an epidemiological survey of children's mental health, conducted in the 1980s by Dr. Dan Offord and colleagues from McMaster University. For the first time, Ontario had an accurate and disturbing picture of the nature and extent of childhood mental disorders — one child in six had an identifiable emotional or behaviour disorder. The survey documented the extent to which mental disorders were going untreated, the imbalance between the distribution and availability of professional resources, and the needs of those most affected and most at risk. The government did not have the funds required to treat all children who needed it. The urgency was to prevent children from developing the problems in the first place — the results of the survey persuaded the province to move into the area of primary prevention.

In the province's first attempt to identify effective prevention programs, eight primary prevention programs from across Ontario

received research-demonstration awards in the mid-1980s. The sites were provided with funding for two years — one year of start-up and one year of evaluation. Unfortunately, most of the lessons learned from this effort were about how NOT to undertake such an initiative. One year was too short a timeframe to really prepare a new program for evaluation. As well, many Program Directors did not know really good evaluators, so they either inadvertently linked up with inadequate evaluators, or became enemies of their evaluators, and so their end results had to be disregarded. Finally, even when a program was able to become evaluation ready in one year, and there was a respectable evaluator working agreeably with a Program Director, the timeframe was too short for effectiveness to be assessed. It is the rare primary prevention intervention that shows an impact immediately. This whole process was demoralizing to both the field and to government. Many felt it could have been avoided if the government had given leading researchers and program directors more credence in how to undertake primary prevention research in the first place.

In 1987, the Ontario Ministry of Community and Social Services designated \$2 million per year for as long as necessary to thoroughly investigate the viability of primary prevention as a policy for children at risk of developing emotional or behavioural problems. However, there was one more government misstep that took place before identifying an appropriate prevention program for this new initiative.

The Ministry of Community and Social Services brought the researchers and designers of three American model prevention programs — Perry Preschool, Elmira Nurse Home Visiting, an early Primary School Aggression Prevention program, and the Interpersonal Cognitive Problem-solving program — and one Canadian program — Richard Tremblay's kindergarten prevention program — to a two-day session with 50 Ontario researchers and program directors to recommend the program model that would be investigated in Ontario. Two of the programs, Richard Tremblay's and the Elmira Nurse Home Visiting programs, were not far enough along in their research to justify recommending them. The other two programs were rejected by Ontario stakeholders because they were not ecological enough, were too narrow and researcher-driven, and had inadequate community input.

It was also clear that there were a number of Ontario programs that had not, up to that time, been provided with the funds to research their impact. At that meeting, the Ontario researchers and program directors identified the fundamental problem with the field of primary prevention at that point: the great gap between well-researched programs, usually associated with major universities and headed by prominent research directors, and grass-roots programs with small budgets and minimal attention to evaluation.



This division left the field with:

1. Research demonstration projects that were well-documented with high internal validity but little external validity (i.e., are such programs generalizable to other settings?), and
2. Programs which were relatively unknown professionally, with little or no documented internal validity, but which had high external validity (i.e., people in the community supported and used the program, and thought it worked well).

After that consultation, in 1988, the Ministry of Community and Social Services brought together 25 researchers and program professionals to form the Technical Advisory Group to the Ministry's Coordinated Primary Prevention Initiative. It was their challenge to establish the parameters for a new primary prevention initiative. The strongest characteristic of this multi-disciplinary body was its diversity. The breadth and depth of experience was a powerful force in determining the direction and outcome of the review. No one profession was able to dominate the focus. There was a constant challenge to document and justify positions and conclusions.

Therefore, it was rather remarkable that the Technical Advisory Group developed a solid consensus in recommending what became known as the *Better Beginnings, Better Futures* program model. This group had the prerogative to recommend two or three different program models for testing. Yet what emerged was the conclusion that the program model most convincingly supported in the literature and program review was the *Better Beginnings* program model — with guidelines for demonstration projects which had strong applied research design accompanied by solid backing, support and collaboration from the community.

The *Better Beginnings, Better Futures* Program Model

From its inception, the *Better Beginnings, Better Futures* initiative was meant to be different from earlier prevention programs.

The program model had three defining features. It was:

multi-year — (at least four years of a child's life) with research that was multi-disciplinary, multi-method, and longitudinal, and it was comprehensive (e.g., nutrition and diet, family planning, parent training, parent support, employment training);

multi-sectoral — integrating community services (health, education, child welfare, children's mental health, and other social services) to address multiple risk factors; and

grassroots — the community was to be involved in the planning, implementation and evaluation of the program.

