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Overview of Lessons Learned

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In 1990, the Ontario government launched a project to discover effective ways of supporting the healthy development of young children and strengthening family and community life in disadvantaged neighbourhoods.

The project, called Better Beginnings, Better Futures, is one of the most comprehensive prevention initiatives ever implemented for young children. It is also one of the most ambitious research projects of its kind in disadvantaged communities in North America.

Research data have been collected and analysed from eight community sites across the province, covering the first five years in which programs were fully operational (1993-94 to 1997-98). The results hold promise for current and future initiatives aimed at improving the health and well-being of some of Ontario's most vulnerable children.

The project sites were funded to provide programs for children from the prenatal period to age four (five sites), or age four to eight (three sites). The local communities were challenged to meet a combination of goals:

- to improve the development and well-being of young children, particularly by reducing emotional and behavioural problems;
- to strengthen the abilities of parents to respond effectively to the needs of their children;
- to develop the capacity of the local neighbourhood to help itself by involving parents and other residents in the building of a local organization to deliver programs;
- to provide high-quality programs for children and families that respond to the needs of the neighbourhood;
- to establish partnerships with other service organizations and coordinate programs to support young children and families in these neighbourhoods.

The five sites with a mandate to work with the younger age group are in Guelph, Kingston, Ottawa, Toronto (Regent Park in the downtown area), and at the Walpole Island First Nation. The three sites for children age four to eight are in Cornwall, Sudbury and Toronto (called Highfield, in the Rexdale/Downsview area in the northwest of the city).

Children growing up in disadvantaged neighbourhoods are at higher risk for poor developmental outcomes than other children. Eighty-three per cent of families in the younger child sites and 64% in the older child sites were below Statistics Canada's Low-Income Cut Offs in 1992-93. On average, 37% of families were led by lone parents.

The findings and conclusions in this overview are based on an analysis of the results of two research designs. "Baseline" information on children and families living in the project

neighbourhoods was collected in 1992-93 before the Better Beginnings, Better Futures programs were fully underway. The next year, a long-term research group of 1,400 children and their families was recruited at the eight project sites and in three comparison neighbourhoods. Information on this group of children was gathered regularly over a five-year period.

The research produced two “views” of the impact of the project:

- What changes, if any, occurred among families in the eight neighbourhoods since Better Beginnings, Better Futures programs began, compared to the baseline data?
- How did measures collected about children, parents and their community at the project sites compare to those in the neighbourhoods that were not part of the project?

Researchers at seven universities are working on the project, coordinated by a unit at Queen’s University in Kingston. The long-term research group of children and families will be followed for 25 years. Another 600 children, who are a year younger than the original group, have been added to this group, making a total of 2,000 children who will be followed into adulthood.

Three provincial government ministries collaborated to make the project possible: Health and Long-Term Care, Community and Social Services, and Education. The Better Beginnings, Better Futures neighbourhood programs started out as demonstration sites. However, in 1997, the government decided to provide ongoing funding. The local Better Beginnings organizations will continue to be studied, and also a neighbourhood report card will be established to show the degree to which the child outcomes reported here are stable or changing in important ways.

KEY SHORT-TERM OUTCOMES

The neighbourhood sites were given considerable freedom and responsibility to design and develop programs that met the needs of local residents. Government funders did not impose strict program specifications centrally. The sites had to establish a local organization, with meaningful participation by residents, which chose what programs it would deliver, within available resources. The result was considerable variation in programs from site to site. The younger child sites offered an average of 26 different programs, and the older child sites an average of 16 programs.

Even when programs were similar, the intensity of focus was not necessarily the same. For example, both Cornwall and Highfield used in-school educational assistants to deliver programs to children age 4-8. Highfield concentrated on the long-term research group of children and their parents, starting when the children were four and staying with them until age eight. Cornwall spread its resources across programs for children age 4-8 in five schools.

The outcomes reported below reflect significant changes that were found across the younger child (0-4 years) or older child (4-8 years) sites, looking at data from both research designs – comparison to the baseline in the Better Beginnings, Better Futures neighbourhoods and comparison with the three non-project sites. Outcomes from individual sites are also highlighted for the purpose of drawing out some lessons learned. Where possible, positive outcomes are linked to the specific programs delivered by one or more of the sites.

Locally Developed and Operated Organizations

Each site successfully developed and operated a local organization that delivered a broad range of programs for young children and families, based on locally identified needs. For disadvantaged neighbourhoods, meeting this challenge was a major achievement, involving the building of community leadership, capacity and cohesion.

