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**Developing Capacity and Competence in the
Better Beginnings, Better Futures Communities:
Short-Term Findings Report**

EXECUTIVE SUMMARY

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citation

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EXECUTIVE SUMMARY

THE BETTER BEGINNINGS, BETTER FUTURES INITIATIVE

In 1990, the Better Beginnings, Better Futures Project was announced as "a 25-year longitudinal prevention policy research demonstration project to provide information on the effectiveness of prevention as a policy for children". In one variation, prenatal/infant development programs were to link with preschool programs for children from birth to age 4 (the younger cohort model). In a second, preschool programs were to integrate with primary-school programs for children between the ages of 4 and 8 (the older cohort model). Five sites were selected, by competition, to implement the younger cohort model (Guelph, Kingston, South-East Ottawa, Inner City Toronto, and Walpole Island), and three to implement the older cohort model (Cornwall, Highfield and Sudbury).

These sites were chosen, in part, because of socio-economic disadvantage. To illustrate, among those interviewed at the sites before programs were in place (to establish a baseline) at the younger cohort sites 37% of families were headed by a single parent, and 83% were below Statistics Canada's Low Income Cut Offs (LICOs). At the older cohort sites 36% were headed by a single parent, and 64% were below the LICOs.

The program guidelines for the demonstration sites were ambitious. They were expected to: 1) develop high-quality prevention programming in very disadvantaged communities or elementary school attendance areas; 2) blend and unite services for children and families; and 3) involve families and community leaders to determine local needs and desires for healthy child development (Government of Ontario, 1990).

Sites interpreted this broad mandate in various ways, and found they could not give equal attention to all parts of it, so that different choices from site to site were made about where to invest the most energy. Five major project development threads had to be woven together:¹

- Focused Programming: implementing and maintaining a defined prevention program model.
- Creating Partnerships and Integrating Services: fostering voluntary collaborations among service organizations.
- Empowering Resident Participation: fostering and maintaining local resident involvement and influence in program design, implementation and maintenance.
- Community Development: using locally controlled, participatory processes to create the project organization, to identify priorities for programming, to bring additional resources to the neighbourhood and to carry out initiatives beyond the original mandate of Better Beginnings.
- Building a Project Organization.

Each thread requires that attention be paid to different tasks, and each produces different types of benefits. We have compared the seven urban demonstration sites in terms of the relative emphasis placed

¹ A more detailed discussion of the nature and expected outcomes from each project development thread is available in *Finding a Balance: Project organization in Better Beginnings, Better Futures* (Cameron & Jeffery, 1999).

on focused programming, creating partnerships, resident participation, and broader community development. Our analysis reflects the relative differences in emphases among the sites, not the absolute amount. For example, while all sites had a much greater investment in resident participation than other prevention programs for young children or most established social agencies, there remain important differences in emphasis across sites.

Among the younger cohort sites, Toronto, Ottawa and Kingston placed similar emphasis on focused programming, and all three had moderate investments in creating partnerships. Toronto and Ottawa had a relatively moderate investment in broader community development efforts. Kingston put almost all its resources into family visiting, pre-and-postnatal support, and support of childcare programs, and incorporated its community building efforts into these focused programs.

Guelph showed a very different profile. It had a very strong emphasis on broad community development, creating partnerships and resident participation in project governance along with less concentration in its programming. It offered perhaps the widest range of programs/activities for varied groups of participants of any demonstration site, but put only half as much of its core funding into family visiting as Kingston, Ottawa and Toronto.

There are clear differences among the three older cohort sites. Sudbury is the most distinctive, placing a higher relative emphasis on resident participation and community development. Highfield had a high relative emphasis on focused programming, with its emphasis on school-based programming in one primary school and concentration of several programs exclusively on the research cohort of children and their families. Cornwall placed the greatest emphasis on creating partnerships. It also had a major investment in in-school programming activities including classroom enrichment, homework help and a breakfast program. This site's emphasis on broader community development efforts grew over the demonstration period, finishing with a relatively high investment in this area compared to most demonstration sites.

The Unique Situation of Walpole Island

Walpole Island, a younger cohort site, was the only demonstration site working exclusively within a First Nation. It has stressed a set of community and project values and working principles, based on traditional culture. Another unique aspect of Walpole Island is that the Band Council is the host agency for the demonstration project, and it has the power to write community by-laws, restructure community services and override any program decisions. The Band Council also promotes the integration of all Walpole Island First Nation services and requires representatives from the Parent/Child Support Program and Bkejwanong Children's Centre to sit on the project's Steering Committee. Walpole Island invested about 60% of its base budget in community development and community healing activities.

RESEARCH OBJECTIVES AND QUESTIONS

A consortium of researchers from Queen's University, University of Guelph, and Wilfrid Laurier University was selected in 1990 to carry out the project evaluation, following a separate Request for Proposals process. Researchers from the University of Ottawa, Ryerson Polytechnic University, and the University of Windsor were added to the team.

Research on the Better Beginnings project was designed to address several major objectives. As listed in the Research Request for Proposals (Government of Ontario, 1990) these were:

- to demonstrate how great an effect can be achieved from a primary prevention model, "not to discover the most efficient or leanest package of prevention services, but to determine how effective a reasonably financed and community-supported project can be".
- to investigate the costs of the Better Beginnings model.
- to investigate process and organizational issues.