The program model was based on three principles:

Urie Bronfenbrenner's ecological view of child development

that nests children within their family within their neighbourhood — it is not enough to focus solely on the child or the parents or the neighbourhood, but to really have an impact the program needed to address all important aspects of the child's environment.

A holistic view of child development including social, emotional, physical, behavioural and cognitive development — it is not enough to focus solely on intellectual development, or physical development, etc. To be really effective the program had to focus on the whole child.

An intervention that was universally available for children and families within a high-risk neighbourhood — it is not enough to focus on targeted children. To be really utilized, the programs had to be available for everyone.

Ultimately these boiled down to three program requirements:

High quality programs — it was not enough to provide a broad array of under-resourced programs; *Better Beginnings* must provide resources with benchmark child/staff ratios, adequate salaries, ongoing training and support.

Integrated services among local social, health and education services. It was not enough for *Better Beginnings* to run stand-alone services and supports; *Better Beginnings* must partner with other local social, health and education services

Meaningful, significant parent and community leader involvement in all aspects of organization, management and delivery of the program. It was not enough for professionals to provide services with token parent support; parents and community leaders must be meaningfully and significantly involved in all aspects of organization, management and delivery of the *Better Beginnings* program model.

Choosing the Better Beginnings Communities

In 1989 the Ministry of Community and Social Services released the foundational document, *Better Beginnings, Better Futures: An Integrated Model of Primary Prevention of Emotional and Behavioural Problems*, which pulled together all the major findings of the Technical Advisory Group. Based on this foundational report, a formal “request for proposals” for demonstration sites was issued by the Ministry on March 1, 1990. The request was supplemented by four proposers’ forums across the province to discuss the program model and selection procedures with government personnel.

Interested groups completed an Initial Application to verify that they met basic qualifications of risk, service integration, and organizational stability. More than 50 groups met the criteria and each was awarded a \$5,000 seed grant to cover costs incurred during the formal proposal development process. The seed grants were not to be used to hire professional proposal writers. They were used to defray costs of travel, child care, food, surveys and research to enable people in high-risk communities, who were not usually involved in writing proposals, to take part.

Initial applications were reviewed and ranked by a panel of experts, external to the Ministry.² The Top 20 proposals received site visits by groups of experts and government observers. From that group the top eight communities received

Better Beginnings grants in 1991. Of those eight communities, three concentrated on the version of *Better Beginnings* for children aged 4-8 (“older cohort” sites), and five communities concentrated on the *Better Beginnings* version for children aged 0 to 4 (“younger cohort” sites).

In this toolkit we focus on the three sites that elected to demonstrate the older child version of the *Better Beginnings* program model (for children aged 4 to 8) because the research evidence for the effectiveness of those programs was strongest in those sites. A description of the three *Better Beginnings* sites follows.



The *Better Beginnings* Communities

It is particularly noteworthy that despite differences in context, as well as programming, the three *Better Beginnings* communities all found positive impacts and outcomes for the children and their communities. We encourage

the reader to keep that in mind when reading this toolkit; the *Better Beginnings* program model is one that can be flexible and adapt to different neighbourhoods and communities.

The three *Better Beginnings* communities were all located in urban centres in Ontario; a description of each is provided below.

Site One

Site One is located in a medium-sized city in eastern Ontario. The group coordinating *Better Beginnings* in Site One came together through the Francophone public and Catholic school boards. The four primary schools in the area served a high number of students from disadvantaged families. Approximately two-thirds of the children were from Francophone families and about one-quarter were from single-parent families. The average monthly household income was \$3,000, and 15% of parents had university degrees.

Much of the *Better Beginnings* budget in Site One was devoted to school-based activities, including a full-time facilitator based in each school. Other programs included activities for children and families during school breaks, home visits to new families in the community, and French activities in the community. As time went on, the percentage of the budget devoted to community development activities increased from 17% to 36%, with the group eventually developing a dual emphasis on prevention programming for children and on broader community development work.

Site Two

Site Two is an ethnically diverse area in the northwest part of a large central-Ontario city. According to the 1996 census, 60% of the population of this area was made up of newcomers to Canada, with the largest groups being those from India and the Caribbean. Unemployment rates and the mean family income in this area have historically been lower than provincial averages.

