

Programs for Better Beginnings

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Programs for Better Beginnings

1.0 INTRODUCTION

Epidemiological studies tell a grim tale about the mental health of Canadian children. These studies indicate that one child in five suffers from emotional problems serious enough to need mental health treatment (Offord, Boyle, Szatmari, et al., 1987). In Ontario alone, this translates to more than 450,000 children under the age of 14 who are in need of mental health services (Statistics Canada). Of these, only a small percentage receive the help they need; one researcher estimated that only one out of every six children with emotional problems makes use of the specialized mental health and social services that are available (Offord et al., 1987). Why don't we do more to help these children? One reason is that it takes a great deal of time and money to successfully treat a child with severe emotional difficulties. To provide effective treatment to all children who are in difficulty would overwhelm the resources that governments and charitable organizations have at their disposal. Moreover, treatment is often not very effective; only about a third of those who receive treatment demonstrate significant improvement.

How, then, to deal with a problem of this magnitude? There is an increasing consensus that the solution lies within the area of primary prevention. The logic underlying primary prevention programs can be stated simply: it is easier, more effective, and more humane to prevent problems than it is to attempt to deal with them once they have occurred. Indeed, as Bloom (1984) and many others have claimed, treating problems and disorders after they have occurred is not an effective way of reducing their incidence. Prevention is the only effective means of doing so.

1.1 Variations in Program Models

But what kinds of prevention programs should we implement? There are many different kinds of programs designed to prevent emotional, social, and academic problems in children. These programs vary in terms of:

- whom they are meant to benefit (either high-risk individuals or all individuals within a given community)
- how focused the program activities are (do they focus on a single outcome or a limited range of outcomes, such as parent-child communication, or a broader range of outcomes?)
- how and by whom they are developed and implemented (are they designed and implemented by professionals or are community members involved in program development?)
- the extent to which they focus on the individual as opposed to the environment or community in which that individual lives (do they attempt to change the individual, or do they also try to make changes in the environment and systems in which the individual

lives?).

1.2 Elements of Good Programs

Given the considerable experience with different primary prevention programs that has now accumulated, along with comparative and meta-analytic studies such as that of Durlak and Wells (1997), a picture is beginning to emerge of what constitutes an effective primary prevention program:

- The best primary prevention programs appear to be **comprehensive**; these programs have a wide scope not only in the interventions that they offer but also the levels of risk that are addressed, and the levels of society they are designed to help (Nelson, Laurendeau, Chamberland, & Peirson, 1999; Pancer & Nelson, 1990; Durlak & Wells, 1997; Ontario Ministry of Community and Social Services, 1989). Effective prevention begins with the acknowledgment that several ecological levels need to be addressed. High-quality prevention programs must also be comprehensive in the different channels of delivery they use (Pancer & Nelson, 1990).
- Another important component of high-quality primary prevention programs appears to be the **involvement of community members** in all phases of program development and implementation (Nelson, Laurendeau, Chamberland, & Peirson, 1999; Pancer & Nelson, 1990; Ontario Ministry of Community and Social Services, 1989).
- Prevention programs are more successful when they are **provided in a natural setting**. If the intervention program is given in a health care professional's office, it reinforces the patient–client relationship instead of the feeling of partnership that should be fostered. As well, these settings can be intimidating and sometimes not convenient for the community members. A better alternative is to offer assistance and support in more informal settings such as schools, community centres, the participants' homes, and churches.
- It is important to **start at an early age**. Although there is no specific age at which a prevention program would be most useful to children, it seems that the earlier it is started, the more benefits are gained.
- Good programs are **long and intensive**. A key component to running a successful prevention program is the length and the intensity of the program (Nelson, Laurendeau, Chamberland, & Peirson, 1999; Schorr, 1997; Pancer & Nelson, 1990; Durlak & Wells, 1997). Short-term, inexpensive programs are not likely to have as much impact on the participants as a long-term, intensive program would, simply because most therapeutic change takes time. Also, time is needed to develop good relationships within the community setting and, without trusting relationships, interventions are doomed to fail.

- In addition to having this long-term focus, the most successful programs are **flexible and responsive to changes within the community**. The programs must be able to evolve according to feedback from both staff and residents. (Schorr, 1997; Ontario Ministry of Community and Social Services, 1989; Nelson, Laurendeau, Chamberland, & Peirson, 1999).
- Successful programs need to have a **clear and narrowly defined purpose or mission** to keep a clear focus over the duration of the project. For example, the Better Beginnings, Better Futures program has three main goals: a) To prevent serious problems in young children, b) to promote optimal development of these children, and c) to contribute to community development (Ontario Ministry of Community and Social Services, 1989).
- High-quality prevention programs need to have a sufficient amount of **well-trained, competent, and committed staff** (Schorr, 1997; Ontario Ministry of Community and Social Services, 1989; Nelson, Laurendeau, Chamberland, & Peirson, 1999).
- Quality prevention programs need to be **thoroughly researched and evaluated** to determine their effectiveness (Pancer & Nelson, 1990; Nelson, Laurendeau, Chamberland, & Peirson, 1999; Durlak & Wells, 1997). Research is also important to document the procedures that have taken place, to perhaps act as a guide in future programs (Nelson, Laurendeau, Chamberland, & Peirson, 1999).
- **Sufficient funding and resources** are needed for every successful prevention program (Pancer & Nelson, 1990). For every phase of the program, from planning through implementation and assessment, stable funding is necessary. Without skilled people to help with the planning phase, the program will be less successful. Without the proper resources such as community centres, parks, books, and toys, effective programs cannot be run.

2.0 THE BETTER BEGINNINGS, BETTER FUTURES MODEL

The basic elements of the Better Beginnings, Better Futures model for primary prevention were developed by a multidisciplinary Technical Advisory Group (TAG) that the provincial government brought together to review existing knowledge about prevention and to make recommendations about the characteristics that a prevention initiative requires in order to be successful and effective. The model proposed by the TAG, described in the document *Better Beginnings, Better Futures: An Integrated Model of Primary Prevention of Emotional and Behavioural Problems* (Ontario Ministry of Community and Social Services, 1989), included the following elements:

- Prevention programs need to be comprehensive, in that they address not just one or two aspects of a child's development, but a whole range of factors, from nutrition to behaviour to the ability to learn. In addition, program elements should be integrated, in that they

build upon one another and contribute to one another.

- Rather than being "one-shot" affairs provided for a limited time to children of a specific age, prevention programs need to span a range of ages and critical developmental periods in order to produce lasting outcomes. It was therefore recommended that Better Beginnings programs span one of two age ranges: from prenatal through preschool or from preschool through primary school.
- Prevention programs need to be of high quality—carefully planned, staffed by competent and committed individuals, with the safety, security and development of the children being the primary considerations.
- Community development is closely related to child development. Prevention programs need to attend not only to the child but to the kind of community in which the child and family live.

It was the community development aspect of this project that distinguished it from almost all other prevention projects in North America. In conceiving the model for Better Beginnings, the TAG recognized that change at the community level would require significant involvement of community residents in the development of the programs at their sites. Consequently, one of the most important requirements that had to be met by those communities seeking funding as Better Beginnings sites was the meaningful involvement of community residents in the planning, development and implementation of prevention programs in their communities. The TAG stated, "It is important that members of the community have key responsibilities for decision-making about the design, implementation and evaluation in community-based primary prevention programs" (Ontario Ministry of Community and Social Services, 1989, p. 70).

The focus on community development, and the key role played by residents in each of the Better Beginnings communities, meant that each site would develop a set of programs suited to the needs and character of its community. While the programs from all sites would be designed to achieve the project's major goals, it was recognized that the individual programs and especially the mix of programs would differ from site to site. It was also recognized that the way in which programs were developed and implemented, the manner in which residents and service providers were involved, and the way in which staff and programs were managed and organized, would differ significantly from site to site.

3.0 METHODOLOGY

In order to document the process of project development and the program models at each of the sites, a qualitative or naturalistic research methodology was employed, organized within a multiple case-study framework (Yin, 1988). A qualitative approach involves the collection of data by means of direct observation, interviews (either individual or group), and the examination of written documents (Patton, 1990). The individual who was assigned primary responsibility for

data-gathering at each of the seven sites was the Site Researcher. The Site Researcher was often assisted in this task by a Site Liaison, who provided a link between the site and the Core Research Team, and by one or more research assistants.

Field Notes. The major source of information was the set of field notes compiled at each of the eight Better Beginnings, Better Futures sites. These notes consisted of a semi-verbatim account (i.e., using participants' own words) of what had transpired during meetings of the site's main decision-making group, summary notes of what had gone on at other meetings and events (e.g., visits to the site by government representatives), and summaries of major documents such as proposals, minutes of meetings, and interviews. The field notes also contained analytic comments that summarized the researcher's personal impressions and reflections about meetings, discussions and documents. The field notes gathered at each site were entered into a computer database via "The Ethnograph" software package (Seidel, Kjolseth, & Seymour, 1988). This package allows for the coding of field notes into major categories (e.g., resident involvement, project management), and the quick extraction of all notes relevant to particular codes or topics.

Interviews. A number of the aspects of project development that were of interest were often not available from the information contained in the field notes. For example, one issue of concern was what had motivated residents to get involved in Better Beginnings in the first place. This was not often a topic discussed at meetings, and so it was necessary to ask residents about issues such as these in either an individual or group interview, in order to supplement the information contained in the field notes. In most of the sites, both individual and group interviews were conducted. These interviews used an interview guide approach (Patton, 1990), in which a set of topics or subject areas was provided for the researchers to cover in the interview, but the interviewers were free to "explore, probe, and ask questions that will elucidate that particular subject" (Patton, 1990, p. 283).