RESEARCH DESIGN AND DATA COLLECTION

Due to the government's competitive process for selecting project sites, and the intention to serve all children at a site, it was not possible to employ a randomized controlled trial design. Therefore, two major quasi-experimental designs were employed: a) a baseline-focal design, and b) a longitudinal comparison site design. To implement the latter design, a comparison site in Peterborough was selected for the younger cohort demonstration sites. For the older cohort, comparison sites in Ottawa-Vanier and in Etobicoke were chosen.

Baseline measures on children, families and neighbourhoods were collected in 1992-93 before the local programs were fully operational. These baseline measures were collected on 350 four-year-old children in the younger cohort sites and 200 eight-year-old children in the older cohort sites. These children were compared to others of the same age in the same neighbourhood after four years of Better Beginnings programming had been provided.

In 1993-94, a "focal" longitudinal research group of children and their families were recruited in the eight project sites and in three comparison neighbourhoods where there was no Better Beginnings funding. In the younger cohort sites, children born in 1994 constitute the focal research group, and outcome measures were collected on these 700 children when they were 3, 18, 33, and 48 months of age. In the older cohort sites, children who turned four years in 1993 constitute the focal research group, and data were collected on this group of 700 at ages 4, 5, 6, 7, and 8 between 1993/4 and 1997/8.

SHORT-TERM OUTCOMES

In the following sections, the results of the Baseline-Focal and Longitudinal statistical analyses on the child, family, neighbourhood and school outcome measures are presented. The analyses are reported separately for younger and older cohort sites due to differences in programs and outcome measures. In order for a result to be considered noteworthy, it must either be part of a cross-site pattern or a site-specific pattern.

Cross-site patterns reflect consistent results on a particular outcome measure (e.g., decreased child emotional problems) *across* all the younger or older Better Beginnings sites. Site-specific patterns reflect consistent results as a series of related measures (e.g., reduced child emotional problems, reduced child behavioural problems, increased child prosocial behaviour, increased child school readiness all at Junior Kindergarten) *within* a particular site.

Emotional and Behavioural Problems

In three of the younger cohort Better Beginnings sites (Kingston, Ottawa and Toronto), there was a decrease in JK teacher ratings of children's emotional problems from 1993 to 1998. Kingston JK teachers also rated children as showing smaller decreases in behavioural problems and increases in prosocial behaviours, and a substantial increase in school readiness over the same time period. At Kingston, home

visiting and informal playgroups were important components, as they were in all the other younger cohort sites. However, Kingston also invested extensive program resources in childcare, both by enriching local daycare centres and also by providing a large number of informal childcare experiences. This combination of supports, available from birth to JK entry, may have contributed to the substantial improvements seen in social and emotional functioning.

In the three older cohort Better Beginning sites, children also showed decreases in teacher ratings of overanxious emotional problems, as well as improvements in social skills as rated by both parents and teachers. In Cornwall, teacher ratings of behavioural problems also showed substantial decreases. Improvements in social-emotional functioning as rated by teachers were stronger in Cornwall and Highfield, where school-based programming was more intense, using classroom assistants, than in Sudbury.

Decreases in emotional and behavioural problems as rated by parents were only noted in Highfield where there was a direct connection between Better Beginnings and the parents via regular home visits by Better Beginnings staff. Also, Highfield teachers were trained to provide a social skills program in their classrooms which included specific activities to involve parents.

General/Cognitive Development and Academic Achievement

In all the younger cohort Better Beginnings sites, there was consistent improvement on a measure of auditory attention and memory, one of the six subtests from a standardized test of general developmental skills. That is, children in the Better Beginnings sites improved in their ability to hear, process, and act on simple instructions and to repeat increasingly complex words and numbers in sequence. This is an important area of development, reflecting children's ability to process and respond to verbal communication. There were no other consistent cross-site improvements on any of the other subtests, which included expressive and receptive language, fine and gross motor skills, and visual attention and memory. For Walpole Island, children showed a consistent improvement in their general development, especially in their expressive language and gross motor skills.

There were no improvements in the older cohort Better Beginnings sites on any of the measures of cognitive development or on measures of reading or mathematics achievement.

The failure to find any other consistent improvement in cognitive development or academic achievement may reflect the difficulty of effecting positive changes in this domain in young children. A recent review of home-visiting programs for families with children from birth to five years of age (Gomby *et al.*, 1999) concluded that these programs have produced no general improvement in children's cognitive development. Projects that have been successful in improving cognitive/intellectual development in preschool-aged children have all provided intensive, centre-based educational programs to very high-risk young children with a heavy emphasis on cognitive activities (e.g., the Abecedarian and Perry Preschool Projects). Since none of the younger cohort Better Beginnings sites provided this type of intensive centre-based programming, the failure to demonstrate general improvements in intellectual functioning is not surprising.

In the older cohort sites, the failure to find improvements in cognitive functioning or academic achievement again is consistent with findings from other projects focusing on this early primary school age group.