Children’s Emotional Health and Behaviour

A major goal of this project was to reduce emotional and behavioural problems in young children. The negative consequences of allowing emotional and behavioural problems in children to escalate through the school years is well known. Sites that showed the strongest improvements had programs for children that were focused, intensive and continuous.

- Where programs for children 0-4 were sustained from infancy (home visiting) through the preschool period, with parent-child playgroups and quality child care, children started school with less anxiety, fewer behavioural problems, and more ready to learn.
- For the older group (age 4 to 8), major improvements were achieved in children’s emotional health and behaviour at the sites that used educational assistants to work with children in the classroom continuously from Junior Kindergarten to Grade 2.
- The site that yielded more positive outcomes for both children and parents than any other Better Beginnings, Better Futures site worked directly and intensively with children (in the classroom) and parents (in their homes) for four years.

Special Education and School-Family Relations

Special education placements decreased in schools where educational assistants worked with children in classrooms. Parental satisfaction with the teacher and the school increased when the educational assistants actively reached out to parents to forge connections with the school and

involve them in their young children's education.

Children's Physical Health

Children's nutritional intake was acceptable, unlike findings in several U.S. studies of preschoolers. During the first two years of the project, there was a general increase in consumption of nutritious food by children at the older child sites, likely because of emergency food cupboards and other food resources set up at the sites. The energy and nutrient intake of eight-year-olds improved significantly.

More than 20% of the children at the sites were overweight. Since their fat intake was not excessive, an important factor was likely to be too little physical activity. Other studies have shown that children from disadvantaged neighbourhoods are far less likely to participate in recreational activities than other children.

At the younger child sites, children had more timely immunizations at 18 months than the comparison neighbourhood and parents felt they had better access to professionals, such as doctors and social workers, for their children. In the older child sites, parent ratings of their children's health improved.

Parent Health and Well-Being

Smoking by mothers and others in the home decreased at all of the project sites. In the younger child sites, smoking rates among mothers dropped by 10% and in the older child sites by 20%. This is encouraging since smoking levels tend to be high in disadvantaged communities, and the long-term health effects of smoking are well known.

In the younger child comparison site, women reported increased monthly breast self-examination, higher rates of breastfeeding at birth than at the project sites (which were around the provincial average), and comparable smoking rates to the Better Beginnings sites. These results suggest that a longstanding and well-organized maternal health program in the comparison site is having an impact.

However, intake of necessary nutrients from fresh fruits and vegetables and dairy products by breastfeeding mothers was below recommended levels at all the younger child project sites and in the comparison site. Programs that promote breastfeeding among low-income women should include strategies to ensure their access to these foods.

There were no other consistent cross-site changes in measures of parent health and well-being. However, there were strong effects at one site where parents reported improvements in a number

of measures, including lower stress levels, more social supports, and increased satisfaction with their marriage and their role as parents, and less hostile-ineffective parenting. It is difficult to specify the exact pathways through which these results were achieved, but it is possible to point to a distinctive feature of the program that could have produced the difference between this site and others. Overall, this group of parents, like their children, were the focus of more frequent, intensive and wide-ranging attention from Better Beginnings, Better Futures than those at any other site.

Neighbourhood Quality of Life

At all the younger child sites, parents reported increased safety in the neighbourhood when walking at night. Parents in two of these sites reported a general improvement in their neighbourhoods, including increased community cohesion, less deviant activity (alcohol and drug use, violence and theft), and increased satisfaction with their housing.

At one of the younger child sites, parents felt the neighbourhood was going downhill. This negative finding may have had more to do with the pressure of broad socioeconomic factors than local ones. The ratio of welfare recipients to other families is very high in this community. During this time period, a number of changes were made to the social assistance program, including a large reduction in income.

In the three older child sites, parents reported greater satisfaction with the general quality of their neighbourhood, and the condition of their housing. At two sites, children made much more use of playground equipment and recreational facilities.

Partnerships

The locally-run Better Beginnings, Better Futures organizations became successful catalysts for voluntary collaboration among service agency partners, resulting in improved service availability and accessibility and the leveraging of additional resources for the disadvantaged neighbourhoods.

Relative Cost

The annual cost of Better Beginnings, Better Futures per child/family was relatively inexpensive (approximately \$1,100 to \$1,400 per child/family per year), compared to the cost of highly-rated U.S. demonstration projects (which ranged from \$4,300 to \$21,000 in 1997 Canadian dollars).