Report Framework. Information from the field notes and interviews were used in generating a series of reports from each of the sites. In generating their individual site reports, the Site Researchers followed a report framework that had been developed collaboratively by themselves and the Core Research Team. This report framework ensured that a core of relevant information was gathered and reported in all the sites in a consistent format, and it allowed for efficient collecting of information from the individual Site Reports in generating integrative cross-site reports. In writing their individual Site Reports, Site Researchers were asked to ensure they had answered all the questions in the framework. An emphasis was placed on including as much detailed description and as many direct quotes as possible. Site Researchers were also encouraged to include their own analysis and interpretation, ensuring, however, that there was a clear distinction between description and analysis. The information from site reports on project coalition development, resident involvement, service provider involvement, the program "model" or approach followed, project management and organization, and residents' experiences form the basis of the information presented in these chapters concerning project and program model development.

4.0 APPROACHES TO PREVENTION

To what extent did the different Better Beginnings sites incorporate the key aspects of the original Better Beginnings model into the approach taken in their communities? Did their programs include those elements associated with effective primary prevention programs? Finally, how did the various sites translate the principles of the model and the elements of effective programming into the activities they offered to the members of their community? The following section of this report describes some of the key elements of the approach taken to prevention program development at the different sites, along with illustrations of these elements. Appendices A and B present a summary of the key elements of each site's program philosophy and approach to prevention, as well as its core programs and activities.

4.1 Community-Driven

All of the projects are community-driven. The community-driven nature of the projects is reflected in a number of key characteristics of all the Better Beginnings communities:

- Community residents are actively involved in all aspects of program development and delivery; they are key decision-makers in the process of deciding what kinds of programs are needed, how these programs will be implemented, who will staff them, and where they will be offered.
- The programs and activities offered at each site are created to meet the needs of the community as expressed by community residents themselves.
- Community building and community development underlie much of the programming in Better Beginnings communities.
- Accessibility is a major concern in the approach to Better Beginnings programming. Every effort is made to make programs geographically accessible, available in the language that residents speak, and comfortable. Barriers to participation, such as transportation and the need for child care, are addressed to ensure that residents can participate without cost or other restrictions.
- Community events and celebrations are considered a crucial means of bringing individuals together and giving them a sense of community.

4.2 Comprehensive, Holistic, and Ecological

The Better Beginnings model calls for programs that are comprehensive and holistic, in that they deal with many aspects of a child's life, and programs that are integrated, with programs relating to and building upon one another. Once again, this core element of the model

is reflected in the approaches taken by each of the Better Beginnings sites, as is described in the following comments:

These themes of the project are seen as embedded within an ecological/ holistic model. . . . The child is viewed at the centre of the intervention, surrounded by the family which is the primary support system for the child. The Family Support Programs and In-School Programs are viewed as two complementary sets of programs that support the child and family, while Community Development is the broadest level of activity supporting families and children (Etobicoke Program Model Update).

In our ecological model, the primary context for child development is the family, which is nested within a variety of formal and informal community settings—neighbourhood, school, church, work settings and social networks. The community settings all mediate between the family and the larger social structures and processes, which makes it necessary that the support process take place in the formal and informal settings in which families live. Supporting and strengthening the family is also essential for healthy child development since this will prevent many of the problems that parents experience during the life cycle (Guelph Program Model Update).

Thus, the Better Beginnings projects see the child as being enveloped in a system that includes her family, neighbourhood, school, church and other systems, all of which need attention and support to produce optimal, healthy development. At the family level, this meant that the projects did not just provide programming for children; enhancing the well-being of parents and other family members was considered crucial to the process of improving the lives of children, as is illustrated below:

To meet the needs of the kids we must first look at the needs of the parents (Association Member, Sudbury).

These programs' (home visits and parental seminars) objectives were to bring the necessary support to families for developing and preserving parent-child relationships [and] to support the parents in their research for appropriate resources for their family needs. . . . (Cornwall Program Model Update)

Better Beginnings for Kingston Children believes that prevention programs . . . should be aimed at the family as a unit within the community rather than at identified high risk individuals (Kingston Program Model Update).

A major unforeseen lesson learned in developing our vision was the need for the healing component stemming from the deep need for healing in this community - to heal the effects of history. We realized it was not nearly enough to deal only

with healing our children. (Walpole Island Program Model Development Report)

Better Beginnings communities also recognized that change needed to occur not just in the individuals and families who participate in the project, but in the opportunities available to them and the systems and environments in which they live. One of the key factors affecting families in Better Beginnings neighbourhoods is economic disadvantage, and so enabling families to deal with this kind of barrier is an important feature of all Better Beginnings projects.

Projects attempted to address economic disadvantage by enhancing employment opportunities for residents, and by reducing the costs of needed items through the development of bartering networks, community kitchens, food buying clubs and clothing exchanges, as shown below:

One of the objectives of Sudbury Better Beginnings is to increase community control over its economic future (Sudbury Program Model Update).

A large number of participants mention their professional development through their participation in Better Beginnings. . . . Some community members who started with Better Beginnings as parents or volunteers have since reached the status of project's employee or have gained employment within the community. Others have discovered new interests, and some found the necessary motivation to go back to school. (Cornwall Resident Participation Update).

The Family Visitor Coordinator has been instrumental in the development of a network where residents can benefit through the sharing of services and items. The program is based on the LETS system, recognizing the residents' inability to exchange money, while there is a broad availability of skills and a well of wisdom within the community (Ottawa Program Model Update).

Better Beginnings communities were particularly concerned with the environments in which their children lived and played, and highlighted the importance of safe and accessible places for children to play in their program's philosophy:

The community consultation highlighted four needs and desires which they hope to become reality...safe and more accessible places for children to play was one of the needs, and another was a neighbourhood centre for adults and children to meet, to play, to learn and to share (Sudbury).

The project took over this deserted, neglected and vandalized park in 1991. The centre was dark, unsafe, and attracted antisocial and illegal activities. They started by creating a children's garden, a berm and a sand pit, cleaning up the park and the building, adding paint and children's art. They got the neighbourhood involved in all decisions, including designs for landscaping and renovations. Two years ago,

we raised the money to plant many trees, establish two new gardens, add two more berms, two rough hewn gazebos, cinder paths, a stage and a firepit. Last fall, the building itself was renovated, adding natural light, windows, ventilation, storage, new floors, ramps and accessible washrooms. The park is now used on a regular basis by the neighbourhood, and is a much safer and creative place for children to play (Sudbury).

Another system in which children and families are embedded is their primary cultural, national or ethnic group. Many of the Better Beginnings communities include families from a wide range of ethnic and cultural backgrounds; some, such as that in Cornwall, are composed of fewer ethnic and cultural groups but are still considered “minority” groups within the province’s overall population. Not surprisingly, cultural awareness and identity was a significant consideration in developing the approach and programming in Better Beginnings communities:

At first the scattering of French families throughout the city, the difficulty associated with the local socio-economical environment, and daily life demands were often perceived as elements contributing to various forms of isolation. For example, outside the French environment offered by the school, several children live in [English] neighbourhoods. . . . For these persons, Better Beginnings was a resource, a meeting place to get to know people living in the same realities (Cornwall Resident Participation Update).

Increased sense of community and more respect for other cultures enable residents to know and understand their neighbours better (Sudbury, p. 42).

[Cultural awareness and sensitivity] are the values they [PFBB] said have driven programming. . . . When asked if they believe there has been a shift in the values that guide programming over the past few years, five staff reported that there is more awareness of cultural diversity. . . . (Toronto, pp. 6-7)

4.3 Recognizing Strengths, Building Skills, and Encouraging Self-Reliance

A fundamental theme underlying the approach of many Better Beginnings projects is the importance of recognizing individuals’ skills and strengths, and working to build on these. This ultimately produces self-reliance in both individuals and communities, as is shown here:

Increasingly the leadership in the neighbourhood looks for self-reliant solutions to problems that they previously depended on agencies for (Sudbury Program Model Update).

There is also a belief in the capacities of individuals; that is, children, parents, families and communities have strengths and capacities that should be nurtured and supported in an empowering fashion (Toronto Program Model Update.)

The underlying assumption is that communities, families and children have strengths, and that programs should be oriented not just towards the prevention of problems, but also towards the enhancement and promotion of strengths, competence and health (Guelph Program Model Update).

4.4 Focusing on a Wide Range of Ages

While the Better Beginnings model encouraged projects to focus on children across a range of ages (0-to-4 or 4-to-8 years of age), rather than on children from a more narrow range of ages, a number of the projects felt that programs had to address the needs of all children in the community, regardless of age.

Even though 85% of BBBF funding resources is mandated for families with young children, the neighbourhood has always believed that the needs of all families in the neighbourhood, regardless of the ages of the children, are important ... “What benefits one member of a family benefits the whole family” is an idea often heard in defence of programs for children older than four years. (Guelph Program Model Update)

4.5 Involving Collaboration, Integration, and Partnerships with other Community Organizations

Another important theme in the Better Beginnings, Better Futures model is the notion of service integration. This meant that community members, through Better Beginnings, would work with other agencies and organizations in the community to “develop common goals, objectives and collaborative plans” for children and families (Ontario Ministry of Community and Social Services, 1989). This idea of collaboration and partnership with community agencies became a key element of the approaches taken by individual Better Beginnings sites, as these examples illustrate:

The term partnership is generally used to refer to the collaboration between agency representatives, neighbourhood participants and project staff that has been a cornerstone of the project since the beginning. These partnerships are evident throughout the structural organization of the project, as agency representatives sit on teams and committees that make decisions about programs and activities, as well as in the personal relationships that agency representatives, staff and neighbourhood participants have with each other, all working collaboratively together to meet common goals for the neighbourhood (Guelph).

Since 1991, numerous partnerships have taken form between Better Beginnings and other organizations. These partners have contributed towards the setting up of most of the project programs in addition to many activities. . . . Better

Beginnings has often played the role of initiating the creation of more partnerships, [but now]... other organizations also invited Better Beginnings as partners to programs or activities that they were sponsoring (Cornwall Program Model Update).

