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BUILDING BETTER BEGINNINGS: A TOOLKIT

Research and Evaluation

Better Beginnings, Better Futures

An effective, affordable community project for promoting positive child development

A Toolkit for Building Better Beginnings and Better Futures. Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit.

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INTRODUCTION

Learning Objectives

The learning objectives for this chapter include:

1. ***Better Beginnings* research**
   Learn about the research that was conducted on the *Better Beginnings, Better Futures* project.

2. **Work involved**
   Understand and appreciate the amount of work involved in a comprehensive research project.

3. **Research outcomes**
   Know the outcomes of the *Better Beginnings* research project.

4. **Challenges**
   Understand and appreciate the challenges you may face in researching your community-based prevention project, and learn what strategies may be employed to deal with those challenges.

5. **Issues**
   Be aware of some of the issues you will need to consider in developing your own research or evaluation plan for community-based prevention initiatives.

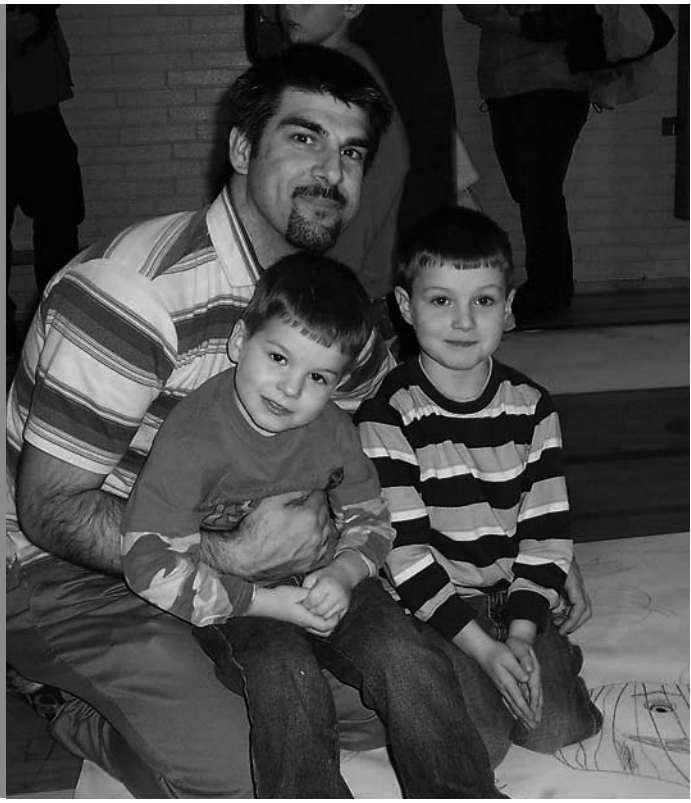
6. **Principles**
   Know the guiding principles for community-based participatory research.

Researching Primary Prevention Projects: An Overview of the *Better Beginnings, Better Futures* Research Model

In this section we describe the way in which we conducted research on the *Better Beginnings* project. We begin by describing the different kinds of research that were used to understand the project: 1) the *outcome research*, which looked at the project's impacts on the children, parents, families, and the community as a whole; 2) the *project development / program model research*, which examined the ways in which the project's programs were developed, and how the different partners in the project learned to work together; and 3) the *economic analysis* of the project, which focused on the costs of mounting the project and the savings that resulted from the project. We will also describe how the research process was managed and organized, and discuss the ways in which community residents participated as research partners.

The *Better Beginnings, Better Futures* project was designed to achieve three major goals:

1. Reduce the incidence of child and family problems (a prevention goal);
2. Enhance child and family wellness (a health promotion goal); and
3. Make communities and neighbourhoods healthier places in which children and families could live, learn, play, work, and grow (a community development goal).



One major purpose of the *Better Beginnings* research was to determine, in as rigorous a way as possible, the extent to which these goals were achieved. Was there a reduction in child and family problems as a result of their participation in *Better Beginnings*? Were children and families healthier and happier because programs were available to them? What kind of impact did the project have on the community as a whole?

These questions were at the core of the *outcome research* that was undertaken at the *Better Beginnings* sites. This part of the research involved administering standardized scales and measures to children, parents, teachers, school administrators, and others at regular intervals throughout the life of the project. These measures were also administered to parents and children within the project communities before the project began most of its programs. Another research goal was to compare children participating in *Better Beginnings* to those who did not have access to the program; therefore, these same measures were also administered to individuals in two demographically similar communities whose members did not have any comparable project operating within their bounds. By comparing children and families who participated in *Better Beginnings* with those in the comparison communities, and with children and families from the project communities before the project began, we could get a good sense of how *Better Beginnings* children and families were benefiting from the project.

Research that focused solely on the project's outcomes, however, would have given us only part of the picture. What if the outcome research had shown that the project had not produced any benefits for the children, families, and communities in which it operated? If the project failed, how would we know why? Even if the project was successful, how would we know what made it a success?

Each of the *Better Beginnings* communities represented a unique and complex meld of history, politics, interactions among groups and individuals, and myriad other factors that could only be guessed at by researchers. Ultimately, we wanted these programs to help us launch successful programs in other communities. This required that we understand not only what happened to children, families, and communities as a result of the interventions, but also how groups and individuals in these communities were able to work together to enhance the lives of children and families, and how and what kinds of programs were developed. In order to answer these "how" questions, we undertook rigorous and extensive *project development/program model research.* This research involved observing meetings, interviewing individuals and groups, and reading program documents and reports from many different sources — all of which gave us some sense of how each project developed and achieved its major goals.

A final element of the research involved looking at how much the projects cost to operate and how these costs compared to those incurred by similar programs. This *economic analysis* was crucial, particularly for government policy-makers, who were interested in assessing the potential long-term cost savings of *Better Beginnings*.

APPROACH

Managing the Research Process

All research for the entire initiative was coordinated by the Research Coordination Unit (RCU) centred at Queen's University. The RCU was comprised of a group of academics from several Ontario universities with a wide variety of expertise in academic disciplines, including psychology, economics, social work, education, sociology, family studies, human nutrition, and child care. These individuals developed the major "designs" for both the *outcome research* and the *project development research*. They selected scales and measures that would be used to assess children and families, and developed the major procedures for collecting and analysing the qualitative program development information.

Managing the Research Process, *cont'd*

At the project level, each community had: a) a site researcher (or two researchers as was the case at one site), who coordinated all research activities; b) a site liaison, a member of the RCU who served as a link between the RCU and the site researcher; and c) two or three site research assistants hired on an hourly, fee-for-service basis to conduct parent interviews, administer measures (e.g., achievement tests) to the children, and to assist in other research activities.

As described throughout this toolkit, one of the key distinguishing features of *Better Beginnings, Better Futures* was that community residents were to be involved as partners in every aspect of the initiative, including the research. This type of participatory approach to program planning and evaluation has been shown to improve the evaluation research process, and, at the same time, to empower the participants in the research. Parents and residents were involved primarily through Research Committees established in each of the communities. These committees varied from site-to-site but could also include the site researchers, site liaisons, project managers, teachers, and/or other social service and educational professionals working with the projects.

The research committee reviewed all interview questions and measures used to assess children and families, read research reports and provided feedback, and relayed committee members' comments and concerns to the RCU via the site liaison. The parents on the Research Committee made a particularly valuable contribution to this process, pointing out when questions were unclear or when they had issues with wording. Consequently, several of the statements on some of the key parenting measures were revised and greater caution was taken in interpreting results relating to these measures. The parents on the Research Committee also served another invaluable function. They were the experts on how parents would likely react to the questions that they would be asked; they told the researchers when the conclusions and interpretations they had made were off-base or ill-informed, or otherwise inappropriate for their community.

Overall, in conducting the research at the *Better Beginnings* sites, a community-based prevention research process was used as much as possible. However, while we were able to do this to a considerable extent, we were constrained by the fact that the research process at any individual site was part of a larger initiative, and was expected to follow the research protocol established by the RCU for all the projects. Each site had input into this protocol, but only to a limited extent. The end result was a research process that struck a balance between being expert- and community-driven.