One reason for the difficulty in demonstrating improved cognitive and academic achievement in the older cohort sites is that all children in project and comparison schools receive regular primary school

education programs throughout the implementation period. In order for a positive effect to show, programs would have 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.

Child Health and Nutrition

In the younger cohort sites, only children in the Toronto Better Beginnings neighbourhood showed improvements in nutrition. However, the overall nutrient intake was within acceptable levels for children in all younger cohort sites. There was a tendency to overweight among 4 year olds, suggesting a need for greater physical activity.

Improved parent ratings of their children's general health status were found in all three older cohort sites. Also, in both Cornwall and Sudbury, 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 demonstration and comparison sites. This remained unchanged and underscores the need to increase opportunities for physical activity. In all the older cohort Better Beginnings sites, particularly Cornwall, 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.

Parent Health and Nutrition

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 study.

There were higher levels of exercise prenatally in all the younger cohort Better Beginnings sites than in Peterborough, which may have resulted from the heavy emphasis on prenatal classes and home-visiting. However, mothers in the Peterborough comparison site reported higher rates of breastfeeding at birth than those in the Better Beginnings sites, higher levels of breast self-examinations and more exercise for the first 18 months after pregnancy. A strong breastfeeding campaign has been operated by the local health unit and hospital in Peterborough, which has rates of initiation substantially higher than the Ontario average. Levels of breast self-examinations and exercise during the first 18 months after pregnancy may have been affected by the same public health program.

Energy, zinc, folate, and calcium intakes of breastfeeding women in all sites were below recommended levels. Since low levels of these nutrients may jeopardize the nutritional health of the mother, public health initiatives to encourage breastfeeding among low income women should include strategies to ensure their access to fresh fruits and vegetables (best source of folate), and milk and dairy products (or alternate sources of calcium and zinc).

At all three older cohort sites, there was reduced smoking by mothers and others in the home. The reduction in maternal smoking and smokers in the home is an important outcome since smoking levels are

high in disadvantaged communities and often are considered the leading health problem in Ontario.

Parenting Practices and Parent-Child Interactions

On ratings of the quality of parent-child interaction made by researchers during their in-home visits in the younger cohort sites, Walpole Island showed large improvements, ending up substantially higher at 48 months than other sites. This large increase may reflect the emphasis on Better Beginnings programs which were developed and implemented in conjunction with the local parent-child centre.

In the older cohort sites, the only improvements in parenting measures occurred in Highfield, 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 in Highfield provide further evidence for the strong impact that the Better Beginnings programs had on parents in that site.

Parent/Family Social and Emotional Functioning

Decreased violence between parents and their partners was reported in the younger and the older cohort Better Beginnings sites between 1993 and 1995, but not later. The causes for the reported change are unclear, as explained in Chapter 8. There were improved ratings of marital satisfaction in the older cohort sites.

In two of the younger cohort sites, Toronto and Walpole Island, parents reported decreases on several measures of parent and family stress. In Highfield, 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.

Quality of Local Neighbourhoods

Effecting changes in the quality of neighbourhood life within a five year time frame is a challenging task, especially when the neighbourhoods are large, and contain high percentages of socioeconomically disadvantaged families. As well, personnel in all the Better Beginnings projects reported that changes to the welfare system during the period of this study raised stress and produced crises for some families.

In the younger cohort Better Beginnings sites, parents reported increased safety in the neighbourhood when walking at night. One negative finding, a decrease in the reported frequency of getting together with friends, resulted from a small group of parents in the Peterborough comparison site reporting very large increases in contacts with friends.

Parents at both Guelph and Kingston reported increased community cohesion and less deviant activity (alcohol and drug use, violence and theft), and gave more favourable ratings to the condition of their homes, safety walking on the street, and the general quality of their neighbourhood. At Toronto, there was a decline in ratings across the same range of variables.

In all three older cohort Better Beginnings sites, there was an increase in parents' satisfaction with the condition of their personal dwellings, particularly in Highfield. There was a large increase in children using neighbourhood playgrounds in Highfield and Sudbury. General neighbourhood satisfaction rose modestly across the sites.

Neighbourhood Schools

Information about schools obtained from the parent interview, and from Principals' September Reports concerning special education students showed changes that could be linked to Better Beginnings.

In Highfield, 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 show decreasing percentages of students identified for special education instruction in Cornwall and Highfield, 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 Cornwall and Highfield may have contributed to reducing the percentage of students requiring special education in these schools.

SUMMARY OF SHORT-TERM CHILD, FAMILY AND NEIGHBOURHOOD OUTCOME MEASURES: GENERAL CROSS-SITE AND SITE-SPECIFIC PATTERNS

Given the complex mandate of the Better Beginnings model and the finite project resources, it was expected that successful program implementation would yield broad but modest outcome effects. The patterns of results confirm this and can be summarized as follows.