4.6 Quality Staff and Programs

The original Better Beginnings concept called on prevention initiatives to provide proven, high-quality programs utilizing qualified and well-trained staff:

Staff must be given adequate remuneration, receive management support, training, and good supervision in order to develop and become knowledgeable about the children, families and communities in which they work (Ontario Ministry of Community and Social Services, 1989, p. 109).

This element of the model did receive attention in the documented approach described by some of the Better Beginnings sites:

It is important to note that while community initiatives are driven by active community members' priorities at any one time, the child and parent focused programs are not. These components of the Better Beginnings for Kingston Children model are based on proven approaches to prevention, whether it is childcare, family visiting, or prenatal education, and are delivered by trained staff (Kingston).

However, the idea of quality programming with qualified staff was not highlighted in all of the sites. For example, the approach of most sites was to hire staff from among members of the community, even in preference to individuals who were more qualified but lived outside the community. These community staff people would then be given training, professional development and support to allow them to carry out their jobs effectively. Another way of looking at this issue is that knowledge of the community, which came best through living in the community, was considered of primary importance; other skills could be learned. Also important in hiring staff was their understanding of and agreement with the Better Beginnings model:

The staff are driven by their own sincere passion, resulting in an inevitable contagiously passionate environment within the Better Beginnings Community House, and extending itself outside the House into the community. Passion may be defined here as an authentic feeling of energy, recognizing, supporting, and encouraging one's own and others' wisdom, intrinsic good, and strengths.

5.0 THE PROGRAMS

In their reports on the program models used at their sites, Site Researchers were asked to

describe each of the major Better Beginnings programs operating in their communities. Appendix A at the end of this report presents a brief summary of all of the programs that were listed in these reports. Well over one hundred major programs are described. These have been grouped into four main categories: programs that focus primarily on children and families; programs primarily for parents; school-based programs; and programs for the entire community. These groupings are somewhat artificial; because of the integrated nature of programming in each of the sites, many of the programs could have been listed in two or more categories. As one of the sites describes:

Organizing the many activities that take place at Onward Willow into categories often feels like an artificial division to the people who work with the project. Indeed, these divisions are artificial in the sense that there is a great deal of natural integration and a seamlessness about the way program activities and the staff work together to support neighbourhood families and children, and thus, in the way participants experience the project (Guelph p. 3).

5.1 Child- and Family-Focused Programs

Younger Cohort Sites. The core program for each of the five younger cohort sites is the home or family visitor program. While there are variations in the way this visiting occurs from site to site, and in who conducts the visits, the kinds of things that happen during the visits is similar from one site to another. Home or family visitors engage in a number of activities with the parents whom they visit. They

- talk with the parents about child growth and development,
- discuss games and activities that the parent can engage in with the child, and model these games and activities,
- bring toys from the project's toy lending library or other sources,
- assist in obtaining necessary child-care accessories and furnishings (e.g., cribs, car seats),
- discuss factors that influence the child's health and nutrition,
- help with chores and shopping,
- inform the parent about Better Beginnings programs and other programs and services available in the community,
- make referrals to outside agencies, and advocate on behalf of the families with those agencies with regard to issues such as housing or immigration,
- share snacks and food,
- help with family planning and support,
- discuss finances, job training, and career goals,
- assist in the development of household routines,
- help solve problems and deal with crises, and
- provide a sympathetic ear and emotional support.

While most of the visits occur in the family's home, the visitors will occasionally accompany the parent or child, or both, on a visit to a doctor, community program, or social service appointment. The home visits are designed to achieve a number of important project goals. Among other things, the visits are intended

- to reduce the social isolation of parents who have little social contact because they have young children at home,
- to increase parents' knowledge about child development and their ability to protect and nurture their children,
- to strengthen the parent–child relationship,
- to promote empowerment in the parents, and enhance their self-confidence and self-esteem,
- to reduce parents' feelings of stress,
- to reduce levels of child abuse in the community, and
- to enhance the health, social and cognitive development of children.

The family visitors are often community residents who have been employed by the project, and who receive ongoing training concerning communication, problem solving, resources available in the community, group dynamics and facilitation, child growth and development, nutrition, safety, and the ethnic cultures represented in their communities. In an attempt to make the families more comfortable with the visitors, many of the projects have hired visitors from the most prominent ethnic groups in their community, and tried to match the ethnicity of the visitor with that of the family receiving the visits. The schedule of visits is flexible and is adapted to meet the needs of the family. In two of these sites, the visits last until the child is 5 years old, while in the other two, the visits last until the child is 4 years old. Typically, more frequent visits are made to families with younger children. One site, for example, has a guideline that provides for weekly visits for families with children under a year old, and for monthly visits to families with children aged 3 to 4.

The family visiting program focuses primarily on families with young infants. In order to provide for children at the upper end of the 0-to-4-year age range, the younger cohort sites have established a variety of playgroup and child care programs. A number of the child care programs are designed to provide care for the child while the parent participates in one of the project's programs, or attends project meetings, and so children participate without their parents being present. Other programs, particularly those referred to as "drop-ins," involve both parents or caregivers and children. All provide a variety of activities, toys and equipment for the children who attend (e.g., easels for art, clothes for dress-up and dramatic play, puzzles and blocks). Typically, a nutritious snack is provided for all the children in attendance. The objective of these programs is to enhance the health and the cognitive and social development of the child. In addition, the program staff hope to enhance the parenting skills of participating parents, reduce those parents' feelings of stress and isolation, and promote social interaction among families in the community.

All five of the younger cohort sites now maintain a resource centre, a toy library, or both. In one of the sites, a toy library/story centre operates at each of neighbourhood centres in the project. In another, the toy library is mobile, with toys being delivered and picked up in a small van. Two of the sites maintain a resource library in a Family Resource or Drop-In centre which also accommodate clothing depots for the communities. The fifth site operates its library at two sites in the community for improved access to all community members. The primary purpose of the toy libraries is to ensure that children have a range of stimulating toys and activities that can provide for optimal cognitive and physical development. In addition, many of the toys and activities are designed for parents to be involved in with their children, thus serving to enhance parent-child relationships.

Health concerns are another focus of child and family programming in the younger cohort sites. All four of the younger cohort sites employ health professionals in varying capacities. One of the sites maintains a community health centre satellite office in the community's family centre. Two of the sites employ a community nurse who consults with parents around health issues and provides health and nutrition information to parents and family visitors. The fourth younger cohort site employs a health educator who works with pregnant and new mothers, providing them with information about healthy lifestyles, nutrition, and infant care.

Older Cohort Sites. Many of the programs for children and families in the older cohort sites parallel programs offered in the younger cohort communities. For example, all three of the projects conduct home visits. The activities that occur during these home visits are similar to those that occur in visits in the younger cohort sites: Visitors provide information about Better Beginnings and other community programs and services; they help deal with problems and crises faced by the families; they talk about the kinds of things the parents can do to ensure optimal growth and development of their children; they provide emotional support; and they advocate on behalf of the families. In one of the sites, the home visitors also spend a half day each week in the Junior Kindergarten classroom, which many of the project children attend. This allows the home visitor to provide a link between the school and the home—she can keep the parents informed about how the child is progressing in school.

Two of the three older cohort communities also maintain toy lending libraries. These libraries contain age-appropriate games and activities of a variety of types (e.g., active, dramatic, musical). Many of the toys and activities are designed for parents and children to do together, thereby enhancing feelings of competence and confidence in the parents, as well as improving their parenting skills. One site, for instance, runs a "Take a Book Program," which provides question sheets about the story to get parents discussing books with their children. The two older cohort sites with libraries also maintain several "theme boxes," each of which contains a variety of materials (e.g., toys, games, learning activities, ideas for snacks) centred around a particular theme, such as jobs or jungle animals. The libraries also contain materials and resources for parents (e.g., books and videos on subjects such as parenting and nutrition).

As in the younger cohort sites, the older cohort communities also provide programs that

allow parents and children to attend together. One of the sites has a drop-in for parents and children four mornings a week, providing a structured program that includes crafts, stories, circle time and a nutritious snack. Two of the sites have playgroups for children and their parents. One of these playgroups, the "Travelling Road Show," is provided on-site at three of the housing projects in the community. In another community, residents have the chance to take part in a Family Vacation Camp, which runs in the summer and on March Break, for which volunteers must plan and raise funds for all the activities they would like to take part in.

Because of the age of the children involved in the older cohort projects, these projects typically stage many more programs in which children get together for a variety of activities without their parents being present. Since the children are in school most of the day, these programs often occur before and after school, and on weekends. The before- and after-school and weekend programs provide a safe place for the children to play, and involve a variety of activities, including sports and games, arts and crafts, music, and cooking. Another important aspect of these programs is that they try to keep the activities educational. For instance, one site has puppet shows that teach kids problem-solving and conflict-resolution skills. Similar activities are provided during school breaks and summer holidays, and, in addition, there are often field trips to places such as zoos and museums.

5.2 School-Based Programs

In the older cohort communities, much of the focus in programming for children centres around the school. Each of the three older cohort projects has staff working with teachers and children in the school to enhance the kind of educational and social experience children have in school. Better Beginnings staff working in the school are involved in a wide range of activities. They:

- assist in the preparation of instructional materials,
- help supervise students in the classroom, schoolyard, and on school outings,
- help the children with reading and language activities,
- guide story-telling and drama activities,
- participate in problem-solving and social skills programs,
- lead cooperative games,
- participate, along with teachers and school administrators, in the school's strategic planning, and
- provide professional development activities for teachers in areas such as anti-racism and home-school communication.

These activities are designed to improve children's academic and language skills, improve their self-esteem and self-confidence, reduce behaviour and academic problems that can give rise to the need for assessment and treatment, increase school attendance, improve children's social skills, and help them establish supportive relationships with others (both children and adults).