Outcome Research

Research design

The purpose of the outcome research was to assess the extent to which the changes in children, families, and communities specified in the program's major goals (i.e., reducing child and family problems, enhancing child and family wellness, enhancing communities) were actually achieved as a result of *Better Beginnings* program activities. The most rigorous way of determining whether or not a program has achieved its outcome goals is to use a true experimental design in which individuals are randomly assigned either to participate in the intervention (or project group) or not to participate (i.e., control group). In community-level interventions, such as *Better Beginnings, Better Futures*, where many of the programs are designed to affect the entire community, random assignment of resident families to an intervention or control group is impossible. Consequently, a quasi-experiment must be used, meaning that participants are not randomly assigned to the intervention or control group. Just as in an experimental design, individuals who participate in the project are compared with those who do not participate in the project.

Two types of quasi-experimental research designs were used to assess the impact of each of the *Better Beginnings* site projects: a leading baseline design and a longitudinal comparison site design. The leading baseline design involved administering a series of measures relating to child, parent, and family functioning to the families of eight-year-old children in Grade 2, in the participating *Better Beginnings* schools, in the year **before** the *Better Beginnings* programs were in operation. Five years later, the same measures were administered to families of eight-year-old children who had participated in *Better Beginnings* programming from the time they were in Junior Kindergarten (JK , which children start the year they turn four) until they were in Grade 2. Therefore, the leading baseline design compared children who were in Grade 2 **before** *Better Beginnings* was implemented with children who were in Grade 2 five years later — children who had participated in *Better Beginnings* from JK to Grade 2.

The key advantage of the leading baseline design was that children in the project group came from the same community as children in the baseline group. Consequently, any differences between the groups were more likely due to the fact that one group (the project group) participated in the program, and the other group (the baseline cohort) did not. Differences between the two groups were less likely to be due to things such as differences in communities from which the project and control families came. A limitation of this design is that communities change over time. Because of these changes, the community in which families in the project group lived when their children reached Grade 2 may have been quite different from the community in which the leading baseline families lived when their children were in Grade 2 five years earlier. This meant that differences between the baseline and project groups may have been due to changes in the community which occurred over time, rather than to the effects of the program.

To deal with some of the difficulties inherent in the leading baseline design, a second design was employed in the *Better Beginnings* research. The longitudinal comparison site design involved comparing children and parents from the *Better Beginnings* sites with children and families from matched comparison communities that were similar to the project sites, but did not receive *Better Beginnings* programming. These comparisons were made over a four-year period (JK to Grade 2) during which programs were provided, as well as a year after when the children were in Grade 3. This research involved annual assessments of children and families, including in-home interviews with parents, measures administered to the children by site researchers, and teachers' ratings of the children.

The longitudinal comparison site design did not suffer from the key problem associated with the leading baseline design, since the children of the *Better Beginnings* project were compared with children from the matched community on outcomes assessed at the same points in time. A major challenge for this design was that it was difficult to find communities that were exactly matched in terms of ethnic and cultural mix, and other community characteristics.

Measures and sources of information

There were three major sources of information concerning the outcomes of the *Better Beginnings* sites. One source was an extensive parent interview, conducted with one of the parents of each child in the project and control groups every year from JK until the child was in Grade 3. This interview was approximately 90 minutes to 2 hours in length, and covered a wide range of topics, including the parents' health, parenting practices, marital relations, their children's health and behaviour, and their perceptions of the community. A second source of information was a child assessment of each child in the project and control groups (for whom permission was obtained from the parent). Each assessment took about 30 minutes, and included measures of height and weight, dietary intake, cognitive development, and academic achievement. The final major source of information was teacher ratings of the children in the project research and control groups. The teachers rated the children primarily on their behaviour, adjustment, and academic achievement. See Table 1 for a list of the major kinds of information collected.

Table 1:
Outcomes Assessed through Parent Interviews, Child Assessment, and Teacher Ratings

Type of outcome assessed	Examples of specific outcomes assessed
Children's emotional and behavioural problems	Ratings of emotional problems (e.g., over-anxiousness, depression) and behavioural problems (e.g., bullying) by parents and teachers
Children's general/cognitive development and academic achievement	Reading and mathematics ability (for older children)
Children's health and nutrition	Height-for-age and weight-for-height; dietary recall
Parents' health and nutrition	Self-rated health; self-rated frequency of health promotion activities such as exercise; self-rated frequency of health-risk behaviours such as smoking
Parenting practices and parent-child interactions	Parent ratings of hostile/ineffective parenting, positive parenting, and parenting efficacy
Parent/family social and emotional functioning	Self-report of family functioning using the Family Assessment Device
Quality of local neighbourhoods	Parent ratings of neighbourhood, using items derived from Buckner's (1988) measure of neighbourhood cohesiveness[1]
Neighbourhood schools	Parent ratings of their relationship with their children's teachers, using items modified from the National Longitudinal Study of Children and Youth

[1] *Buckner, J.C. (1988). The development of an instrument to measure neighbourhood cohesion. American Journal of Community Psychology, 16, 771-791.*

School and community-wide outcomes

Another way of assessing a program's impacts at the community level is to examine statistics that are available from organizations such as schools, the police, and child welfare agencies. Three sets of statistics were obtained for the *Better Beginnings* sites. One was police reports on the incidence of vandalism and breaking and entering. It was reasoned that if *Better Beginnings* was successful in engaging more residents in the neighbourhood, and helping them to advocate for certain safety measures (e.g., better lighting in public housing developments), then, perhaps, there would be fewer reports of these crimes in the *Better Beginnings* neighbourhoods, as compared to neighbourhoods without *Better Beginnings* projects.

Another set of statistics that was examined was provided by the local Children's Aid Society (CAS). It was reasoned that if *Better Beginnings* was successful in reducing child and family problems, this might result in fewer children needing protection or care from the local child welfare agency. In order to assess the impact of the projects on CAS involvement, the number of case openings (i.e., the number of cases assigned to a CAS worker after initial review) and the number of children-in-care were recorded for families in the *Better Beginnings* neighbourhood and were compared to the number of case openings and children-in-care for those in the wider communities in which the *Better Beginnings* projects were located.

Statistics were obtained as well from the school records (for the participating schools in the project sites) on the percentage of students who received special education instruction, and this was compared to the percentage of students from schools in the comparison community sites that required special education. The logic here was that children who went to schools that were in *Better Beginnings* communities would receive enriched school programming in their early years at school that would prevent the need for special education later in their school careers.

Project Development Research

From the beginning, it was understood that *Better Beginnings* was to serve as a model of how similar projects could be developed in other communities around the province, and possibly, across Canada. That meant that research which focused only on the outcomes produced by the project would not be sufficient. Other communities that might want to implement similar projects would need to know much more than simply what happened as a result of *Better Beginnings.* They would want to know how the different programs implemented during the project were selected or developed, what services or activities constituted the different programs, who offered the services or activities, when they were provided, how the project was managed, and so on. One of the key functions of the project development research, then, was to provide this information.

Another purpose of the project development research was to help the project grow and develop in the best way possible. This kind of research, in the program evaluation literature, is referred to as "process" or "formative" evaluation or research. That is, it is used to help form, develop, or improve the program. By documenting the ways in which the projects developed and the way the major stakeholders perceived and reacted to their development, the projects could be given feedback that would help guide their future development.

As we have noted in other chapters, one of the key features of the *Better Beginnings* projects was that they were to be developed, implemented, and managed by a partnership of community residents, social and health service professionals, educators, and others. Community residents, in particular, were to have as much of a role in decision-making as any of the other partners in the *Better Beginnings* initiative. Indeed it was this "shared-power" feature of *Better Beginnings* that differentiated it from most other community-based prevention programs across North America. Another purpose of the research, then, was to help us understand this unique approach to the involvement of community residents as true partners in the development of the project, and, more generally, to examine the ways in which groups and individuals in the *Better Beginnings* communities were able to work together to develop project programs.