Project Development

Adequate time, planning, and support were required to engage disadvantaged neighbourhoods in the process, build trust, and establish stable structures, procedures and programs. Local control has been key to the success of these sites. But increased clarity about overall project ground rules would have been helpful, including requiring a clearer program focus on child development.

CONCLUSIONS

The eight Better Beginnings, Better Futures neighbourhoods should be proud of their accomplishment in meeting the huge challenge put before them – to develop a local organization with meaningful resident involvement, to design and deliver a range of high-quality programs for young children and parents, and to strengthen their local community and build partnerships with other organizations. The lessons being learned in the eight sites have much to contribute to other disadvantaged neighbourhoods searching for ways to foster the future well-being of their children and families.

- Locally developed and operated initiatives in high-risk neighbourhoods can be an effective and affordable strategy for governments to help counter the toxic effects of the “ghettoization” of family poverty in Canadian communities. Challenging and supporting disadvantaged neighbourhoods to build their own organizations resulted in development of a wide range of programs for young children and families that were locally appropriate and accepted, and that engaged the community in ways that built leadership, capacity and cohesion. At all of the project sites, residents felt there had been some improvement in the quality of life in their neighbourhoods (for example, feeling safer being out at night). At several sites, residents saw substantial neighbourhood improvements. The local Better Beginnings, Better Futures organizations also served as effective catalysts for partnership-building among service agencies.

- The short-term outcomes were greatest in the area of program focus. Communities were given a broad set of goals for children, families and neighbourhoods. They had to choose, within budget limits, where to invest their resources and energy. If the neighbourhood chose to concentrate mainly on child-focused programs, that is where the most impact was achieved. The same was true for parent-focused and neighbourhood-focused programs. This finding fits with conclusions of recent evaluations that have found that direct interventions with children have greater effects than programs that seek to influence child outcomes indirectly. However, it is not possible to predict what longer-term child outcomes may be achieved at the sites that focused more of their programs on parental supports or community development.
- A key area of concern in Ontario and elsewhere is prevention of emotional and behavioural problems in young children. The lessons learned from Better Beginnings, Better Futures suggest that effective strategies to improve emotional and behavioural problems among young children living in disadvantaged neighbourhoods should be focused, intensive and continuous over the early years of child development – starting in infancy and carrying through the primary grades in school. A continuous program of home visiting, playgroups and child care helped children start school with less anxiety, fewer behavioural problems, and more ready to learn. In schools, children’s emotional health and behaviour improved the most when educational assistants worked with them in the classroom and with their parents in the home. Special education placements decreased, suggesting in-classroom assistants could potentially generate savings in education budgets while achieving long-term benefits for children.
- The physical health of low-income families tends to be poorer than the health of families with more income. The Better Beginnings, Better Futures outcomes suggest some strategies. The nutritional intake of young children is key to healthy growth. Neighbourhood food programs appear to have helped to maintain or improve acceptable nutritional food intake. However, one-fifth of the children are overweight, and it’s not likely because of their diet. Increased physical activity is needed through recreational and other programs. Inadequate nutrition among breastfeeding mothers points to the need for programs to ensure access to fresh fruits and vegetables and dairy products. The significant decrease in smoking rates by mothers and others at all of the project sites may have been influenced by the opportunity to get involved in community activities, especially in locations that discourage smoking. The success of a maternal health program in the younger child comparison site suggests that public health departments can be a valuable partner in neighbourhood programs.
- Local projects need local participation to succeed, and meaningful resident involvement is not easy to achieve in high-risk neighbourhoods where residents are distrustful of governments and service agencies. Some of the considerations identified in the project

development of the Better Beginnings, Better Futures sites include the following:

- allow enough time to build trust and develop programs (at least three years for complex projects);
- provide support to communities to help with planning and organizational development;
- give communities a guidepost for local involvement (Better Beginnings, Better Futures called for a minimum of 50% resident members on all key committees);
- allow considerable local control and flexibility to tailor the organization and its programs to local needs;
- balance local control with clear project ground rules to avoid confusion and potentially conflicting priorities.

For more detail and discussion, please see the full report, *Developing Capacity and Competence in the Better Beginnings, Better Futures Communities: Short-Term Findings Report, November, 2000* available on our Web site <http://bbbf.queensu.ca>.