One of the key elements in programming within the schools is nutrition. In each of the older cohort communities there was a concern that children were coming to school hungry, or that they were not eating nutritious foods, and that this made it difficult for children to learn in school, as well as being detrimental to their health. Each of the older cohort projects therefore established a program that provides children with nutritious snacks or meals either before or during school. Two of the projects provide children with a breakfast or nutritious snack (e.g., juice, milk, fruit, muffins) when they arrive at school each morning. The other project provides a nutritious snack to children three times a week, and provides lunches to those who come to school without lunch. These programs also provide information such as pamphlets, posters, or fairs on health and nutrition to help the children learn to make the proper nutritional choices.

Another key element of school-based programs at the older cohort sites relates to the diversity of cultures of the children who attend the schools in the community. One of the schools holds events to increase the exposure of children and families to the variety of cultures in their community. These have included an anti-racism event, a forum on South-Asian culture, and a number of community breakfasts at which food from different countries and cultures is served. Another of the communities, which has a large Native population, has a team that visits project schools three times a week to provide activities such as art and storytelling relating to Native themes. This site also runs a Multicultural Support Program that informally introduces students to different cultures.

In addition to supporting the students and teachers in the school, Better Beginnings programs also support the parents' involvement in their children's school experience. Better Beginnings staff are involved in consulting with parents and parent associations, encouraging parents to participate in school program committees and planning groups, and getting parents involved as volunteers or paid assistants in the classroom or with the snack program. Some sites also provide family literacy nights, opportunities to use dual-language educational tapes, and homework support nights where parents and children can have a snack and do homework together with the help of trained educators.

5.3 Parent-Focused Programs

In developing programs at the various Better Beginnings sites, there has been a recognition of the key role that parents play in the well-being of their children. Consequently, many of the projects have developed programs that focus primarily on parents.

In one type of program, parents meet together with a facilitator or educator to discuss issues relating to parenting. In the younger cohort sites, a number of these programs are for parents who are expecting a child. Discussions focus on issues such as preparations for childbirth, life with a new baby, breast-feeding, budgeting, tours of hospital maternity wards, links to others services within the community, and the effect a new baby has on marital relations. There are also discussion and education groups for parents after their babies are born. These focus on issues such as child development, time management, discipline and self-esteem. Some

of these programs also provide food, breast pumps, formula, diapers, milk coupons, and so on if the participants need them. The goals of these groups and workshops are to help prepare the family for the new baby; to increase parents' knowledge about child health, care and development; and to increase parents' confidence and feelings of being supported.

A second type of parent-focused program is designed primarily to allow parents to take a break from parenting and to engage in activities that are more social and recreational in nature. The need to get some relief from isolation and the constant demands of caring for a new baby are evident in the names given to some of these programs—for example, the "Parent Take-a-Break" program, and the "Take-a-Break Parent Discussion Group." While the discussion in these groups often relates to parenting issues, many of the activities are designed to give parents a break from child care. Participants do crafts, bake, and go on occasional outings; they also discuss issues such as wife assault and personal health, which can have a profound impact on the kind of environment that they can provide for their children. The primary goals of such programs are to decrease parents' feelings of isolation and stress, to enhance parents' social and support networks, and to build their feelings of competence and self-esteem.

A third type of parent-focused program provided at many of the sites, both of the younger and older cohorts, involves parent relief. Many parents, especially those with new babies, are in need of time on their own away from their children so that they can shop, go to the doctor or dentist, or just have some time alone to relax. A number of the projects provide child care for parents who wish to take a short break from their child care responsibilities, or in case of emergency situations. Such programs are aimed at reducing parents' feelings of stress and isolation.

5.4 Community-Focused Programs

There is perhaps nothing that better represents the creativity, ingenuity and uniqueness of the Better Beginnings, Better Futures initiative than the many and diverse programs that have been developed to enhance the life of the entire communities in which these projects are based. Some of the more specific goals of this part of the initiative, as outlined in the various site reports on their program models, are:

- to develop community leaders,
- to build community spirit,
- to support and strengthen cultural understanding and sensitivity,
- to establish and maintain strong, active, representative community organizations,
- to develop community resources,
- to have a community free from violence,
- to increase neighbourhood safety,
- to increase social and recreational opportunities,
- to develop attractive, safe and accessible places for children to play,
- to reduce racism,

- to increase the level of employment in the community,
- to increase the skills, knowledge and education of community members,
- to improve families' access to child care services, health care services, recreational facilities, parenting groups, and support groups,
- to improve the nutritional status of community members,
- to increase the literacy level within the community, and
- to improve community members' ability to advocate for themselves

As can be seen by reviewing the community-based programs listed at the end of this document, a wide array of programs has been developed to address these goals. Community leadership is developed by programs such as the "leadership group" in one of the sites, which encourages community members to take a leadership role in publicizing the project, organizing community events, and lobbying for community resources. Community spirit is built by community members working together in programs such as the community gardens or kitchens and bulk food-buying cooperatives established in a number of Better Beginnings communities. These kinds of programs help achieve a number of goals, in that they address the nutritional needs of community members (at reduced cost), while at the same time building a sense of community. Community spirit is also enhanced by the many celebrations and special events that Better Beginnings projects have sponsored and organized in their communities. These have included events such as "Sunday in the Park," strawberry socials, community barbecues and rummage sales, summer carnivals, and anti-racism events. Many of these events have featured different ethnic and cultural groups in the communities, and have thereby served to strengthen the community's cultural understanding and sensitivity and reduced racism.

A number of the community-based programs offered in the Better Beginnings communities are designed to make the communities more welcoming and supportive places. This is accomplished by programs such as the "Welcome Basket"; people who have recently moved into the community are given a basket of resources containing information about BBBF, other community services, and goodies for them and their children. The supportive nature of the communities is also enhanced by the many recreational and support groups offered to community members, such as the women's group offered at one of the sites. As well as being educational and entertaining, these groups offer community residents the opportunity to form strong support networks within their neighbourhoods.

Many of the community-focused programs offered in Better Beginnings neighbourhoods are designed to enhance residents' skills and to increase their access to community resources. Examples of these kinds of programs are the cooking and sewing classes offered in one neighbourhood, the language and pre-vocational program provided at another of the sites, and the community newspapers, published on-site with articles written by residents. A number of Better Beginnings programs have also been established to increase the resources available in the community, and to improve people's access to those resources. These include the "Magic Bus," which transports residents to Better Beginnings and other community activities, and the Low Income Needs Coalition, which brings together residents to lobby and advocate for needed

community services.

Not surprisingly, several of the community-focused programs are concerned with the safety and well-being of children. One community held a Child Identification Day in which a community celebration was combined with the photographing and fingerprinting of children. Another Better Beginnings site held community forums to identify and address safety problems within their neighbourhood. In one of the communities, neighbourhood youth get together with police in an attempt to promote safe and healthy neighbourhoods. Other programs focusing on children and youth include the five sites with recreational activities for pre-teens, and the site with educational and recreational programs for teens. A site focused on providing a safe community runs a program called Project How, which plans and implements violence prevention programs in the neighbourhood, including running a safety audit, focus groups, a women's training group, a men's group, and children's activities.

5.5 Relationships Among Programs

How do the various programs at the Better Beginnings sites relate to one another? Do residents typically participate in only one program, or are they usually involved in a number of programs? Do staff encourage residents to become involved in various programs? How much do staff and participants from one program know about what is going on in other programs at their site? The individual program model updates from each of the sites indicates that there are a number of ways in which the programs are linked together:

- **Programs share staff and participants**

Many of the staff at the Better Beginnings sites work in more than one program, and therefore are familiar with different programs offered at their sites. Programs frequently share resources as well as staff. In addition (though this must await confirmation and more detailed description from the quantitative data), many residents participate in more than one program, which provides further linkages among the programs.

This simultaneous use of programs is common. Most of the families who are home visited also attend at least one other program. Once a parent gets to know the Family Visitor through Prenatal classes, she is more likely to ease into the Family Visiting program (Kingston).

- **Programs follow the development of the child**

Programs are also linked developmentally. At the earliest stages, in the younger cohort sites, home visiting is the major vehicle of participation in Better Beginnings. As the children get older, links with other programs (e.g., playgroup) that are more appropriate for older children, are provided.

Moms are contacted during pregnancy and the Health Educator does an intake assessment that would lead to Prenatal classes and/or Family Visiting. Family Visiting can continue until the child reaches his 5th birthday. During this time, a parent and her child might participate in the Infant Group, Toddler Group, attend playgroups and use Parent Relief. Parents may place their children in Childcare while they attend committee meetings. Some weekends, the whole family might attend a Special Event or visit the Parks program in the summer (Kingston).

The activities that were implemented for the playground activities are now organized in age categories. . . . the objective of this measure was to harmonize the activities with the phase of development for each age group and to maintain the interest of the children in each age group (Cornwall).

- **Staff connect participants to other programs** and monitor their progress through other programs

Ideally, the Health Educator is the intake point for pregnant Moms and those with newborns, and continues to follow these Moms and babies as they participate in groups and Family Visiting (Kingston).

5.6 Differences Among Programs

While all eight Better Beginnings projects provided a mix of child and family, parent-focused, school and community programs, there were differences in the way in which similar programs were implemented, and in the mix of programs provided at each of the sites. All five of the younger cohort sites ran a home visiting program as one of their core programs, but the nature of the home visits differed from site to site. For example, there were variations in the length of the home visiting program; three sites chose to stop the visiting when the child turned 4 (Ottawa, Guelph and Walpole Island), whereas the other two sites continued the program until the child was 5, if necessary (Kingston and Toronto). There were also different emphases placed on the various types of child and family-focused programs. For example, one site (Kingston) was very focused on providing high-quality child care; this was demonstrated through its many playgroups and day care services. This site also had a Child Care Quality Enhancement Program through which extra resources are provided to the preschool groups, allowing for projects that staff normally would not have time for. This is compared to another site (Toronto), where the emphasis lay in the provision of educational seminars and workshops. Yet another of the sites (Guelph) provided a variety of educational seminars for parents in addition to many different activities for children up to age 18. These programs included junior rap, teen rap, cooking clubs, karate lessons, summer camps, and so on.