A final purpose of the project development research was to generate knowledge and theory about the development of community-based primary prevention. It was hoped that not only other communities around the province and country, or government policy-makers, would benefit from understanding how such projects are conceptualized and developed, but also that the whole field of prevention and community development might benefit from the theories and models that were conceived in the process of developing the *Better Beginnings* projects.

Qualitative approach

In achieving the major purposes of the project development research, it was decided that a qualitative approach to data collection and analysis would be the most useful and informative way to proceed. This qualitative approach utilized a *multiple case study* research strategy, in which each project site would serve as a single case study, but also be part of a multiple case analysis of all the *Better Beginnings* sites.

A qualitative approach involves, but is not limited to, the collection of data by means of direct observation, asking open-ended questions in interviews (either individual or group), and the examination of written documents.

Field notes

The major source of information was the field notes compiled by the site researchers and site liaison. These notes consisted of a semi-verbatim account (i.e., using participants' own words) of what had transpired during the meetings of the sites' main decision-making groups, summary notes of what had gone on at other meetings and events (e.g., visits to the sites by government representatives), and summaries of major documents such as proposals, minutes of meetings, interviews, and so on. The field notes also contained analytic comments that summarized the researchers' personal impressions and reflections of what occurred at the meetings. Site researchers sat with their laptop computers in an effort to capture, as much as possible, what people were saying and doing at these meetings and events.

Field notes were subsequently coded using a computer software program. The program allowed for the coding of the field notes into major categories (e.g., resident involvement, government relations) and the quick extraction of all notes relevant to a particular code or topic.

Interviews

A number of the aspects of the project which were of interest were often not available, or could be inferred only from information contained in the field notes. For example, one issue of great interest to all of those involved in all of the *Better Beginnings* sites was what had motivated residents to get involved in *Better Beginnings* in the first place. Residents did not often talk about this during meetings, and so it was necessary to ask them about issues such as this, in either individual or group interviews, in order to supplement the information contained in the field notes.

Individual and group interviews were conducted using an interview guide approach, in which a set of topics or subject areas was provided for the researchers to cover. However, the interviewers were free to stray from the interview guide if they wished to probe or explore questions that would provide additional information on any particular subject or topic.

In many instances, groups of individuals were interviewed using a focus-group format and covering many of the same subjects included in the individual interviews. Questions asked in focus group interviews are typically much fewer in number than those asked in individual interviews. The major benefits of a focus group interview are that information can be gathered from multiple individuals at one time and the fact that group members often stimulate each other to think of things that individuals might not have thought of on their own.

[2]*The 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.*

Site reports

Site reports, based upon the field notes and interviews conducted, were produced throughout the *Better Beginnings* demonstration period.[2] Topics for the initial site reports were decided by the Research Coordination Unit (RCU), and these reflected some of the key concerns of government when the project was initiated, including:

- How did the community coalitions first come together?
- How are the projects organized and managed?
- Can community residents be involved meaningfully as partners in this process?
- How have other agencies, organizations and service providers been involved in the process?
- What kinds of programs result from such a process?

Four of the topic areas initially explored early on in the demonstration phase were also updated near the end of this period. These included the reports on resident involvement, service provider involvement, project organization and management, and the program model.

Towards the end of the demonstration phase, when the project sites had acquired much more experience with research, the sites were offered the opportunity to participate in deciding other topic areas to be explored as part of the project development research. For example, the sites advocated that one of the next site reports focus on the stories of how individuals in the *Better Beginnings* communities got involved with the project, and how their involvement had affected their lives. Some of the sites also produced reports specifically for their own residents. For example, at one site the researchers produced a report which summarized some of the key findings of the research at this site, in a form that was accessible to community residents. The report was filled with pictures, maps, and diagrams that described the school and its neighbourhood, the various ethnic and language groups that lived in the neighbourhood, the programs that made up *Better Beginnings*, and the ways in which teachers, social service professionals, parents and others had learned to work together to build the project. The report ended with the stories of two residents and how their lives had been changed by *Better Beginnings*.

The RCU subsequently took the individual site reports and produced cross-site reports, summarizing and analyzing the material across all sites. These cross-site reports were submitted to the government.

Economic Analysis

The final major component of the *Better Beginnings* research was its economic analysis. Several different kinds of economic analysis of a project can be undertaken. The kinds of analyses one hears about most frequently are cost-benefit analysis and cost-effectiveness analysis. Cost-benefit analysis involves looking at the program costs and outcomes using the same units (usually dollars). This allows one to determine whether a program's costs outweigh its benefits. Cost-effectiveness analysis also involves looking at a program's outcomes in relation to its costs, but in this type of analysis, a program's outcomes are not in the same units as its costs. For example, it would be difficult to put the outcomes of a program designed to enhance mental health in terms of dollars and cents.

Critical to both cost-benefit and cost-effectiveness analyses is a detailed accounting of a program's costs. Consequently, one of the major data collection activities of each *Better Beginnings* site was the documentation of how costs were incurred, broken down by major program activity. These records, in combination with records of how many children and families participated in project programs, allowed for a calculation of the average costs per child and family involved. All *Better Beginnings* projects also kept a record of service-in-kind expenses, the amount of unpaid time donated by the projects' many volunteers.

What Evidence Do We Have that *Better Beginnings, Better Futures* Worked?

In this section we provide a brief overview of the outcome results from the demonstration phase, as well as the three different time periods in which measures were collected for the longitudinal study — when the children were in Grades 6, 9, and 12.

Outcomes for children

Demonstration phase

During the demonstration phase, children in the *Better Beginnings* sites showed decreases in over-anxious emotional problems as rated by teachers, as well as improvements in social skills, as rated by both parents and teachers. For example, children at the *Better Beginnings* sites showed a 7% decrease in anxiety compared to a 45% increase in anxiety for children living in the matched comparison sites. Children also showed a 3% improvement in self-control compared to a 9% decrease for the comparison children. Improvements in social-emotional functioning as rated by teachers were stronger in Sites One and Two, where school-based programming was more intense, because of the use of classroom assistants, than in Site Three. Site Two showed particularly good results; at this site there was a direct connection between the program and the parents in the project group via regular home visits by *Better Beginnings* staff. Also, teachers at this site were trained to provide a social skills program in their classrooms.

There were no greater improvements, however, on any of the measures of cognitive development or on measures of reading or mathematics achievement in children from the *Better Beginnings* sites than in children from the comparison sites. One reason for the difficulty in demonstrating improved cognitive and academic achievement was

Demonstration phase, *cont'd*

that all children in project and comparison schools received regular primary school education programs throughout the implementation period. In order for a positive effect to appear, programs would have had to improve academic achievement over and above that being accomplished by regular Kindergarten and Grade 1 and 2 educational activities. It is unlikely that any of the *Better Beginnings* programs designed to improve cognitive/academic performance was intensive enough to produce such an effect.

Improved parent ratings of their children's general health status were found in all three project sites. Also, in both Sites One and Three, a general pattern of improvements occurred on variables dealing with illness prevention and health promotion, including reduced child injuries, more timely booster shots, more parental encouragement to wear a bicycle helmet, and an increase in parents' sense of control over their children's health. There was, however, a higher than average percentage of children who were overweight in all project and comparison sites. This remained unchanged throughout the demonstration phase. In the *Better Beginnings* sites, particularly at one site, there was a general increase in children's intake of all nutrients over the first two years of the project. Parents had increased access to food through emergency food cupboards and other food resources set up in each site, and all three sites set up one or more snack or meal programs before, during or after school as well as offering food in all child-related programs.

Longitudinal results

In order to assess children's functioning across diverse situations (home, school, neighbourhood), we obtained ratings from multiple informants at each follow-up assessment. At Grades 6, 9, and 12 we obtained ratings from parents and the children or youth themselves. In Grades 6 and 9 we also received teacher-reported ratings.