A. Younger Cohort Sites

I. Child Outcomes

a. General Cross-Site Patterns

- (+) decreased emotional problems rated by JK teachers
- (+) improved auditory attention and memory
- (+) more timely immunizations at 18 months
- (-) less parental encouragement to use bicycle helmets

b. Site-Specific Patterns

- (+) Kingston: improved social-emotional functioning and school readiness
- (+) Walpole Island: improved language, motor, attention and memory development
- (+) Toronto: improved nutrition

II. Parent and Family Outcomes

a. General Cross-Site Patterns

- (+) increased accessibility to professionals when desired
- (+) more frequent exercise during pregnancy
- (+) reduction in reports of domestic violence: respondent to partner
- (+) reduction in reports of domestic violence: partner to respondent
- (-) less frequent exercise after pregnancy
- (-) lower initiation rates for breastfeeding (but rates are comparable to national norms)
- (-) less frequent breast self-examinations

- (-) less frequent get-togethers with friends

b. Site-Specific Patterns

- (+) Walpole Island: improved quality of parent-child interactions
- (+) Toronto: decreased parent and family stress and tension
- (+) Walpole Island: decreased parent and family stress and tension
- (-) Kingston: decreased quality of parent-child interactions

III. Neighbourhood Outcomes

a. General Cross-Site Patterns

- (+) increased safety walking at night

b. Site-Specific Patterns

- (+) Guelph: improved sense of neighbourhood cohesion, satisfaction and safety, and decreased neighbourhood deviance
- (+) Kingston: improved sense of neighbourhood cohesion, satisfaction and safety, and decreased neighbourhood deviance
- (-) Toronto: decreased sense of neighbourhood cohesion, satisfaction and safety, and increased neighbourhood deviance

B. Older Cohort Sites

I. Child Outcomes

a. General Cross-Site Patterns

- (+) decrease in overanxious emotional problems as rated by teachers
- (+) improved self-controlled behaviours as rated by teachers
- (+) improved cooperative behaviours as rated by parents
- (+) improved health as rated by parents
- (+) improved nutrition

b. Site-Specific Patterns

- (+) Cornwall: decreased emotional and behavioural problems
- (+) Cornwall: increased health promotion and injury prevention
- (+) Highfield: decreased emotional and behavioural problems; improved prosocial behaviour
- (+) Sudbury: increased health promotion and injury prevention
- (-) Sudbury: increased emotional and behavioural problems

II. Parent and Family Outcomes

a. General Cross-Site Patterns

- (+) reduction in smoking
- (+) fewer smokers in the home
- (+) increased marital satisfaction
- (+) reduced reports of domestic violence: respondent to partner
- (+) reduced reports of domestic violence: partner to respondent

- b. Site-Specific Patterns
 - (+) Highfield: improved parent health and health promotion; decreased health-risk behaviour
 - (+) Highfield: improved parenting
 - (+) Highfield: improved parent and family social and emotional functioning

- III. Neighbourhood Outcomes
 - a. General Cross-Site Patterns
 - (+) increased satisfaction with personal housing
 - (+) increased use of playground and recreational facilities in the neighbourhood
 - (+) increased general neighbourhood satisfaction
 - (+) decreased number of all students identified for special education instruction

 - b. Site-Specific Patterns
 - (+) Highfield: improved parent ratings of child's school and teacher

DEVELOPING HIGH QUALITY PROGRAMS

Younger Cohort Sites

The younger cohort sites demonstrate a number of significant similarities in the kinds of programs that they offer, particularly with regard to those provided for children, parents and families. Family visiting is a core component of the programming at all younger cohort sites. While some of the details of the programs differ (e.g., how often the visits occur, the age up to which visits are made, the background or training of the family visitors), visiting generally occurs frequently (often weekly during infancy, progressing to less frequently as the child gets older), and is used to support parents and provide information about a variety of topics, including nutrition, community resources and the like.

In addition to providing home visits, all younger cohort sites provide a drop-in for parents and children to spend time together doing play-centred activities such as singing and crafts. All these sites also provide playgroups for children to play with each other under adult supervision, often while the parents or caregivers meet with one another for parent support or information-sharing. Three of the five younger cohort sites also provide a toy-lending library from which parents can borrow toys and books. Another set of programs offered at all younger cohort sites revolve around parent relief, support and training. All sites offer parents relief by providing care for children while parents take a break or run necessary household errands. All sites also provide parent training and workshops (e.g., Nobody's Perfect, child nutrition), and provide the opportunity for parents to get together informally to support one another.

Compared to other programs which have provided only home visiting, for two to five years, Better Beginnings is strikingly inexpensive. Perhaps funding was too low for maximum results, but nonetheless there are encouraging findings. Teacher ratings showed reduced emotional problems in JK students, possibly because of their playgroup experiences. An emphasis on continuity of programming from infancy to kindergarten was notable at Kingston, and may be related to the improvements shown in several areas of social-emotional functioning at that site. At Kingston, mothers are contacted during pregnancy, and where appropriate can receive family visiting until their children are five. During these

years, children may be taken to an infant group, then a toddler group, then attend playgroups.

While community-based programs vary from site to site, all younger cohort sites provide programming such as clothing exchanges, food-related programs such as community kitchens and emergency food supplies, and community events such as multicultural fairs and community barbecues.