Among the four younger cohort sites, Ottawa and Guelph seemed to focus more on child and family programs and community programs, with somewhat lesser emphasis on programs for parents alone. Guelph, in particular, and Ottawa, to some extent, provided programs to children

in a wider range of ages, beyond those in the focal cohort. Toronto and Kingston appeared to include more in the way of parent-focused programs in their mix of programs. Of the four younger cohort sites, Guelph provided the most in the way of community-focused programs.

The older cohort sites appeared to differ to some extent, as well, in the mix of programs provided. While all three sites provided about the same number of child and family-focused programs, there were some differences among the sites. One site (Etobicoke), for instance, while providing many activities for their mandated age group, also provided several activities for children under 4 years old. The other two sites (Cornwall and Sudbury) focused primarily on providing activities for children 4 to 8 years old. Etobicoke put more emphasis on school-related programs, with several project staff and volunteers working with teachers and children in the school to enhance academic performance and social development. In terms of numbers of programs, Cornwall appeared to place somewhat less emphasis on community development than did Sudbury or Etobicoke.

Community-focused programs varied from site to site as well. Four of the sites (Guelph, Kingston, Ottawa and Walpole Island) offered quite a variety of different programs with a community flavour, ranging from food buying clubs to leadership development and advocacy programs to special events and even the provision of legal clinics. One of these sites (Guelph) has nearly 20 different programs in this category! Although the rest of the sites did not offer as much variety, they still provided many programs aimed at community development.

6.0 ORIGINS OF PROGRAMS

The list of programs and activities initiated by the various Better Beginnings, Better Futures projects is long, and contains a number of creative and innovative program ideas. How did such ideas originate? The reports on the program models developed at each of the sites described a number of ways in which program ideas were generated, and a number of different sources for these ideas, as listed below.

- The original Better Beginnings, Better Futures document

The original Better Beginnings document (*Better Beginnings, Better Futures: An Integrated Model of Primary Prevention of Emotional and Behavioural Problems*) described several model prevention programs for children of varying ages and their families. For example, one of most successful programs for families with infant children involved home visits with parents as the key component. This was influential in persuading many of the sites to include home visiting in their array of programs.

- Other Better Beginnings projects

From the beginning, the different Better Beginnings projects were encouraged to

share information and program ideas with each another. This sharing was facilitated by having all the sites linked to one another by means of a computer network, and by holding a number of round tables and quality circles at which staff and community members from various projects met together to discuss specific topics. These contacts led to a considerable amount of sharing of program ideas. For example, one of the sites developed an activity involving parents and children reading together, based on an idea they got from another site at one of the quality circles.

- Other similar programs

Those developing programs often went to visit other similar programs operating in adjacent communities, and gleaned ideas from these programs. For example, the toy lending library that was established in one of the Better Beginnings communities developed its system of cataloguing toys from the system used by a large toy lending library in an adjacent community.

- Program resource materials

Projects often made use of resource materials that had been developed for the purpose of assisting interested individuals in developing programs. One of the Better Beginnings communities, for example, obtained many of the ideas used in the development of its family resource drop-in from a guide published by the Canadian Association of Toy Libraries and Resource Centres, entitled *Caring for Families*.

- Program staff and project service providers

Many of the staff who were hired for the various projects, and many of the local service providers who worked with Better Beginnings, came with considerable expertise and qualifications; they applied their expertise to the development of programs.

- Parents and community members

Parents and community members played a major role in conceptualizing many of the Better Beginnings programs. In some of the sites, programs were conceived mainly by project teams that included significant numbers of community residents.

The programs offered initially at Better Beginnings sites were conceptualized and developed in a variety of ways, but as the project participants became more experienced, and as residents became more confident and skillful at expressing their needs, the great majority of

programs were developed and conceptualized by program staff and residents working in partnership, and were based on needs expressed by community members.

7.0 CHANGES IN PROGRAMS AND ACTIVITIES OVER TIME

While many programs and activities remained essentially the same over the first years of the project, several changes occurred: some programs were discontinued, others were introduced, and many were changed in fundamental ways. The following describes some of the key changes that occurred in programming, and offers some explanations for their occurrence.

Community development at a broader level

One of the most significant changes occurring in a number of the projects had to do with the nature of community development. The initial steps in the area of community development had been rather cautious and limited. As the project teams developed confidence and experience, bolder and broader community development activities were initiated.

For the past few years, the focus of community development “has happened at a broader level, rather than just some micro-community. . . . It has allowed us to be key players with other agencies around a lot of early intervention initiatives and coordinated services initiatives ... ”

During the last several years there has been an increase in the amount of outreach, presentations, and activism by both community residents and project staff. . . . In 1997, there were seven different presentations to politicians, including Ministry of Community and Social Service officials, ministers and deputy ministers, MPPs, and a policy forum at Queen’s Park.

Greater focus on outreach and activism

Over the years, the nature of community development, as well as its breadth, underwent change. There was much greater focus on reaching out to community members and on getting residents involved in activism and advocacy activities.

When permanent funding was announced in 1997, the project underwent a review process and it was decided that the Community Development Coordinator's position should be modified in order to place more emphasis on outreach and volunteer coordination efforts: “what we're trying to get . . . to . . . is [that] community development should be a support of the other program initiatives and objectives. So, we're starting on that route, as sort of an active support through volunteer recruitment or community action. . . . That's how community

development should happen here. . . . How it happened is through the process of the review . . . [we recognized] a need, that . . . we need to be coordinated around our outreach to the community. There are many children and families that we may not be approaching, and with that coordinated approach you create a foundation for many other things you want to do with the community, which is to involve them, get leadership, get volunteers and move toward community action”.

A change in programs and activities included increased community outreach to the broader community beyond the [Better Beginnings] neighbourhood. The development of the Employment Training Program is an example of a program that was started by residents, and which reaches and includes residents who had no involvement or limited involvement in the project before. (Another) trend that can be observed is an increase in neighbourhood outreach and activism by neighbourhood residents and project staff beyond their own neighbourhood and into the wider community.

Re-focus on mandated child group

The increased emphasis on community outreach and activism, coupled with the desire to help parents, appeared to reduce, to some extent, the projects’ original focus on children. Consequently, a number of projects made an effort to re-focus their programming and activities on children within the age group that they had been mandated to serve.

The other thing that needed to happen was that we need to . . . re-clarify our focus and what we're funded for. We're funded for young children . . . [;] we were drifting into [other] areas . . . but it's not what we are funded for. And the message that we're getting from the Ministry was very clearly that we need to make sure that we're not drifting into other areas [When] it comes down to it . . . you have to make some choices.

Provision of more parenting groups and corresponding playgroups

At least two of the younger cohort sites experienced an increased demand for parenting groups and workshops. This increased demand was attributed, at least in part, to parents becoming more vocal and confident in expressing their needs.

[The provision of more parenting groups and corresponding playgroups with a child development focus was one of] the major changes in Better Beginnings’ approach to prevention. . . . some cultures have been more vocal about their desire for parenting groups. . . . “People begin to maybe open up more about their needs around parenting; whereas I think when we started here nobody was working with this age group, except in daycares”.

An increase in the number of parenting workshops came about because of the expressed needs by parents for learning and support around parenting issues. The Coordinator notes that this was a 'readiness issue.' Early in the project, parents were hesitant to talk about their struggles with parenting. Over the past year, parents were ready to take the risk to talk about more painful issues. . . . Consequently, the last year (1997) saw a dramatic increase in the number of workshops available for parents.

Programming for a wider age range

The original Better Beginnings mandate called for projects to focus on children from either 0 to 4 years of age or 4 to 8 years of age. Several of the projects found it difficult to limit their programs to these age groups; if they were to engage in true community development, they felt they needed to provide activities and programs for older children and youth as well. Consequently, a number of project sites looked for ways to provide programs and activities for children outside the mandated age groups.

With the help of other community organizations, a karate program was started in the neighbourhood for children and youth over 5. . . . The young women's group was started by a group of teen women who wanted to meet to talk about issues that were meaningful and relevant to their lives, and consequently became a scheduled program activity. These new programs have come about as a result of the staff and residents identifying needs for children and youth and developing a program to meet those needs. . . . Inclusivity of all neighbourhood residents in the project, and not only children under 5, has always been a guiding principle of the project.

Increased participation by culturally diverse groups

With increased amounts of outreach occurring in many of the communities, more residents from various cultures were coming into contact with Better Beginnings projects. This created a demand for programs geared to the language and culture of these individuals and groups.

A very significant change in programs has been an increased response to cultural groups living in the neighbourhood. This has been reflected in the creation of programs for parents and children from different cultural backgrounds; for example, Friends Circle for Chinese-speaking parents, Ban Viet for Vietnamese-speaking parents, and the El Grupos Las Alegres for Spanish-speaking parents. The development of culturally specific groups for Vietnamese-, Chinese- and Spanish-speaking families developed out of a need to link home-visited families to other programs and to each other for peer support, and to maintain contact with families after they were no longer receiving home visits (Program Summary, April

95–Sept. 95). These parents were also expressing a need for informal opportunities to learn everyday English that was accessible and located in the neighbourhood.

Lack of demand, unsuccessful programs

Each of the Better Beginnings sites experienced its share of programs that were discontinued for one reason or another. In many instances, the programs were discontinued because they did not attract many participants; in some cases, it was decided that the programs could not be effectively implemented due to insufficient resources or staff training. The following are some examples of programs that were terminated, with the major reasons for their termination:

The *Family Drop In* (FDI) was phased out because: the FDI was a duplication as there are several school-based parenting centres in the community; safety issues in the community led to fluctuations in participation; and the management [of the local community centre] was no longer happy with Better Beginnings using so much space on a weekly basis for their programs.