Improvements in social functioning among children from *Better Beginnings* sites were most evident at the Grade 6 follow-up, when children were entering early adolescence. The results indicated a number of positive impacts: *Better Beginnings* children showed more prosocial behaviours, had greater numbers of close friends, and showed greater self-control and better conflict management at school. The size of these outcome effects was similar to those reported in other prevention programs. At Grade 6 we also observed higher academic achievement in mathematics and fewer suspensions from school among *Better Beginnings* youth.

It is possible that the improvements we observed in the social domain at Grade 6 contributed to the pronounced effects on school functioning that we observed at Grade 9, when youth had reached mid-adolescence. The improvements in school functioning associated with *Better Beginnings* at Grade 9 included fewer special education services, less grade repetition, better adaptive functioning/behaviour at school, better preparedness to learn in the classroom, and potential to go further in school according to teachers. At Grade 9, *Better Beginnings* parents viewed their child's conflict resolution skills and number of people important to the child more positively than parents of children from the comparison sites. However, the youths saw themselves as getting along with their friends less easily than did youths from the comparison sites, and they rated themselves as having more emotional problems and lower self-esteem than did their counterparts in the comparison sites. These latter findings may have resulted from the improved academic and school performance of the *Better Beginnings* children being associated with increased concern and anxiety about doing well at school.

At Grade 12 we found that *Better Beginnings* youth were more likely to engage in regular exercise than were comparison youth (81% vs. 72%). The average grade of young people from the *Better Beginnings* sites (75%) was higher than that of youth from the comparison sites (73%), based on their most recent year in high school. A lower percentage of youth from the *Better Beginnings* sites used special education services than youth from the comparison sites based upon information from youth (13% vs. 19%) and from the Ontario Ministry of Education records (15% vs. 23%). *Better Beginnings* youth were less likely than the comparison youth to be involved in committing property offences (29% vs. 40%).

Outcomes for parents and families

Demonstration phase

The rates for adults being overweight were considerably higher in all the research sites for males (52% to 76%) and females (42% to 57%) compared to Ontario averages of 48% for males and 28% for females of comparable age. There were no changes in any sites over the course of the demonstration phase. At all three sites, there was reduced smoking by mothers and others in the home. The reduction in maternal smoking and smokers in the home was an important outcome since smoking levels are high in disadvantaged communities and often are considered the leading health problem in Ontario.

The only improvements in parenting measures occurred at Site Two, where there were increases on measures of consistent parenting and satisfaction with the parenting role, and also a large decrease in hostile/ineffective parenting. These improvements at Site Two provide further evidence for the strong impact that the *Better Beginnings* programs had on parents in that site. At Site Two, there was a general pattern of improvement in parents' level of stress, depression, and social support, in addition to the general improvements in marital satisfaction and domestic violence reported in all sites. This was the only site that focused exclusively on the research project group with respect to programming — home visits were provided only to parents of children in the research project group.[3]

[3] The other sites did provide home visits; however, Site Two was the only site that focused the home visits entirely on the parents in the project group. Site visits at the other sites were provided to **any** *eligible families in the community with children between the ages of 4 and 8 years, not just those in the research project group.*

Longitudinal results

There was a positive impact of participation in *Better Beginnings* on parents' social support at Grades 6, 9, and 12. Despite a positive impact on marital satisfaction observed at Grade 9, there was no significant improvement on this measure at the other time periods. Although there was a negative effect found on the measure of family functioning at Grade 3, there was a clear and consistent improvement in family functioning at both the Grade 6 and Grade 9 follow-up periods. The observed differences in family functioning were similar to those reported in other reviews. There was no significant effect found at Grade 12 on family functioning.

Other family and parenting outcomes were not positively influenced by *Better Beginnings*. In fact, on some of these outcomes, *Better Beginnings* families fared worse than those in the comparison sites. When the children were in Grade 6, *Better Beginnings* parents reported significantly more stressful life events, tension (for those who were unemployed), and hostile-ineffective parenting. It is possible that as the children grew older, the parenting strategies that parents had learned and/or used with their children when they were younger were no longer age-appropriate or effective, as *Better Beginnings* parenting programs were developed for parents of children aged between 4 and 8 years old. It is also possible that the sites did not select the most effective parenting programs based on available research. Fortunately, none of the negative impacts on families and parenting were significant at Grade 9, nor at Grade 12.

At Grade 12, fewer *Better Beginnings* parents were considered to be clinically depressed (18%) than comparison site parents (27%). Parents from the *Better Beginnings* sites reported drinking alcohol less frequently than parents from the comparison sites. Also, although there were no differences in parents' rates of smoking in *Better Beginnings* versus comparison sites, fewer *Better Beginnings* parents (25%) than comparison-site parents (33%) reported that there was at least one other smoker in the home.

Neighbourhood and community outcomes

Demonstration phase

In all three *Better Beginnings* sites, there was an increase in parents' satisfaction with the condition of their personal dwellings, particularly at Site Two. There was a large increase in children using neighbourhood playgrounds in Sites Two and Three. General neighbourhood satisfaction rose modestly across the sites. At Site Two, parents showed improved ratings concerning both their child's teacher and school, again underscoring the potential value of programs designed to actively forge parent-school connections and involvement.

Principal's Reports from 1992 to 1997 showed decreasing percentages of students identified for special education instruction in Sites Two and Three, and increasing percentages in the two comparison sites. It is possible that the in-classroom supports provided through the *Better Beginnings* programs from JK to Grade 2 in both of these sites may have contributed to reducing the percentage of students requiring special education in these schools.

Longitudinal results

At Grade 6, the *Better Beginnings* families showed significantly higher levels of parental involvement in neighbourhood activities, a greater sense of community involvement, and a pattern of greater neighbourhood satisfaction than parents from comparison sites. At Grades 6 and 9, significant positive effects on neighbourhood satisfaction were evident. The *Better Beginnings* projects became a focus for community pride and solidarity among families and agencies, and contributed to the capacity of local service organizations in a variety of ways. In addition, the *Better Beginnings* projects created new community resources that may also have enhanced parents' satisfaction with their neighbourhoods. There were no other statistically significant effects of *Better Beginnings* on other community outcomes at Grade 9. At Grade 12, two measures showed more positive outcomes associated with the *Better Beginnings* neighbourhoods: 1) Parents from the *Better Beginnings* sites rated their neighbourhoods as more cohesive; and 2) *Better Beginnings* youth viewed their neighbourhoods as safer, less deviant places to live than did comparison site youth, in terms of drug use, violence, and theft.

Economic outcomes

As the first economic analysis of a Canadian early childhood prevention study, the result is good news indeed. A conservative cost-savings analysis based on direct government costs and excluding projected costs (e.g. preventing youth from a lifetime of crime) shows that the overall cost per family for 19 government services was at least $7,560 less for *Better Beginnings* families than for families from the comparison sites. Therefore, considering the average of $2,991 spent per family for the four years of participation in *Better Beginnings* programs, the government saved approximately $4,569 per family by Grade 12 on other services, including education and social services. Thus, for every dollar invested by the government in *Better Beginnings*, there was a reduction of $2.50 in costs for other government services.

Research Results: Conclusions

The medium- and long-term findings provide solid evidence that a universal, comprehensive, community-based prevention strategy, based on an ecological model of child development, can successfully promote the long-term development of young children and their families from disadvantaged neighbourhoods, at a modest cost, and with the potential to begin to return the investment within a period as short as seven years after program completion. The main messages from the research are these: the initiative was good for the children and families, it saved the government money, and, having been tested in Canada, it is applicable to the Canadian context.

Researching and Evaluating Your Own Community-Based Prevention Project

In this section we discuss some of the considerations in researching and evaluating your own community-based prevention projects. The *Better Beginnings* initiative was meant to be a longitudinal research project designed to inform policy at the government level. We realize that not all community-based prevention initiatives will include such a large research component. Nonetheless, we do believe that lessons have been learned in implementing this research that can help others evaluate their own initiatives.