The project proposal in Site Two originated in the local primary school. Unlike Site One, which had to divide resources among four primary schools, the Site Two project took place in a single school with a large catchment area. A unique aspect of the programming at Site Two was that, while other program activities were made available to all students in the school, support from enrichment workers, including classroom activities and visits to parents, was targeted only at children and families in the research cohort, thus providing more intensive programming for this group than for either other Site Two families or for the research cohorts in Sites One and Three. The emphasis in Site Two's programming was on these children and families in the research cohort, with comparatively less emphasis on community development and resident participation efforts. All programming took place on school premises, including in-school, before- and after-school, and holiday activities for children, parent groups, and community celebrations.

Site Three

Site Three was located in northern Ontario in a city with approximately 165,000 residents. The *Better Beginnings* project at Site Three centered in two separate neighbourhoods. Of the 1,473 children enrolled in the elementary schools in these neighbourhoods at the beginning of the project, 48% were from Anglophone families, 38% from Francophone families, and 14% from families with another primary language. Approximately 300 were of Aboriginal descent. Additionally, these neighbourhoods had problems with high crime rates, poor quality housing, low incomes, and few job opportunities.

The project at Site Three differed from the projects in the other two older cohort sites in that the proposal did not originate in the school system. Rather, the proposal originated with a group that came together through a local Aboriginal centre. The group at Site Three was very interested in community development and placed a high priority on community-based initiatives and building community leadership. Nearly 60% of the *Better Beginnings* budget at Site Three was devoted to before- and after-school and holiday programs, with only 8% spent on in-school activities. In addition to activities for children and families, the programming at Site Three reflected that group's community development orientation, including community kitchens, community gardens, and environmental enhancement projects.

The Research Coordination Unit

The Ontario government desired respected academic researchers to assume the evaluation of the *Better Beginnings* program model. The Government requested proposals from consortia of faculties, spread across several universities, to enable the selection of the best multi-disciplinary team. In 1990 a consortium of researchers, headed by Dr. Ray DeV. Peters of Queen's University, was awarded the grant. This consortium was called the Research Coordination Unit (or RCU) and undertook the responsibility for all subsequent research activities.

Thus began Canada's most ambitious qualitative and quantitative evaluation of a multi-site primary prevention project for young children and their families, in disadvantaged neighbourhoods. Each site was provided with a university-based Lead

Researcher. Working with local evaluation committees, the Lead Researcher hired one or more site researchers.

Together, the Lead Researchers, the Site Researchers, and the local research committees developed common protocols across all sites for all the research.

Every research effort and subsequent reports were produced first at the site, then flowed to the Lead Researcher, and then to the cross-site reports.

The research was both quantitative and qualitative:

QUANTITATIVE

The quantitative research focused on social, emotional, intellectual and physical health, child and family outcomes, and potential cost savings of the program model.

QUALITATIVE

The qualitative research focused primarily on four questions:

1. Were sites able to integrate services and make partnerships with schools and other organizations? If so, how?
2. Were sites able to develop and implement high quality programs for children, families and neighbourhoods? If so, how?
3. Were sites able to involve community residents? If so, how?
4. Was the prevention program model sustained over time? If so, how?

There was also an economic analysis that focused on the benefits to the government and taxpayers. We refer to this analysis as a cost-savings analysis because it calculates how much government cost was saved as a result of the *Better Beginnings* programs.

Research Results

The quantitative results during the demonstration phase² (described in detail in Chapter 3: *Research and Evaluation*) revealed that there were positive impacts for children, parents, and schools at the *Better Beginnings* sites:

Children: positive impact on social-emotional functioning and physical health;

Parents: healthy lifestyle gains, and perceived improved neighbourhood quality; and

Schools: decreased rates of special education.

²The proposal development phase occurred in 1990, the planning phase from 1991-1993, the demonstration phase from 1993-1997, and sustainability occurred when the projects received sustained funding beginning in 1998.

The longitudinal research also revealed many positive findings:

Youth in Grade 9: better school and academic performance; and, as reported by teachers, youth were better prepared for school, required less special education, repeated fewer grades, and demonstrated more adaptive functioning, fewer emotional problems, and lower rates of hyperactivity;

Youth in Grade 12: better school and academic performance; exercised more; and, fewer were involved in property crimes;

Parents of youth in Grade 9: more satisfied with marital relationship, more positive family functioning, greater social support; and

Parents of youth in Grade 12: less depressed, used alcohol less often, and felt neighbourhoods were more cohesive.

Finally, the cost-savings analysis also revealed positive findings:

The projected cost savings is a conservative amount based on direct costs and excluded projected costs (e.g., preventing youth from crime/incarceration).

The overall cost per family for 19 government services was at least \$7,560 less for *Better Beginnings* families than families from comparison communities.

Based upon the average cost per family for participation in *Better Beginnings* programs (\$2,991), the government saved approximately \$4,569 per family by Grade 12 on other services including education and social services.