Bridging the Gap Between You and the CAS, a group attempting to organize support for families involved with or fearing involvement with the child welfare agency, eventually stopped after six months because of insufficient resources, inadequate training to facilitate the group, and different programming priorities.

English Take-A-Break ran November 1993 to December 1994 but participation was too low, did not justify staff time, and was not the most effective way of spending resources, especially since demand for visits were high at the time. However, some felt that the program should not have been dropped, and felt they were not part of the decision to drop [the] program.

Respite care is now very rarely provided by project staff, and over the past few years it is estimated that respite care has been provided by project staff to families on an average of about once a month. This is attributed to the fact that most parents have become more connected to other people living in their neighbourhood and are able to find other neighbourhood parents who can provide assistance with child care when they need it. Parents who need someone to care for their children usually prefer to receive money so they can pay for a child care provider of their choice, such as a neighbour or friend they already know.

From the beginning of the project, two *playgroups* had been operating: one in [neighbourhood 1], and one in [neighbourhood 2]. In January 1997, the decision was made to discontinue the playgroup in [neighbourhood 2], mainly because of low attendance.

Dad's Group was discontinued because of low attendance.

The *Test Kitchens Program* consisted of testing recipes that were to be included in the community cookbook. The cookbook is finished so the Test Kitchens Program is no longer running.

8.0 THE IMPACT OF CULTURE AND ETHNICITY

Culture and ethnicity were fundamental considerations in every one of the Better Beginnings projects, and had a profound influence on the kinds of programs that were developed in every site. Each of the project communities presented a unique cultural context in which programs were to be developed. In the Etobicoke and Toronto projects, for example, program developers had to tailor programs to communities in which residents spoke many different languages and came from a wide range of countries and cultures that inevitably had different ways of looking at things such as child-rearing and the role of women. In the Sudbury project, the primary elements in the ethnic and cultural mix were Native, anglophone and francophone. The Cornwall project, while dealing with a cultural context that was somewhat more homogeneous in that most residents spoke the same language (French), had to take into consideration the fact that francophones are a minority language group in the province. The Walpole Island site also provided some challenges to program developers because of the different traditions and cultural expectations held by the Native residents at the site.

Cultural considerations influenced a number of aspects of the programs:

- Who provided the program services

The individuals providing services or coordinating activities had to be sensitive to the needs of the cultural groups with whom they worked, and preferably would be able to speak to program participants in their own language. For this reason, a number of the sites hired ethnically diverse individuals as front-line staff.

- The importance of language in programming

A number of the projects supported residents and their children in learning English; for example, by providing child care to parents while they took ESL classes, or by providing classroom assistants to help children with their reading. At the same time, projects tried to reach out to the various cultures in their communities by providing written materials and programs in their own language, or by having interpreters available for meetings and programs.

- Programs that focused on developing and sustaining cultural identity

Several programs were developed to appeal to community members within a specific culture, and to enhance their cultural identity. These included programs such as the playgroup in one community that centred around East Indian dance, the summer camping program that featured Native culture, and the resource and toy library that provided a wide variety of French games, books and videos for the francophone community. These measures to sustain cultural identity were especially important at the Walpole Island site where programs such as Community Enrichment Sessions, Native Language Classes, and Native Learning Circles were developed to ensure the survival of the Native traditions.

- Programs that promote positive cultural relations and reduce racism

Several programs were developed at different sites to promote positive relations among cultural and ethnic groups in the community by bringing them together for celebrations and cultural events, by educating school children about cultural groups in their community, and by providing anti-racism training and events.

9.0 GOVERNMENT AND THE BETTER BEGINNINGS MODEL

The provincial government, along with its co-funders from the federal government, provides support to the Better Beginnings, Better Futures Project through two individuals, the Project Design Coordinator and the Site Supervisor/Coordinator. The Project Design Coordinator is responsible for ensuring that the model recommended in the Better Beginnings, Better Futures document is what is actually implemented in the field. The Site Supervisor/Coordinator is responsible for working with each of the urban Better Beginnings communities to implement, administer and financially monitor the programs. A 15-member government committee also meets regularly to monitor and support the project.

Government, through its Project Design Coordinator, Site Supervisor/ Coordinator, and government committee, has had a profound impact on the kinds of programs that have been developed in the Better Beginnings sites. One of the primary functions of government personnel has been to ensure that the programs, as designed and implemented in the various communities, stayed true to the original model that had been recommended to and approved by government. This model stipulated that the programs focus on families with children in a specific age range (either 0 to 4 years, or 4 to 8 years); that programs be comprehensive and integrated; that the programs be of high quality; that community members be involved in every aspect of program development; that programs focus not just on the children and their families but on the communities in which they reside; and that the programs be clearly preventive in nature rather than providing treatment for problems that had already developed.

The government representatives have been active in fulfilling their responsibility to ensure that the Better Beginnings model was implemented as planned. Their actions in this regard, however, were at times seen by the various sites as being unnecessarily controlling and

intrusive. One of the key features of the Better Beginnings initiative from the outset was that the individual projects would be truly community-based—that members of the community, working as partners with local service providers, would decide what kinds of programs would be developed in their communities. When government representatives attempted to influence the kinds of programs that were developed, or who the programs would be offered to, in an attempt to ensure that the basic principles of the Better Beginnings model were being adhered to, this was often seen as contrary to the principle of community ownership of programs.

The tension between government influence and community control was evident in a number of areas:

- Programs for children outside the mandated age group

The government stipulated that 85 percent of all funding in each of the project communities be directly focused on programs and activities for families of children within a specified age range (either 0 to 4 or 4 to 8 years of age). A number of communities, however, felt the need to provide programs for children in other age groups as well. This was resolved, to some extent, by these communities seeking funding for such programs from agencies outside of Better Beginnings. Nevertheless, government influence did, as one report put it, "force the community away from some of its priorities."

- Primary health care

As part of Better Beginnings programming, some of the project organizers wanted to provide primary health care (i.e., medical services delivered by a doctor or nurse) in the neighbourhood. Because this kind of service was felt to be more treatment-oriented than preventive, it was not allowed to be funded by Better Beginnings. One community resolved this by finding alternative funding for a satellite community health centre in the project neighbourhood.

- The pace of program hiring and development

A number of the communities felt pressured by government deadlines to recruit neighbourhood participants, design programs, and hire staff. For example, the sites were all to have prepared their program plans and designs for the government early in 1992 in order to receive permanent funding. Many of the sites felt rushed in this process. As one site report described the situation:

This meant being able to define clearly what programs were being offered. While on the one hand, this gave the site a push to come to decisions around programming, personnel believed decisions were made under a time constraint with less reflection and consultation

than desired.

- **Program staffing and operations**

Government representatives made a number of specific program-related recommendations that at times did not sit well with project members. For example, at one site they made recommendations about the number of hours per week that family visitors should spend with each family, the hiring of a community developer rather than having community development be a part of every staff member's job description, and the salary levels of family visitors. Project personnel considered this to be overly intrusive in a domain that should have been under the project's control.

Disagreements between sites and government representatives were almost invariably worked out through a process of negotiation, which left both sides reasonably satisfied despite the fact that there remained, at times, a residue of confusion or discontent. One site report described the process of developing a program model at their site in the following way:

From the experience of developing the program model in this project, it seems clear that the government and project participants had different expectations and interpretations about how they would develop prevention programs. This resulted in a process of negotiation which was arduous and frustrating at times, but eventually led to a program plan that had widespread approval among project participants and which the government could eagerly support.

10.0 CHALLENGES IN THE DEVELOPMENT OF PROGRAMS

Better Beginnings, Better Futures has been a complex and ambitious undertaking from the outset. It aimed to meld community members and local service providers into an integrated team that would engage the entire community in a process to better the lives of children and families living in those communities. Understandably, there were a number of challenges that were encountered in achieving this aim:

- **Limited time, space, and resources**

In order to make programs easily accessible to community members, project teams attempted to locate these as centrally as possible. It was often difficult to locate space of sufficient size at a central location, and this had an impact on the kinds of programs that could be planned—especially with the rapid growth that many programs experienced. Limited space was particularly a problem when the numbers of participants in many of the programs increased dramatically in the latter years of the projects' development.

The large size of a number of the communities, coupled with the goal to design a

comprehensive array of programs for children, families and the community, created substantial demands for trained staff that were difficult to meet with the funds available through Better Beginnings.

Better Beginnings projects were given two years to develop a broad range of high-quality programs. A great many activities (e.g., involving residents, developing a viable staff structure, creating policies and procedures, working with other community agencies) had to be undertaken to meet this deadline, creating considerable feelings of pressure and stress in the projects.

Many of the programs experienced rapid growth as they attempted to meet the needs of the community. As programs grew, they attracted more participants, stretching staffing and space resources.

Given the pay levels and part-time nature of many Better Beginnings staff positions, it was not surprising that the projects experienced turnover in some key positions. One site, for example, had to deal with a replacement of the project director. In other projects, key community workers took other jobs, went on to higher education, or left on maternity leaves. In some instances, programs were terminated because suitable individuals could not be found to replace those who left.

Programs were often the victims of their own success. Once Better Beginnings became a trusted community organization, the demand for both existing and new programs grew so rapidly that not all the individuals who wanted to participate in Better Beginnings programs could be accommodated. This meant that services often had to be rationed or restricted, or that staff had to serve larger numbers than could be dealt with effectively, thus reducing the quality of programming. It also meant that the project teams often had to decide between continuing to provide programs to individuals already involved in the project or reaching out to community members who were not involved but might benefit from project programs:

There was a real dilemma with our team. If we continued to outreach to babies we couldn't keep the ones involved and we can't keep everybody, we don't have enough staff . . . so we were not outreaching for new babies but we were maintaining contact with the babies we had. . . . If we kept involved with newer and newer infants, we would soon have to displace the people we had. . . . So as [a child] went from infancy to toddler to preschooler and now to school, she remained involved and her siblings have remained involved. . . . It's a dilemma—we can't let people in a prevention project leave because you want new people. . . . So all the parents

groups that meet here, all want to continue. They all want their space and their time so that's why the groups have increased".