The importance of research and evaluation

It is essential that the stakeholders involved in your program or project understand the importance of research and evaluation and how it can help your community-based prevention initiative. Project development research, sometimes referred to as formative or process research, can help you to determine how well your programs are developing and what is working well and what is not. It can also help assess how well a particular program was implemented and answer some key questions, such as: Were the target populations reached? Are people receiving the intended services? Are staff adequately qualified and trained? Process evaluation involves observing who, what, how, and when program components are implemented. It allows you to determine if the program was implemented in the way that it was designed, which will inform you about whether program components may have contributed to observed changes in outcomes. *Better Beginnings* researchers were able to provide the sites with important information on how well they were doing in a number of different areas. This process information is invaluable when it comes to interpreting findings from the outcome evaluation. It can help you understand why you saw the impacts or outcomes that you did — or why not.

Outcome evaluation will help you determine if you reached your goals. It can also help you determine any unintended impacts or outcomes. The outcome evaluation is critical in knowing if what you did worked — or how it can be improved so that it can work more effectively. This type of research and evaluation is often required by funders. It can also help you raise additional funds if your outcomes are positive.

Sufficient resources

The *Better Beginnings* project was designed as a research project intended to provide information that would inform policy. The research was well resourced. We realize that other community-based prevention initiatives may not have that same advantage. Nevertheless, our recommendation would be not to short-change your project's research/evaluation budget. Some service providers may find it difficult to allocate dollars to research and evaluation that they think would be better used for programming. However, we would argue that the research and evaluation you conduct will provide you with important information — not only about whether you achieved your goals — but what it was about the program that got you there.

How much money you will need to evaluate your initiative will depend on a number of issues:

Expectations of the government or foundation you will be applying to.

- If expectations are vague, then you may need the help of a researcher to review the guidelines and read between the lines about what the expectations are.

If a more complex evaluation is expected, you can expect to spend approximately 10-15% of your budget on research/evaluation.

If a more straightforward evaluation is expected, then you will probably spend less — but this will be dependent upon your evaluation plan.

Your evaluation plan should include:

- The type or types of data you collect (i.e., quantitative, qualitative, mix of both, data for outcomes purposes, data for process evaluation purposes).
- The amount of data you collect (i.e., how many different people or stakeholders you collect from, how many measures you use).
- How often you collect your data (i.e., at one point in time, several points in time).

Developing your research design and selecting measures

The design that you select for your evaluation will be dependent upon government or funder requirements, the budget you have, and the questions that need to be answered. You may require the help of an evaluation consultant or community researcher to help you design your evaluation and select appropriate measures. There are also some on-line tools that can help you in the development of your evaluation plan *(see suggested list in Appendix A)*.

Above and beyond the budget you will need to evaluate your initiative, other issues to consider in the development of your evaluation plan include the following:

Evaluation design and components:

- You will need to decide what components you will be including in your evaluation — outcome, process, and/or economic analyses.
- You need to determine the necessary resources and expertise you will require for each of the components.
- You will need to decide how often data are collected and at what points in time.

Program logic model:

- A program logic model will help you to determine the intended goals or impacts of your initiative and will help in developing your evaluation plan.
- If you do not have a program logic model we suggest you develop one; you may need to consult others, look on-line for resources *(see Appendix A)*, and/or enlist the expertise of a consultant.

More information on developing a program logic model can be found in Chapter 2: Developing Your Program Model.

Assessing impacts and outcomes:

- Methods of assessing impacts or outcomes can be quantitative (i.e., close-ended questions; ratings of various items), qualitative (i.e., open-ended questions), or both.
- Quantitative data could include the administration of standardized measures or you could develop the outcome questions yourself.
- Standardized measures have the advantages of being both reliable and valid.
- Questions developed by stakeholders have the advantage of being tailor-made to your initiative.
- You may wish to include both standardized measures as well as questions developed by stakeholders.
- The amount of data you collect will depend on your budget and resources. Qualitative data require more time to analyze than quantitative data; consequently it may be more costly than quantitative data.
- Do not collect more data than you are able to review, analyze, and report upon.

Assessing process:

- Methods for assessing the process or implementation could include field notes and analytic comments taken by evaluators at key meetings and events, interviews and focus groups, administration of tools designed to assess implementation, and review of internal documents such as minutes of meetings, brochures, operations, and manuals.
- Again, the amount of material you collect will be dependent upon your budget and resources — some of these methods are more costly than others. Having evaluators present to collect field notes and write analytic comments is more costly than any of the other methods. However, their insights may be very helpful to the formation of your programs, or in identifying how well the initiative was implemented.
- Just as in assessing outcomes, do not collect more data than you are able to review, analyze, and report upon.

Economic analysis:

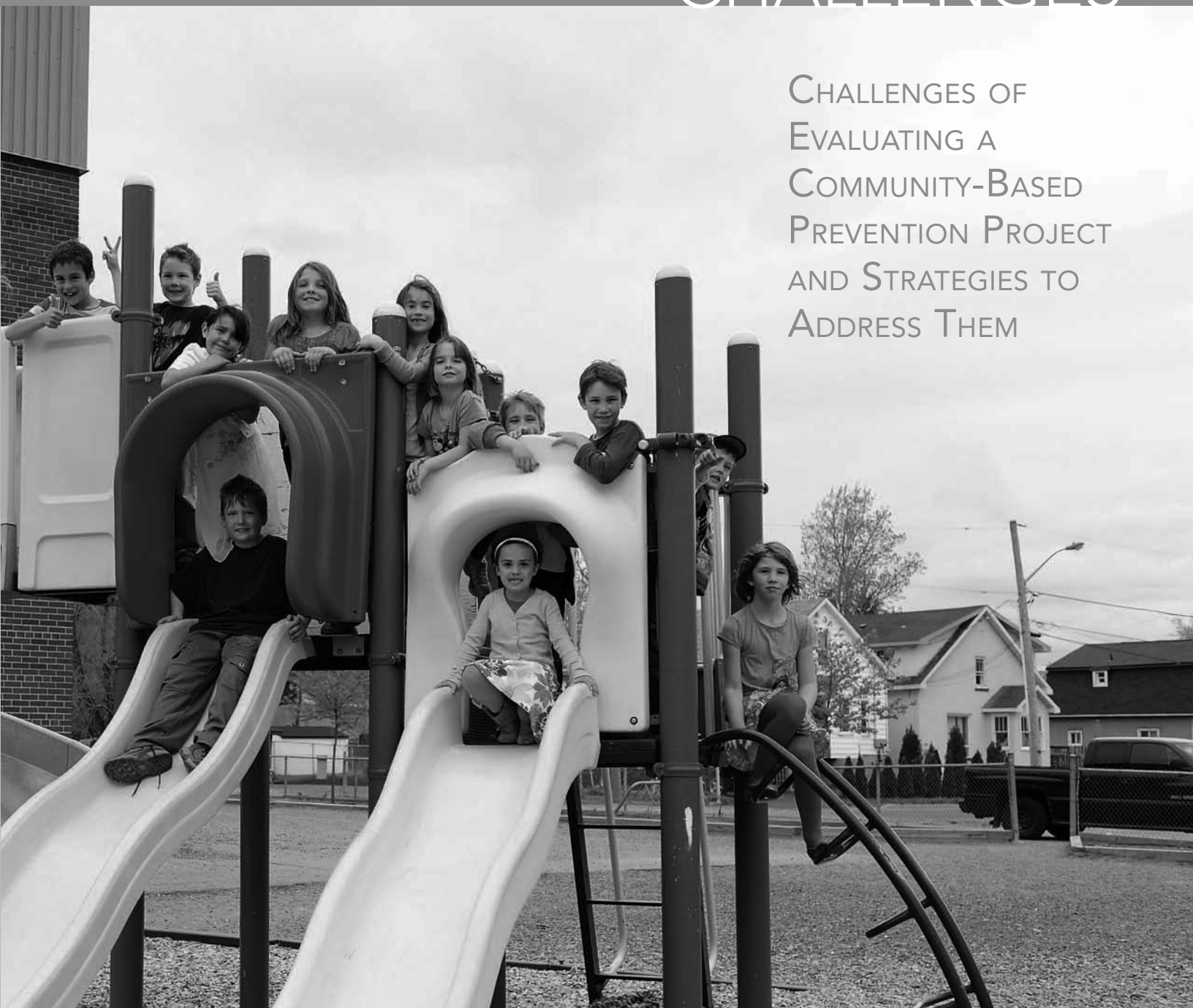
- There are different economic analyses that you can conduct. Most frequently these analyses take the form of either a cost-benefit analysis or a cost-effectiveness analysis.
- A cost-benefit analysis involves looking at the program costs and outcomes using the same units (usually dollars), whereby, one can determine whether a program's costs outweigh its benefits.
- A cost-effectiveness analysis also involves looking at a program's outcomes in relation to its costs, but in this type of analysis, a program's outcomes are not in the same units as its costs. For example, it would be difficult to put the outcomes of a program designed to enhance mental health in terms of dollars and cents.
- *Better Beginnings* conducted a cost-benefit (or cost-savings) analysis to assess whether or not the government investment in the program communities resulted in a savings of other government services used.
- To conduct this analysis, the program sites were required to document the costs for each major program activity. They were also required to keep records of how many children and families participated in project programs to allow researchers to calculate an average cost per child and per family.
- Researchers also collected information on a variety of government services (e.g., health, education, social) from both the *Better Beginnings* and comparison group families and calculated the costs associated with those services.
- All of this information allowed the researchers to then calculate if there were any cost savings for the *Better Beginnings* families — that is, was the cost of the programs worth it in terms of economic savings in other government services.
- If you wish to incorporate an economic analysis into your own research or evaluation plans, you may need to enlist the support of a researcher with expertise in this area.