About this Toolkit



This toolkit on how to start a *Better Beginnings, Better Futures* project, rests primarily on the qualitative research. From 1991 to 1998, the *Better Beginnings* research at each of the sites incorporated an ethnographic component, including participant observation, individual and group qualitative interviews, a review of program documents, and a multi-year immersion in the *Better Beginnings* project sites. Based on these methods, the site researchers gathered data to generate site and cross-site reports on topics such as resident participation, service integration, and local programming.

When the demonstration phase of the *Better Beginnings* initiative ended (in 1997), the government announced that the sites would now be treated as “permanent” government-funded programs. At that time the research on the *Better Beginnings* program model and program development ceased. Then, in 2003 the government asked the researchers to return to the sites to determine whether the *Better Beginnings* program model had been sustained during the five years since they had become permanent government-funded programs.

Throughout this document we refer to four phases of the *Better Beginnings* initiative:

- **Proposal development phase** (March to June 1990): includes the development of the original local coalitions and the submission of proposals
- **Planning phase** (January 1991 to September 1993): includes the further development of the original local coalitions into an organizational structure, program planning and development, hiring of staff, community resident recruitment, and generally readying the community for implementation of the programs

- **Demonstration phase** (1993-94 school year through to 1996-97 school year): the period covering the implementation and early maturing of the local program models
- **Sustainability phase** (1998 to present): a culmination of the sites’ transition from local demonstration projects to permanent programs

This toolkit has been developed from the site reports and cross-site reports generated from the planning, demonstration, and sustainability phases at the *Better Beginnings* sites. Themes, strategies, challenges, lessons learned, and examples described in this toolkit have been pulled from the reports during those three phases.

Each chapter of this toolkit describes the major components of the *Better Beginnings* program model and the critical elements of each that are necessary to consider when replicating this program model, starting from scratch.

That is, based on the research evidence:

- What are the expected benefits of including each component?
- How should you go about implementing your project?
- What challenges might you face and what strategies could you use to deal with those challenges?
- What are the key lessons or principles you need to incorporate into your project?



APPENDICES



APPENDIX A:

On-line Resources and Abstracts

On-line resources:

1. <http://www.bbbf.ca/>
Better Beginnings website

Abstracts

Peters, R.DeV., Bradshaw, A.J., Petrunka, K., Nelson, G., Herry, Y., Craig, W., Arnold, R., Parker, K.C.H., Kahn, S., Hoch, J., Pancer, S.M., Loomis, C., Bélanger, J.-M., Evers, S., Maltais, S., Thompson, K., & Rossiter, M. (2010). **The Better Beginnings, Better Futures Project: An ecological, community-based prevention approach — Findings from Grade 3 to Grade 9.** *Monographs of the Society for Research in Child Development*, 75(3), 1-176.

Although comprehensive and ecological approaches to early childhood prevention are commonly advocated, there are few examples of long-term follow-up of such programs. In this monograph, we investigate the medium- and long-term effects of an ecological, community-based prevention project for primary school children and families living in three economically disadvantaged neighborhoods in Ontario, Canada. The *Better Beginnings, Better Futures (BBBF)* project is one of the most ambitious Canadian research projects on the long-term impacts of early childhood prevention programming to date. Bronfenbrenner's ecological model of human development informed program planning, implementation, and evaluation. Using a quasi-experimental design, the *BBBF* longitudinal research study involved 601 children and their families who participated in *BBBF* programs when children were between 4 and 8 years old and 358 children and their families from sociodemographically matched comparison communities. The researchers collected extensive child, parent, family, and community outcome data when children were in Grade 3 (age 8–9), Grade 6 (age 11–12), and Grade 9 (age 14–15).

The *BBBF* mandate was to develop programs that would positively impact all areas of a child's development; our findings reflect this ecological approach. We found marked positive effects in social and school functioning domains in Grades 6 and 9 and evidence of fewer emotional and behavioral problems in school across the three grades. Parents from *BBBF* sites reported greater feelings of social support and more positive ratings of marital satisfaction and general family functioning, especially at the Grade 9 follow-up. Positive neighborhood-level effects were also evident. Economic analyses at Grade 9 showed *BBBF* participation was associated with government savings of \$912 per child. These findings provide evidence that an affordable, ecological, community-based prevention program can promote long-term development of children living in disadvantaged neighborhoods and produce monetary benefits to government as soon as 7 years after program completion.



Better Beginnings, Better Futures

An effective, affordable community project for promoting positive child development