- **Learning how to work with a variety of people from different backgrounds**

Whenever possible, projects hired community residents to staff the various Better Beginnings programs. While these individuals brought with them many valuable skills from their life experiences as parents and their knowledge of the community, many did not have experience in planning programs, working as front-line staff, or working within a formal organizational structure. This meant that the projects had to provide significant amounts of support and training for these individuals.

Individuals involved in program development often had different working styles—some preferring to establish detailed program plans and procedures prior to beginning the programs, others wanting to start programs with minimal structure to allow programs to develop in a manner that was more flexible and responsive to participant input.

- **Ethnocultural issues**

A number of the Better Beginnings projects are in communities with significant numbers of individuals who speak languages other than English. This created a demand for staff and volunteers who spoke these languages.

This great diversity of cultural and language groups in some of the communities presented a significant challenge for programming. Because of the many different languages spoken by community members, it was impossible to hire staff fluent in all those languages. In addition to the challenge that language posed, there were often fundamental differences in cultures that needed to be taken into consideration in developing programs.

Racial, ethnic, and national groups with a history of mistrust and conflict often lived within the same Better Beginnings community. This made it difficult to develop programs that would attract members of all backgrounds.

- **Resident participation issues**

Many community members were unused to taking part in activities such as committee work and program development, and often felt intimidated in working with professionals with whom they had had a very different relationship in the past. This meant that a considerable amount of work needed to be done to establish trust among residents, and to make them feel comfortable contributing their ideas for programs.

The desire of Better Beginnings to respond to the immediate needs of the community often made it difficult to engage in long-term planning and staff management. Meeting community needs often necessitated rapid adaptation of physical resources and changes in staffing and management procedures.

The Better Beginnings model requires the sites to focus on families with children in one of two narrow age ranges: 0 to 4 or 4 to 8. The model also urges site teams to work for change at the community level. These two elements of the model were often perceived to be in conflict, since many of the community's needs had to do with individuals who were outside the focal age ranges.

- **Political issues affecting better beginnings**

Funding for the Better Beginnings sites was initially for a five-year period. Funding was expected to end, or at least to be drastically reduced, in 1996. The anticipated reduction in funding meant that the project teams, beginning as early as 1994, had to devote considerable energy to the development of plans for alternative funding.

Dramatic cuts to social assistance in 1994 meant that many families in the Better Beginnings projects were having to make do with much less money each month. This required an immediate response on the part of many projects to help families in economic distress to deal with issues such as food security.

The teachers' strike was another event that necessitated immediate programming—some parents, who could not find affordable ways to have their children cared for, needed help deal with issues such as child care.

- **Issues with other community agencies**

Better Beginnings communities were selected, at least in part, because of their shortage of programs and services for families and children. Some such programs did exist in those communities, however, and over the initial few years of the project a number of communities received additional funding from programs such as “Healthy Babies, Healthy Children” and “Brighter Futures” to accomplish aims that were similar to those of Better Beginnings. Consequently, other programs in the community were at times very similar to those offered by Better Beginnings, requiring consideration of how to reduce duplication of services.

It was sometimes difficult for service providers from other agencies working with Better Beginnings to understand the difference between prevention and treatment or primary care.

In this whole business of helping, there is almost a complete lack

of understanding about what strengthens low-income neighbourhoods. The culture of professional helpers uses language and forms that maintain their power and control over their clients. Partnership implies equality; how can an unorganized group be in partnership with one that is well-funded and tightly organized.

In a number of communities, Better Beginnings was sponsored by one or two key organizations (e.g., the local school board, Children's Aid Society). This often meant that the Better Beginnings policies and procedures had to be harmonized with those of the sponsoring organization. It also meant that Better Beginnings personnel and the organization personnel, who often had very different backgrounds and perspectives, had to learn to work together effectively.

- **Issues within the communities themselves**

The low income level of participants created a host of difficulties that had to be addressed in order to help residents and to enable them to participate in Better Beginnings programs. Many residents, for example, did not have transportation to allow them to come to a Better Beginnings centre, even to pick up a food box. Others could not afford child care. These problems were addressed, in part, by providing transportation and child care, and locating programs, when possible, at sites accessible to residents.

Violence in families and in the community was a common occurrence in a number of Better Beginnings sites. This affected programming, trust among community members, and the willingness of residents to come out to Better Beginnings programs. Finding ways of dealing with a problem of this magnitude was a challenge for the project teams.

11.0 LESSONS LEARNED

In attempting to meet the considerable challenges to developing and implementing high-quality prevention programs for their communities, project teams learned a number of lessons and strategies that proved helpful in enabling them to develop the kinds of programs their communities needed. The following selection of "lessons learned" are drawn from the individual site reports on the development of programs in their communities:

Programming Issues

- Programs need to be accessible, well-promoted and visible in the community. This can be accomplished, to some extent, by establishing a network that allows quick communication of program information to community members. It can also be accomplished by a variety of outreach strategies, including "hanging around" places in the community where families gather, and going door-to-door.

- Programs that are offered free of charge, and without any formal commitments for parents or children, result in more spontaneous, active and pleasurable participation. Interested parties should be merely required, at most, to complete a simple form that asks for basic information in order to participate. Participants should not be required to attend all sessions or activities of a program if they choose not to.
- Being able to anticipate potential problems and situations through detailed planning of programs can result in greater consistency for participants and staff as well as an assurance of quality programming. The need for structure, however, must be balanced with the flexibility to change programs to meet the needs of program participants.
- The physical environment can have a considerable impact on program participation. Families prefer environments that are cosy and home-like over ones that are more agency-like.
- A non-expert, non-threatening approach is crucial in enlisting the participation of community residents in program planning.
- Program teams can provide an excellent context for bringing neighbourhood, agency, and staff together to develop programs.
- Programs should be continually monitored to ensure that they are meeting the needs of those for whom they have been developed.
- Tangible markers of change, such as the building of a park or playground, provide project participants with a visible symbol of the changes that can be made in their communities.
- Programs tailored to the residents' needs will be viewed as more accessible and may increase participation. Locating the centres within walking distance and providing food and child care are effective incentives and are stigma-free.
- Flexibility is important to the success of programs. Both the programs and the staff members themselves must be able to accommodate the needs of the participants. Barriers can be created when residents sense an unwillingness to change.
- To be effective, prevention efforts should start as early as possible in a child's life.
- By incorporating principles of self-help and adult learning into prevention programs, the residents are encouraged to become self-reliant as soon as possible.
- Prevention efforts should focus on the family rather than on specific high-risk individuals. This approach avoids stigmatizing individuals and strengthens the family unit while supporting the parents.

- Program monitoring systems and participant evaluations should be incorporated into prevention projects to ensure that proper evaluation is being carried out.
- The community as a whole must be taken into consideration when programs are being designed because valued change takes time and requires effort from the entire community.
- In long-term prevention projects, major change does not often happen all at once but rather it occurs as small successes that build on each other and each have a positive impact on the community.
- Constant community outreach is essential to reach isolated families and maintain participation levels. Persistent, informal, personal contact is often the only thing that will convince some residents to get involved in the community. Programs need to allocate time for outreach activities; program content and promotional material must be translated into many languages and be easy to read; and multiple methods should be used in outreach efforts (newsletters, flyers, going door-to-door, etc).
- Group-oriented programs are effective solutions not only for the challenge of connecting families within the community but also for dealing with the heavy case loads that program staff carry.
- Summer programming may be important to maintain community connections between spring and fall sessions.

Connections with Other Service Providers and Agencies

- By working collaboratively with other agencies in the community, Better Beginnings can gain access to physical and human resources that would not have been available to the project on its own. These kinds of links, however, take considerable time and energy to forge, and can be hindered by events such as staff turnover in collaborating agencies.
- Ongoing communication with government representatives is necessary to build a supportive relationship with government and to convey the needs of the project.
- Paying attention to the political context and advocacy is also important in the making of long-term changes in the community. However, this process can be time consuming and controversial because some people feel that it diverts a lot of energy that should be devoted to other programs for the community.
- Locating many different project departments in one building can improve communication between staff because physical barriers are removed.

- Prevention programs should draw the attention of other major service providers and organizations to important community issues. This may not facilitate immediate change but it will have an impact on the residents in the long run.
- Referring residents to the proper health care resources is essential. The health care system can be complex, and steering families to the proper services can result in better quality care.

Staffing Issues

- Community workers can be an important link between community residents and the project. They help give residents a voice in expressing their needs, wishes, and ideals so that these can be translated into effective programs.
- Staff who are familiar with cultural groups in the community and can speak their languages are needed in order to provide programs that are sensitive to the needs of these groups. In addition, by focusing project events on various cultural groups (e.g., Black History Month), and by including a variety of foods from different cultural groups at these events, barriers to the participation of different cultural groups can be overcome.
- Leadership and vision are needed to transform ideas into a coherent set of programs. The project coordinator or a central steering or planning group can provide this vision to fit programs together.
- Staff retreats and the use of external consultants have been effective strategies for team building and for problem solving around programming issues.
- Project coordinators must be able to give direction but still let the staff adapt programs to meet the participants' needs. This type of good leadership demands flexibility, trust, and the ability to be a facilitator instead of solving people's problems for them.
- While it is important for staff to be flexible, they still need to have clearly defined roles to provide continuity of service and high-quality programming. Being accountable to a job description also helps them to avoid feeling "stretched."
- Staff need to realize that working on community prevention programs sometimes can be very difficult, but it is worth the effort.
- It is crucial that program staff express their feelings and opinions about the project. Being able to share their opinions is critical to their doing their jobs effectively.
- Providing staff with training and continuing educational opportunities can help them work more effectively. Staff training in cultural sensitivity is also important to strengthen

participation from diverse groups.