Community resident participation: It is important that you work in partnership with your community and ensure community residents are engaged in the evaluation process. But how will you include them?

- As consultants in the development and implementation of the evaluation plan?
- As research assistants in the collection of data?
- As writers and/or reviewers of research reports?
- As presenters who help communicate research findings to other community members, the public, academic audiences, and policy makers?

Resources will need to be devoted to ensuring that community residents are supported in this process.

CHALLENGES



Challenges of Evaluating a Community-Based Prevention Project and Strategies to Address Them

Start-up

From the outset of the *Better Beginnings, Better Futures* initiative, the government estimated that it would take approximately one year for the project sites to develop to the point where the outcome research could be implemented. However, one of the lessons we learned was that it took the sites much longer to become fully operational. It was very challenging to complete all the tasks necessary during the start-up period. In fact, it took the *Better Beginnings* sites approximately two and a half years to meaningfully involve residents, cultivate and nurture partnerships with other service providers, develop their organizational structure, hire staff, and implement all of their core or main programs. To the government's credit, they allowed the sites this additional time to ensure that the programs were sufficiently developed before beginning to collect outcome data. To have pushed the sites to be up and running in one year, and then to start collecting data at that time, would have been a disservice to both the communities and the research.

The researchers were involved at each of the *Better Beginnings* sites from the outset. Having the researchers there attending meetings, taking field-notes, describing how decisions were being made, how conflicts were being resolved, and how the developmental phase of the projects were going in general, was instrumental in learning how long it can take for these projects to develop to the point where outcome data can be collected. We were able to provide the government with information on the enormous undertaking at each of the project sites and all that was involved in getting these programs up and running.

STRATEGIES

- It is important that funders are aware of the length of time it may take before your community-based prevention project is developed to the point where outcome data can then be collected.
- From the outset, ensure a realistic time frame for the evaluation — do not collect outcome data too early in the development of your project.
- Keep your funders informed of your progress and the issues and challenges you are facing during start-up and try to negotiate for additional time, if required, for outcome data collection to begin.
- Keep residents and other stakeholders informed as well to ensure that everyone is aware of the data collection timeline.
- If possible, researchers or evaluators should be involved from the beginning, collecting process evaluation data that documents the formation of the project, provides feedback to the stakeholders to aid in the process of development, and provides information to funders on the progress being made.

Getting residents and other stakeholders involved

The essence of participatory research is that community members, and other stakeholders, are at the table throughout the research process; this involvement is distinct from community members' involvement in program activities. However, in *Better Beginnings*, getting residents involved in research was challenging initially. Residents were unfamiliar with research and some found the idea of getting involved with such a venture intimidating. The amount of time it took to actively involve residents varied from site to site. By the time the research was being planned and developed, the sites had had time to actively recruit community residents in their initiatives. The planning phase began in January 1991 and site researchers began attending meetings to take field notes at the sites as early as the spring of 1991. Although the full and comprehensive research plan had not yet been developed, there was a framework, and it was agreed that the researchers needed to be documenting the important start-up phase.

It was during this time that the sites were working diligently to involve more residents in their planning processes — and they were having success. More and more residents were becoming involved. As researchers were attending various planning meetings, stakeholders, including community residents, were getting to know the researchers and learning a little bit more about what the research was all about. By the time the RCU had developed more of the research details — for example, the suggested measures and processes for the quantitative piece — the researchers had been visiting the sites for several months or more. Therefore, when it came time to start recruiting for the Research Committees, it was easier for the Site Researchers and Site Liaisons to get residents involved in the research process. There were already a few residents who were intrigued by the research and wanted to become more engaged.

Getting other stakeholders involved in the research process was also sometimes challenging. For example, the involvement of teachers, principals, and other school staff was important for the research as the programs were school-based. The sites had varying degrees of success, at least initially, in involving these stakeholders in the research process.

In time, however, both groups were involved in the research. Residents and other stakeholders participated as volunteers on the projects' Research Committees. As committee members, they reviewed research measures and provided feedback on what measures and questions they thought would work best. Community members were also hired as Research Assistants to help recruit participants for the research, conduct parent interviews, and collect information from children. Finally, community residents participated in individual and focus group interviews. Although this last practice may not be considered strictly "participatory", it allowed the individuals to talk about their often life-changing experiences in being involved in *Better Beginnings*. The interviews were often very empowering and powerful for those involved. And, it was exciting for them when they saw their own words reflected in subsequent research reports.

Not only were residents represented in the research, but their participation also facilitated communication about the research to other community members. Research team members and Research Committee members spread the word in the community about the research and encouraged residents to get involved. Residents also worked with us to communicate findings about the research in both oral and written formats. At one site we held a research party at the school gymnasium that included many parents of children involved in the research in order to tell them about the findings. Researchers and residents also presented short-term findings to government officials when the project held education and advocacy sessions designed to maintain the funding of the project. Finally, written summaries of the research were also provided to community members.

STRATEGIES

- Assure that researchers are present at the project site so that residents and researchers can get to know each other. Relationship building in the early phases will be important in getting residents interested and involved in the research process.
- Use many of the strategies discussed in ***Chapter 4: Community Resident Participation*** to get to know residents and encourage their involvement (e.g., chatting with residents, participating in informal and social events, keeping jargon to a minimum, and being welcoming and friendly).
- Involve residents in different ways — as committee members, as research assistants, as participants in interviews and focus groups, and in presentations.

Developing trusting relationships

Developing trusting relationships with community members is critical for participatory community research — and the development of those relationships was challenging at times. In one site residents had previous negative experiences with researchers: individuals had come in and collected data on their community, but those residents involved in that process felt that data or research results never benefited the community. They were not active participants in the research; rather, they felt "under the microscope". Therefore, it took time and patience for residents at that site to trust the *Better Beginnings* researchers to do research in a different, participatory way.

Through our experiences in *Better Beginnings* we learned about the importance of the researcher as a person. While research training emphasizes methodological and technical skills, community members relate to researchers as people, not as experts in research approaches. To develop trusting relationships, researchers must have a regular presence in the setting. For many years we were part of the routine functioning of the project, attending meetings and gatherings of the project — sometimes on a weekly basis. We listened to everyone and formed relationships with a large number of people, and we continue to be friends with some project members.