Older Cohort Sites

While the older cohort sites are more varied in the programs they offer from site to site, there are still some similarities in the program offerings among the three sites. All older cohort sites offer playgroups for children (though some of these are offered before and after school, and some on Saturdays), and summer and holiday programs for children. Nutrition is also a key component of the programming at the older cohort sites with all sites providing a breakfast or snack at the school. Although all sites provide some programming in the schools, school-based programming in the Highfield and Cornwall sites has been substantially more intensive than in the Sudbury site.

In Highfield, educational assistants, called “enrichment workers”, worked with the children in the focal research cohort, following them from JK to Grade 2. Similar classroom workers called “animateurs” at Cornwall, dealt with children at all four grade levels simultaneously.

A second activity of the Highfield enrichment workers was to visit each child’s parents on a regular basis, to provide information about the child’s activities in school and about community resources, and to encourage parent involvement at the school. These enrichment workers followed the same children for four years. In addition, Highfield provides the Lion’s Quest “Skills for Growing” program beginning in 1995, a social skills development program provided by all primary classroom teachers.

Highfield appears to be unique in having provided major programs specifically for the focal cohort, and in being able to concentrate its resource on a single school. These factors may account for Highfield’s showing more positive results for children and parents than any other site.

While the community-focused programs have varied considerably from site to site, all sites have been very involved in cultural programs, given the prominent concern with the multicultural mix in two of the sites (Highfield and Sudbury) and the minority status of the Francophone culture in Cornwall.

DEVELOPING COMMUNITY CAPACITY THROUGH RESIDENT INVOLVEMENT

Developing organizations that successfully involved neighbourhood residents was an extremely challenging task, and was one major reason why most sites took up to three years to implement programs. Early on a 50% rule was established, requiring that each Better Beginnings steering committee and subcommittee contain at least 50% local residents as members. Challenges in establishing this level of resident involvement have included: unfamiliar terms and procedures used by professionals, feelings of intimidation and power imbalances felt by residents in relation to professionals; ethnic tensions; failed expectations for residents not hired for project positions; and language barriers in bilingual and multilingual communities.

Residents now are involved as active members of major project committees, and subcommittees, often as chair or co-chair, and in program management and support. In 1998, researchers interviewed many residents who had been involved with Better Beginnings projects for several years. Personal benefits reported by participating residents included: greater confidence, self-knowledge, assertiveness, awareness

of rights, political awareness and public speaking skills. Resident volunteers have also freed up staff. Averaging across the years 1994-97, the time volunteered to the Better Beginnings projects by neighbourhood residents was the equivalent of three full-time positions per year per site.

ESTABLISHING A STRONG LOCAL ORGANIZATION

Developing a viable local organization was a formidable challenge at each site. Because of the breadth of their mandate, and its innovative nature, putting in place stable organizations and programs took at least two to three years. At almost every site there was initial difficulty in recruiting and maintaining a core of residents for committees. This meant modifying decision-making procedures, working out relationships between residents and professionals, and developing partnerships with other service-providing organizations.

Sites varied in their relative emphasis on community development, developing focused programs, and creating partnerships. Because project goals were broad, and time and energy limited, choices had to be made. Sites also varied in their emphasis on “alternative” organizational models. Project managers, with one exception, were hired on formal qualifications and work experience. On the other hand, service delivery staff were usually chosen primarily on personal characteristics and life experience.

Consistently, project coordinators influenced the direction of program development, contributing, for example, to the strong emphasis on community development at some sites.

Most sites were blessed with positive and productive relations between the project and the sponsoring organization, which assumed financial and legal responsibility for the project.

PARTNERSHIPS WITH OTHER HUMAN SERVICE ORGANIZATIONS

All the Better Beginnings sites involved representatives from local organizations in the original proposal development process in 1990. Except for Sudbury, the sites have maintained a core of service-providers from other organizations as members of project committees, including the steering or executive committee.

Service-providers became involved because they held objectives similar to those of Better Beginnings, Better Futures, because they saw ways to increase their resources or to improve their services through partnership, or both. As the reputation of Better Beginnings grew over the years, outside agencies saw increased advantages in connecting with a project with networks and credibility different from their own. The creation of partnerships has resulted in significant new resources and programming being created in each Better Beginnings community through joint programming, finding of new sources of funding, encouragement of agencies to locate in the neighbourhood, and mutual enrichment of programming. There is agreement that Better Beginnings has been the catalyst for most collaborations, which would not have happened without its initiative.

PROGRAM COSTS

Annual site program budgets have stayed quite stable from 1993/4 through 1997/8. On average, each site receives \$570,000 per year from direct government funding. For the younger cohort sites, the average estimated annual cost-per-family was \$1,400. The average estimated annual cost-per-child in the older

cohort sites for 1996/7 was \$1,130.

One way to put these estimated annual costs in perspective is to compare them with costs of frequently cited prevention programs. Annual costs of influential U.S. demonstration project for which figures are available, in 1997 Canadian dollars, begin at three times those of Better Beginnings (\$4,300 for the Elmira Home Visiting Project) and rise to over \$20,000.² By comparison, the costs of Better Beginnings are quite modest, particularly when one considers that the programs were so broad, i.e., not focused exclusively on either children or parents, but also on the local neighbourhood, on integrating local services, and on involving residents in project management and other community development activities.

One reason Better Beginnings has been able to do what it has with modest funding is that it receives services in kind. Estimated at a value of approximately \$300 per child per year, volunteer services are an important ingredient in the implementation and operation of the programs.

LIMITATIONS OF THE RESEARCH

Limitations of the research include: lack of assessment of program quality; lack of information on program involvement; lack of measures corresponding to some local objectives; assessment of only one birth cohort; and the presence of other, sometimes idiosyncratic programs at the sites. Although some sites carried out evaluations for some of their programs, there was no provision in the research contract for such assessments, and, given the number of individual programs, the costs would have been considerable. With no common management information system in place, the only information on program involvement available over time was that collected in the parent interview, which provides only broad indicators of parent and child participation in major program categories, and is subject to the frailties of long term memory.

The research design, together with the organization of the project, required outcome measures to be approved by both government funders and local project sites before programs were in place. However, after site programs were developed, it became apparent that measures to address some unique program goals were weak or absent. For example, the heavy emphasis placed on creating local leadership in several communities was not well addressed by measures collected.

Children and their families were studied over time, in comparison sites as well as the Better Beginnings sites. If children and families in the comparison communities were similar to those in the Better Beginnings communities, and if, apart from Better Beginnings, human services were similar as well, outcome differences could be attributed straightforwardly to Better Beginnings. Due to the extensive cultural and socio-economic diversity among the five younger cohort Better Beginnings sites, the one comparison site in Peterborough, used alone because of funding limits, could not match well demographically with all the others. To minimize the effects of any socio-demographic differences

² More specifically, annual costs per family for some influential projects are:

Elmira Home Visiting Project	\$ 4,300
Perry Preschool Project	\$ 8,600
U.S. Head Start Program	\$ 6,400
U.S. Infant Health and Development Program	\$ 14,300
U.S. Comprehensive Child Development Project	\$ 21,000

between sites, all of the analyses of outcome variables statistically controlled for demographic differences.

It would have been impossible to control other programs and activities for children and families, either within the Better Beginnings sites or the comparison neighbourhoods. Their influences are background noise against which the effects of Better Beginnings programs must be detected.

One birth cohort in each site was studied longitudinally, and was the first wave of children and families to move through the full four years of Better Beginnings programming. During the first year, however, each Better Beginnings site was adjusting and fine-tuning programs. Since the demonstration was scheduled to end in 1997, the last two years of programming for the longitudinal cohort (1996 and 1997) were characterized by increasing staff uncertainty and stress. There is a belief among program staff that the programs experienced by the longitudinal research cohort were weaker than those currently being implemented.

CONSIDERATIONS FOR ORGANIZING FUTURE INITIATIVES

The experience of Better Beginnings, taken with that of other projects, suggests some core considerations to be taken into account in future initiatives.

Projects of this complexity need at least three years to reach a stable state of functioning. Demonstration projects often experience turmoil as the end of funding approaches. Projects can best be evaluated when they have reached maturity, but are not experiencing instability due to the possible termination of funding.

Projects need to balance breadth and focus. There are often attractive reasons for expanding a project's range of activities, but this can introduce conflicting priorities. It is important to be clear in the beginning about the key elements to be tested and how they fit together.

There is a deep tension between community control and implementation of predetermined programs. Where local participatory processes are to be used, it is important to be clear about their role. In particular, if specific, focused programs are to be tested in conjunction with participatory processes, it is critical to clarify their respective roles.

It is helpful if the funding organization, host organization and project negotiate early on how the project will be accountable to the sponsor, how the project's needs for independent functioning will be met, and what long-term administrative arrangements are foreseen.

Project coordinators can have pivotal influence on priorities and ways of working, so that clarity about the characteristics to be sought in the project coordinator is critical.

KEY SHORT TERM FINDINGS

The Better Beginnings, Better Futures Initiative

The Better Beginnings, Better Futures Project being implemented in eight disadvantaged communities throughout Ontario, is one of the most comprehensive and complex prevention initiatives ever implemented for young children. It is unique in that it attempts to incorporate the following aspects into a *single* program model: a) an ecological view which requires program strategies focusing on individual children, their families, and their neighbourhoods, including childcare and school programs; b) a holistic view of children, including social, emotional, behavioural, and cognitive development; c) programs universally available for all children within a specified age range and their families living in the neighbourhood; d) resident involvement in all aspects of the organization, management, and delivery of programs; and e) partnerships with local social service, health, and educational organizations.

In the analyses of the operating costs presented in this report, it was concluded that the costs are quite modest when compared to other prevention projects for which comparable financial information is available. Further, these other demonstration projects have typically not been sustained for more than two or three years; have provided a much smaller number of programs to a smaller group of children and/or parents; have not involved local residents in any aspect of program development or implementation; have not attempted to integrate their programs with those of other organizations; and have collected evaluation information on a small number of child or parent measures, with modest short-term outcome effects. When placed in this context, the accomplishments of the Better Beginnings projects to date are encouraging.

Program Development

Better Beginnings, Better Futures has produced many new or improved programs for children and families, parents, schools and communities in the eight participating sites.