The subjectivity of the community researcher is an important part of participatory community research. According to conventional wisdom, the researcher is assumed to be a detached, objective expert. But detached objectivity reinforces the power imbalance that typically exists in the relationships between researchers and community members. Just as there is value in objectivity, so there is value in subjectivity, the human and relationship side of the research. Community researchers should acknowledge this subjectivity, share the interpretation of research approaches and findings with community members, and write about their experiences of the research process.

STRATEGIES

- Arrange for researchers to have a regular presence at the community-based prevention project.
- Ensure residents are involved in any research or evaluation decision-making to demonstrate to them that they are partners in the research process. This will go a long way in developing trust.
- Researchers should acknowledge their subjectivity and document their experiences with the research process.
- Have researchers share their interpretation of research findings with the community.

Playing multiple roles and dealing with conflicts and issues

As researchers at the *Better Beginnings'* sites, we were part of — yet separate from — the project. Everyone knew us and we developed relationships there, as described above, yet we were neither staff nor residents and were not there on a daily basis. Through our experiences of interviewing stakeholders, and through our role as consultants, we sometimes uncovered conflicts or unresolved issues. This was challenging at times as we struggled with our role and the issue of subjectivity vs. objectivity; the lesson learned of the value of subjectivity, as described above, was one that was hard-fought and learned over time.

We learned that participatory community research is complex and challenging, and that researchers play multiple roles in this type of research. The traditional role of the researcher is to formulate the research, gather the data, and analyze, interpret, and report the findings. We did all that, but in a very collaborative way with project stakeholders. We also played a number of other roles. As community researchers we played the role of research consultants. We helped the projects to clarify the goals, activities, and logic of the programs that they were developing. We also assisted with advocacy by providing information that could be used to argue for continued funding.

STRATEGIES

- Researchers/evaluators may need to play multiple roles.
- Information gathered during the planning or start-up phase can help stakeholders clarify their goals, activities, and the logic of the programs they are developing. Ensure that researchers play the role of consultant and convey this important information.

Working with community residents as research assistants

As researchers we also found it challenging, at times, to work alongside community residents as our research assistants. The residents had no formal training or education in research or evaluation, nor in interviewing or collecting data. We had to provide extensive training and support — often on a weekly basis. Some were unfamiliar with working outside of the home and had to receive training in workplace practices (e.g., showing up on time, informing us if they were unable to make appointments). Because some of the residents lacked work experience they often took any perceived criticisms to heart; we had to ensure a lot of positive feedback — which was not difficult as we found most to be very earnest and diligent. Nonetheless, we did experience some turnover in the position — mainly due to research assistants' discomfort in going into people's homes and often hearing some personal details of their lives.

Although employing community residents as our research assistants was sometimes challenging, it was well worth the effort — the advantages were many. The advantages for the research included having researchers who were intimately familiar with the community, which helped in many regards, particularly in facilitating the recruitment of families for the longitudinal research. Potential research participants responded better to fellow community residents than they would have to "outsider" academic researchers. As well, having residents employed as researchers also helped in the recruitment of resident members for the Research Committee — they were great ambassadors for the research and for the project. There were also advantages for the residents hired: they earned extra income and gained employment skills. The flexibility and convenience of working within their communities, and on their own schedules (for the most part), was particularly helpful as many were mothers with their own young families.

STRATEGIES

- Hiring residents as research assistants in your data collection can benefit both the research/evaluation and the community residents themselves.
- Advertise for the position through word-of-mouth as well as through the local community newspaper or on local bulletin boards, and have as a requirement that candidates should reside within the community.
- Include residents on your hiring committee — they can help you determine how comfortable others will be with the resident research assistants hired.
- In your hiring process, be sure to question the residents on how comfortable they will be going into others' homes — if, indeed, this will be necessary for data collection.
- As part of the hiring process you will also need to ensure that research assistants will be comfortable dealing with other service providers who may be crucial in the recruitment of residents or in securing space for data collection purposes.
- Once research assistants are hired, be sure to build in sufficient time for training and support. We found, initially, that we had to meet weekly with the research assistants to review their progress and to help them resolve any issues they were having in achieving their goals in terms of recruitment and data collection.
- Keep these support/training meetings informal and light and ensure a positive work environment.

GUIDING PRINCIPLES

Guiding Principles for Participatory Community-Based Research and Evaluation

1. **Allow sufficient time for project development before beginning to collect outcome data.**
   - All stakeholders and funders should have an understanding, and appreciation, that sufficient time is needed to meaningfully involve residents, cultivate and nurture partnerships with others, develop an organizational structure, plan and develop programs, and hire and train staff.
   - Open communication is necessary among all stakeholders and funders about progress being made, and any issues or challenges being faced during the planning and start-up phase. Timelines for the collection of data may need to be revisited and revised based upon this progress.

2. **It is important to involve researchers/ evaluators from the beginning.**
   - It is important that the research is integrated into the community-based prevention project from the outset and that researchers are involved from the beginning.
   - The research or evaluation should be understood by all involved.
   - The formative or process research can help guide the planning and development of programs.

3. **It is important to involve residents, and other stakeholders, in the research process.**
   - Collaborate with the residents, and other stakeholders, on the research process.
   - Residents and other stakeholders need to be partners in developing the research design, the measures, reviewing and interpreting findings, and presenting results.

4. **Relationships and subjectivity are important aspects of participatory community research.**
   - Developing trusting relationships with community members is critical for participatory community research; to develop such relationships, researchers must have a regular presence at the project.
   - The subjectivity of the community research is an important part of participatory community research. Detached objectivity reinforces the power imbalance that typically exists in the relationships between researchers and community members.
   - Community researchers should acknowledge their subjectivity and share it with the community as well as with other researchers, by writing and speaking about their experiences in the participatory community research process.

5. **Sharing decision-making power with community residents is an important aspect of participatory community research.**
   - In participatory community research, researchers and community residents share power and decision-making.

6. **Researchers play multiple roles in participatory community research.**
   - The traditional role of researcher in formulating the research, gathering the data, and analyzing, interpreting and reporting the findings is important. This role should be carried out in a very collaborative way with project stakeholders.
   - The community researcher, in his/ her traditional role, also needs to ensure that project stakeholders understand the need for the research and the value it adds to their project.
   - The community researcher should also play the role of consultant in helping project stakeholders to clarify their goals, activities, and logic of the programs that are being developed, and of advocate in providing information that could be used to argue for continued funding.

7. **Qualitative research is a valuable addition to research on community-based prevention programs.**
   - Qualitative formative research provides a great deal of valuable information about how a community-based project is formed, including the development of the program model and the different program components, developing an organizational and management structure, and partnering with residents and other service providers.
   - This qualitative formative information can help interpret quantitative outcome findings.
   - Qualitative outcome data (i.e., interviews or focus groups with residents and participants) can be potent additions to quantitative outcomes found. The quantitative outcome data are important for demonstrating the impact of a project; accompanying those data with the words of the people whose lives have been transformed or positively impacted by a project can be powerful.