- These programs are characterized by high levels of community acceptance and accessibility to groups of differing languages and cultures.
- Many of these child and family support programs are typically found in middle-class neighbourhoods, but were missing or poorly accepted in the Better Beginnings neighbourhoods before the project began.
- The strong involvement of local residents in all aspects of program development and implementation are widely believed to be critical to the acceptance and appropriateness of the Better Beginnings programs.

Resident Involvement

At all program sites, local residents have played a wide variety of key roles in:

- project management and decision-making
- program development and implementation
- program staff (as volunteers and paid staff)
- program advocacy

This involvement has led to:

- enhanced skills and greater employability on the part of involved residents
- reduced program costs
- greater acceptance of programs

Service Integration

Significant partnerships have been established between Better Beginnings and programs in social services, health, and education. This has resulted in:

- sharing of staff and physical resources
- creation of new programs and organizations
- collaboration on other family and child initiatives (e.g., Healthy Babies, Healthy Children)

Child Outcomes

The most frequent and consistent patterns of positive child outcomes were in the area of emotional, behavioural and social functioning. This is encouraging since the major goal of the Better Beginnings project at its inception was the prevention of serious emotional and behavioural problems in young children.

Positive patterns of decreasing children's emotional and behavioural problems and improving social skills arose in three project sites that provided the greatest continuity of child-focused programs across the four-year age span, and that allocated the largest part of their budgets to programs for children in the focal age range (Kingston, Cornwall and Highfield).

Also, these positive patterns were stronger in the Cornwall and Highfield older cohort sites that provided continuous and extensive classroom-based programs for children from four to eight years of age than in the Kingston younger site. These differences may be due to the fact that all children in the older cohort sites participated in classroom programs daily throughout the school year, while child-focused programs for children from birth to four years of age (e.g., home visiting, playgroups, childcare) provided experiences that were substantially lower in frequency and duration.

These results are consistent with previous findings that programs which have been most successful in improving the development of very young children from birth to school entry have provided full or half day centre-based interventions directed at the child over a 2 to 4 year period. None of the younger cohort Better Beginnings projects provided child-focused programs of that intensity.

Parent and Family Outcomes

The strongest pattern of parent outcomes appeared at Highfield, where parents reported fewer tension producing events, less tension juggling child care and other responsibilities, more social support, reduced alcohol consumption and increased exercise. This combination of changes might be expected to reduce illness, particularly stress-related, and parents at this site reported reduced use of prescription drugs for pain, as well as a reduced number of types of prescription.

They also reported improved family relations, reflected in increased marital satisfaction, more consistent and less hostile-ineffective parenting, and increased parenting satisfaction.

Many of these variables could easily affect one another, so that Better Beginnings may well have

produced its outcomes by affecting some of them directly, with these in turn influencing the others. This possibility makes it difficult to specify the pathways through which the programs achieved the effects they did, but it is possible to point to a distinctive feature of the Highfield program that could have produced the difference between this site and others.

Highfield made consistent, ongoing, attempts to involve parents in their programs and in school events, and to discuss issues that arose for their children or their families. The site's educational assistants visited all the parents of all focal cohort children regularly for four years, discussing how the children were coming along at school, issues in child rearing, and questions about family living. Parents were encouraged to become involved in parenting programs sponsored by Better Beginnings and other activities at the school, and informed about community resources that could be of assistance. In sum, at Highfield parents of the focal cohort, like their children, were the focus of more frequent, intensive and wide-ranging attention from Better Beginnings than those at any other site.

Neighbourhood Outcomes

There was improvement in general neighbourhood satisfaction, and improvement in housing satisfaction across the older cohort sites. The broadest patterns of change in neighbourhood ratings, however, arose at two younger cohort sites, Guelph and Kingston, where parents reported improvements in community cohesion, decreased levels of deviance (alcohol and drug use, violence and theft), and improvements in several other aspects of neighbourhood life (housing, safety walking on the street at night, and overall quality of life in the neighbourhood).

Guelph's strong emphasis on community development and local capacity building, which began with the creation of its original proposal, could well have led to the improvements seen at that site. Kingston has consistently attempted to incorporate community building into the development and implementation of all programs, including those it has worked on in partnership with other agencies.

School Outcomes

In Highfield, parents showed improved ratings concerning both their children's teacher and school, underscoring the potential value of programs designed to actively forge parent-school connections and involvement.

There were significant reductions in the percentage of special education students reported by schools in the Cornwall and Highfield Better Beginnings sites over the same time period when percentages were increasing in schools in the two comparison sites. The in-classroom supports provided through the Better Beginnings programs from JK to Grade 2 in both Cornwall and Highfield may have contributed to these findings.

The possibility that school-based Better Beginnings programs reduced or replaced the need for special education resources provided by Boards of Education has important implications for the way in which the integration of services for young children can yield potential cost savings.

CONCLUSIONS

- The original Better Beginnings, Better Futures Project model emphasized the ecological nature of child development, which resulted in all project sites developing some programs to support the improvement of child, family and neighbourhood functioning. Analyses of the short-term

outcomes support the conclusion that changes were strongest for programs that were intensive, continuous and focused.

Further, short-term outcomes were greatest in the area of program focus, with child-focused programs effecting child outcomes, parent/family-focused programs effecting parent and family and outcomes, and neighbourhood programs effecting neighbourhood characteristics. These conclusions are consistent with those presented recently in reviews of effective programs. For example, St. Pierre and Layzer (1998) concluded that recent evaluations “call into question the wisdom of relying too heavily on ‘indirect’ intervention impacts on children, especially when compared with the larger effects of more child-focused, developmental programs. Most researchers conclude that children are best served by programs that provide intensive services to children directly for long periods of time, instead of trying to achieve those effects by delivering parenting education to parents” (p. 18).

- In many ways, the eight “locally owned and operated” Better Beginnings, Better Futures organizations represent the greatest short-term outcome of this Ontario Government initiative. Faced with an extremely broad and complex mandate, high expectations and relatively little explicit direction, each of the eight communities has developed an organization characterized by significant and meaningful local resident involvement in all decisions. This alone represents a tremendous accomplishment in socioeconomically disadvantaged neighbourhoods where ten years ago, many local residents viewed government funded programs and social service organizations with skepticism, suspicion, or hostility.

In developing their local organization, Better Beginnings projects have not only actively involved many local residents, but also played a major role in forming meaningful partnerships with other service organizations. They developed a wide range of programs, many of which are designed to respond to the locally identified needs of young children and their families, and others to the needs of the neighbourhood and broader community. As they strengthened and stabilized over the seven year demonstration period from 1991 to 1998, each Better Beginnings project increasingly gained the respect and support not only of local residents, service-providers and community leaders, but also of the Provincial Government which, in 1997, transferred all eight projects from demonstration to annualized funding, thus recognizing them as *sustainable*.

The short-term findings from these projects are encouraging, and provide a unique foundation for determining the extent to which this comprehensive, community-based prevention initiative can promote the longer-term development of some of Ontario’s most vulnerable children.

- There is mounting evidence that poverty and other manifestations of socioeconomic disadvantage are becoming increasingly concentrated in specific urban neighbourhoods across Canada (Zeesman, 2000). This “ghettoization” of family poverty is associated with fewer and lower quality child and family health and social services, poorer schools, and increased toxicity for child and family development. It is in exactly these types of neighbourhoods that the Better Beginnings projects are located. The lessons being learned in the eight Better Beginnings communities have much to contribute to other disadvantaged neighbourhoods searching for ways to foster the future well-being of their children and families.

NEXT STEPS FOR RESEARCH AND EVALUATION: DO BETTER BEGINNINGS LEAD TO BETTER FUTURES?

Longitudinal Followup Research

There is still much to be learned from the Better Beginnings, Better Futures initiative. As consistently pointed out in the recent reviews of the prevention and early-intervention programs, there are very few studies on the long-term effects of programs for young children, and those that do exist have involved small numbers of children and narrowly focused program interventions. Only one, the Montreal Longitudinal Experiment, has been carried out in Canada.

Research on the Better Beginnings project is in an excellent position to contribute to knowledge in this field, since the expectation of longitudinal follow-up research was established as an important goal in the original project design.

Therefore, the RCU is carrying out a longitudinal follow-up study of the focal cohort of children and their families to determine longer-term outcomes of the Better Beginnings programs as children develop into adolescence. Research issues for the longitudinal follow-up study will include the following:

Pathways for Change. Based on results from this report, three models or pathways for change will be examined: child and family social-emotional development; parent health promotion and illness prevention; and neighbourhood/community change. This will provide a test of the hypothesis that these pathways can mediate long-term child outcome effects.

Cost Savings. Are there long-term cost-savings from the Better Beginnings Project? The short-term costs of delivering the Better Beginnings programs will be related to potential longer-term cost-saving outcomes such as secondary school graduation rates, use of health and special education services, employment and use of social assistance, criminal charges and convictions, teen pregnancy, and drug/alcohol abuse.

Ongoing Outcome Evaluation

An *ongoing outcome evaluation* of the local Better Beginnings projects will also be included in the longitudinal follow-up study. The programs in all eight Better Beginnings sites have developed and matured over the past 7 years. The longitudinal research cohort of children and families experienced many of these programs in their early stages of development and refinement. There is a definite belief among program staff that the programs experienced by the longitudinal research cohort were less stable and of poorer quality than those currently being implemented. To the extent that this is true, the outcome results presented in this report underestimate the effects that would be expected from children and families currently involved in the Better Beginnings programs. The periodic collection of several key outcome results on four and eight year old children in the younger and older cohort sites, respectively, would yield valuable information on the degree to which the child outcomes presented in the current report are stable or changing in important ways.

Project Sustainability Research

Very few model demonstration projects survive the end of the demonstration phase. Virtually all of these projects, however, have been “top-down”, expert-driven interventions which end when demonstration grants end. Important questions remain to be answered concerning whether or not the community-based nature of the Better Beginnings projects will improve their sustainability and maintain continued resident

participation, partnerships with other services, and the delivery of child, family and neighbourhood support programs.

Research on these questions, funded by the Ontario Ministry of Health and Long-Term Care, will provide important information concerning the long-term outcomes as well as the continued viability of the Better Beginnings, Better Futures Project.