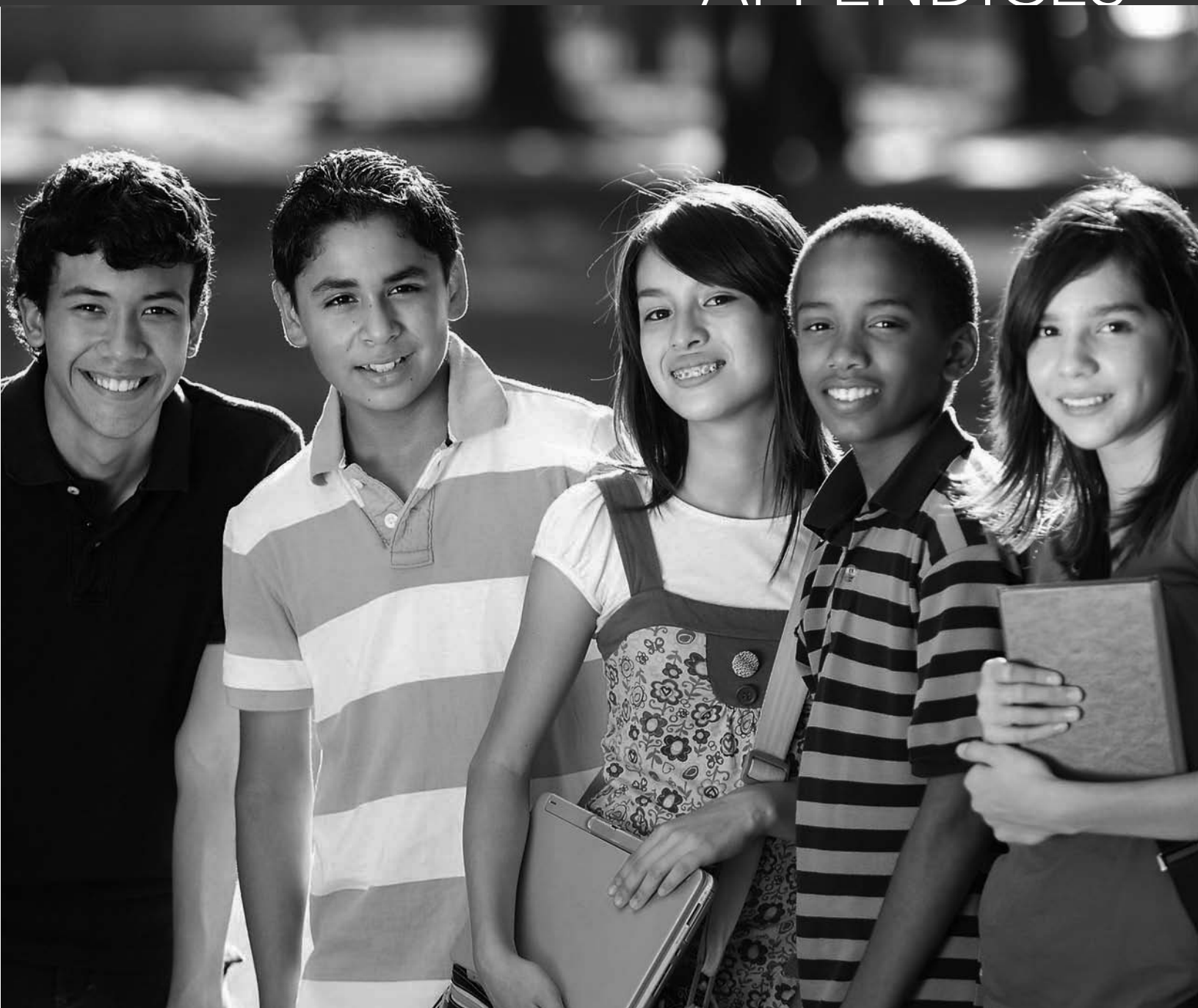
8. **An economic analysis is also a valuable addition to research on community-based prevention programs.**
   - The ability to demonstrate a cost-savings to government in funding a community-based prevention program can be compelling to both the government and other funders.

9. **Knowledge transfer is important.**
   - There are multiple ways of communicating research findings and transferring knowledge to various audiences.
   - Communicating research findings to the community is critical and may be done with newsletters, word-of-mouth, community forums, formal reports, etc.
   - The transfer of knowledge to government is key in informing policy decisions in the future.
   - Sharing the lessons learned in your project with other community members can help them to start or enhance their own project and programs.

Implementation/Evaluation Checklist

- ☐ Are you and your partners clear about the importance of project development, outcome and economic research and evaluation, and how it can help your community-based prevention initiative?
- ☐ Do you have sufficient time to allow the project to develop before beginning to collect outcome evaluation measures? Can you negotiate more time if needed?
- ☐ Are you ready to involve researchers/evaluators from the beginning (or as early as possible)?
- ☐ Do you and your partners understand the importance of involving residents, and other key stakeholders, in your research process?
- ☐ Do you have a good understanding of what it means to use a participatory community research process?
- ☐ Have you and your partners openly addressed the value of researcher subjectivity and relationship building?
- ☐ How will research-related decisions be made?
- ☐ Do you have sufficient resources (e.g., funding/budget, human resources) to adequately research your community-based prevention initiative?
- ☐ Have you considered what research design and measures will work best for your initiative?
- ☐ Is there some flexibility in the roles people will perform in the process of research/evaluation?
- ☐ Do you have plans for knowledge transfer?

APPENDICES



Appendix A:
On-line Resources and Abstracts

On-line resources:

1. **http://www.bbbf.ca**
   Better Beginnings website

2. **http://ctb.ku.edu/en/default.aspx**
   Community Tool Box:
   The Community Tool Box is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement, including developing logic models and conducting research.

3. **http://www.wmich.edu/evalctr/home/**
   The Evaluation Center

4. **http://www.community.net.nz/how-toguides/community-research/publications-resources/Empowerment-Evaluation.htm**
   Empowerment Evaluation

5. **http://www.cbcrp.org/community/CRCPartnershipAssessmentTools.pdf**
   Tools for assessing community partnership

6. **http://www.uwex.edu/ces/pdande/index.html**
   For issues related to data management, the Program Development & Evaluation tools may be useful

Abstracts

Kaplan, S. A., & Garrett, K. E. (2005). **The use of logic models by community-based initiatives**. *Evaluation and Program Planning*, 28, 167-172.

Many grant programs now require community-based initiatives to develop logic models as part of the application process or to facilitate program monitoring and evaluation. This paper examines three such programs to understand the benefits and challenges of using logic models to help build consensus and foster collaboration within a community coalition, strengthen program design, and facilitate internal and external communication. The paper concludes with recommendations for how to make the logic model development process more useful for community-based initiatives.

Nelson, G., Pancer, S.M., Hayward, K., & Peters, R.DeV. (2005). **Partnerships for prevention: The story of the Highfield Community Enrichment project.** Toronto: *University of Toronto Press.* Chapters 2, 11-14.

Better Beginnings was a research demonstration project. In Chapter 2 we describe the overall framework for the research and the research components and methodology. To implant a research project within an emerging community development, prevention initiative in a low-income, culturally diverse community that is hosted by a school and school board requires a highly participatory and collaborative approach. In Chapter 2 we provide an in-depth description of the research process and discuss our roles and experiences with the project, the community, and the school.

In Chapters 11 through 13 we describe the impact of the *Better Beginnings* initiative on the children, the parents and families, and the school and community, at one site. Each of the three chapters is based on data gathered from the quantitative and qualitative components of the research. In Chapter 14 we review what we have learned from the *Better Beginnings, Better Futures* initiative at this one site. Included in that chapter are lessons learned about participatory community research in prevention and promotion.

Abstracts, cont'd

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 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 followup. 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.

Abstracts, cont'd

Peters, R.DeV., Petrunka, K., & Arnold, R. (2003). **The *Better Beginnings, Better Futures* Project: A universal, comprehensive, community-based prevention approach for primary school children and their families.** *Journal of Clinical Child and Adolescent Psychology, 32,* 215-227.

Evaluated a community-based, universal project designed to prevent emotional and behavioral problems and promote general development in young children, while also attempting to improve family and neighborhood characteristics, to link effectively with existing services, and to involve local residents in project development and implementation. The research involved 554 4-year-old children and their families living in 3 disadvantaged neighborhoods in Ontario, Canada. Longitudinal analyses of changes over the first 5 years of project operation indicated significant improvements in children's and parents' social–emotional functioning and physical health, parenting behaviors, and neighborhood and school characteristics. The findings from the *Better Beginnings, Better Futures* Project are encouraging and provide unique evidence for the extent to which a universal, comprehensive, community-based prevention strategy can promote the longer term development of young children, their families, and their neighborhoods.

Better Beginnings, Better Futures

An effective, affordable community project for promoting positive child development