- When project staff take a strengths-based approach to dealing with resident issues, the results tend to be much more positive than taking a deficit approach, which emphasizes family weaknesses as opposed to their competencies.
- High-quality care is essential to the success of programs. This quality involves responsiveness to the parents and children, and the taking of extra effort and care when planning activities to ensure they are correct for the participants. High-quality programming also requires stable funding and adequate staff training.
- Program staff need to take a non-judgmental approach to ensure success in the communities. Residents need to know that if they have a problem they can come to the staff for help and will not be stigmatized for doing so. Cultural sensitivity and accessibility are also key to this approach.
- Effective staff members have been described as passionate, committed, sincere, supportive, and inspiring. As well, the ability to listen and be understanding are crucial to dealing with residents' issues.
- Regular supervision of peer home visitors is effective when the supervisor has experience in home visiting, child rearing and development, and case management.
- To enhance the quality of programming and reduce training required, all child care staff should have early childhood education (ECE) qualifications.

Resident Involvement

- The involvement of neighbourhood residents in developing, implementing and publicizing programs is crucial to ensure that programs meet the needs of the community and have high levels of participation. Participation of residents can be enhanced by providing child care for those attending meetings, by providing food or snacks, or by other means that make participation comfortable for those who attend.
- Programs need to be responsive to community wants and needs. Listening to the community and acting quickly to serve them can have a positive effect on program participation. Some of the most successful programs are ones that were requested by the community.
- Community members need to make a long-term commitment to the program, because lasting, meaningful change takes time.
- The recruitment of parent volunteers is essential to the success of the program. All of the

project coordinators felt that the parent volunteers were vital to the project.

- The hiring of resident parents can increase the programs' success because those parents are sensitive to the community needs, they can relate to the different ethnic groups, and they seem to elicit greater levels of trust and participation from the community.
- Having teenagers as volunteers and paid employees in the program is beneficial because the teenagers develop bonds with others outside their age group, and their involvement allows the community to see the teens in a positive light. This contributes to the community's feelings of safety.
- Program managers must keep in mind that residents should be hired on the basis of their skills, not just because they have experience living in the community.
- Regular consultation with the community is vital for program design, implementation, and evaluation. The committee volunteers know what the community needs and will ensure that the programs continue to meet the needs of neighbourhood families .
- It is important to recognize and reward the contributions of the community and to thank volunteers for all of their hard work. Recognition dinners and honoraria are effective ways of showing appreciation to residents.

Issues Around Trust and Respect

- Consistency of program staff, schedules and location is important to the maintenance of high rates of participation. This enables participants to form a connection with the staff and the program. Consequently, staff turnover needs to be handled with care; participants need to be given advance notice, the opportunity to help plan the transition, and a commitment from the agency that a replacement will be provided.
- Trust—between the project staff and community residents, and between the project and other local service providers—is crucial in the establishment of programs in the community and in the attraction of people to those programs. Establishing trust takes time, consistency and a considerable amount of one-to-one contact.
- It takes a lot of time for residents to accept the programs and feel comfortable with the project staff in their communities. Above all, patience is required to build credibility and the nurturing, positive relationships necessary to begin the process of change.
- It is important to take time to build positive relationships and mutual respect with the volunteers. The extra time and effort required to maintain these alliances is a small investment compared to what the volunteers give back.

- Being realistic about what services can and cannot be provided is important for building trusting relationships with the community members. Be honest about the organization's constraints and do not make promises that cannot be kept.

Funding Issues

- Funding is not unlimited, so project teams must decide which programs are most crucial to the community, and acknowledge that not all of the community's needs can be emphasized at all times.
- Secure funding is necessary for the planing and implementation of high-quality prevention programs. Lack of secure funding creates stress for staff and residents due to the absence of stability for current projects and the difficulty of planning long-term projects.

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APPENDIX A

Table of Programs

TABLE OF PROGRAMS

**Younger Cohort Sites
(ages 0-4)**

GUELPH - ONWARD WILLOW			
Child and Family Focussed Programs			
1. Kindergarten Readiness	Children entering kindergarten in the following year (mostly ESL children)	1 FT Child Care Coordinator, 1 PT Child Care Assistant, 1 Community Volunteer	8 sessions/month year round, focussing on school readiness skills (eg., fine motor skills, writing, language, and social skills such as learning routines and problem solving)
2. Parent Run Drop-In *NEW	Mon: Parents and Toddlers Thurs: Parents with children under 5	1 FT Child & Family Coordinator, 1 Child Care Assistant, 2 Community Volunteers	Mon: Parents & children spend time together doing play-centred activities (singing, crafts, etc) Thurs: "Mother Goose Program": Parents learn songs & rhyming games for playing with children, then play the games with their children
3. Parent-Infant Group	Expectant mothers and mothers with infants and toddlers	1 FT Child and Family Coordinator, 2 PT Child Care Assistants, 1 PT Home Visitor, 2 Volunteers, Guelph Community Health Centre, Public Health Unit	Health professionals share their expertise with parents. Parents participate in activities aimed at promoting health and wellness while their children are with the Child Care staff. Parents trade clothes, baby equipment, learn to make baby food, etc
4. Child Play Group *NEW	Preschool children age 2.5-5 yrs	1 FT Child and Family Coordinator, 1 PT Child Care Assistant, 1 Parent Volunteer/ Morning	Children are dropped off at the centre where the Child Care Assistants focus on teaching social skills (sharing, cooperation, and problem solving) 8 sessions/month for 52 weeks
5. Parent Take a Break	Mothers of toddler to school-age children who started out in the Parent-Infant Group	1 FT Child and Family Coordinator, 2 PT Child Care Assistants, 1 PT Home Visitor, Parent Volunteers	Children are with Child Care staff while parents are with facilitators in another room. Parents have regular speakers or demonstrations on topics related to child development and parenting. Informal, fun, participatory atmosphere

6. Books for Birthdays *NEW	Community children up to age 5	BBBF, Shelldale Primary School, Willowdale Day Care Centre, Community Opportunities Development Agency (CODA)	Provides books for children from infancy to grade 1. Books are distributed at Family Gateway, daycare centre, & school. Monthly birthday parties are held for the children. Fundraising by CODA
7. Toy and Book Lending	Parents and children who participate in programs or are home visited	1 FT Child and Family Coordinator, 4 PT Home Visitors, 2 PT Child Care Assistants, 2 Volunteers	Toys & books are available for lending. New Parents are taught how to play & read w/ their babies. Family visitors take toys & books to the families they visit. 5 days/wk for 52 wks
8. Junior Rap	Children 5-8 yrs old	1 FT Youth Coordinator, 2 PT Youth Workers, 2 Community Volunteers/ wk	Recreational activities including group games, crafts and sports. 4 sessions/ month for 40 wks
9. Breakfast Club	Children 5-12 yrs	1 FT Youth Coordinator, 1 PT Breakfast Club Coordinator, 2 Community Volunteers/day	Serving nutritious breakfasts to kids. Older kids help prepare and serve the food. 20 sessions/ month for 50 wks
10. Youth Group *NEW	Youth 9-12 yrs, 50% boys & 50% girls	1 FT Youth Coordinator, 2 PT Youth Workers, 2 Community Volunteers/ week	Recreational activities for after school (group games, crafts, and sports). 4 sessions/ month for 40 wks
11. Teen Rap	Youth 13-18 yrs, mostly males	1 FT Youth Coordinator, 1 Community Volunteer, Shelldale School Wellington & Guelph Housing Authority, Family & Children Services, Community Health Centre, Guelph Community Mental Health Centre	Recreational activities after school (group games, crafts, sports). Leadership development involving workshops, fundraising, and guest speakers. Program primarily teen-driven, they do their own planning of activities
12. Karate *NEW	Community members aged 3 yrs to adult (but most common is 7-15 yrs)	1 FT Youth Coordinator, 4 Volunteers (2 Black Belt Karate Instructors, 2 Community Residents)	Karate classes for children & adults. There is leadership training for the participants & a potluck supper for parents and friends of kids who participate. 12 sessions/month for 16 wks

13. Night Club	Young women 13-15 yrs	1 FT Youth Coordinator, 1 Neighbourhood Resident, Shelldale School, Wellington & Guelph Housing Authority, Family and Children's Services, Community Health Centre, Guelph Community Mental Health Centre	Discussion and support group dealing with young women's issues, including self-esteem, sex, problem solving, and personal hygiene
14. Saturday Morning Drop-In *NEW	Community Children between 5-8 yrs	1 FT Youth Coordinator, 2 PT Youth Workers, Shelldale School, Wellington & Guelph Housing Authority, Family and Children Services, Community Health Centre, Guelph Community Mental Health Centre	Drama and creative activities. 4 sessions/ month for 42 weeks
15. Summer Camp	Community youth ages 5-12 yrs, 50% boys and 50% girls	1 FT Youth Coordinator, 4 FT & 2 PT Youth Workers, 45 Neighbourhood Volunteers, Shelldale School, Wellington & Guelph Housing Authority, Family and Children's Services, Community Health Centre, Guelph Community Mental Health Centre, Brant-Waverley Neighbourhood Group	Recreational activities including group games, crafts, sports, and field trips. Nutritious snacks are provided. Multicultural appreciation is stressed. 20 sessions/ month for 6 weeks.
16. Cooking Club *NEW	Community youth ages 8-12 yrs, 50% boys and 50% girls	BBBF staff, 3 Community Volunteers	Planning and preparing a meal, including cooking food and cleaning up. Hygiene and safety are also stressed. 4 sessions/ month for 26 weeks
17. Seasonal Camps (March Break, Christmas)	Community youth ages 5-12 yrs	1 FT Youth Coordinator, 4 PT Youth Workers, 5 Neighbourhood Parent Volunteers/day, Shelldale Public School	Crafts, sensory activities, group games, & field trips. Nutrition program & theme days, social skill & problem solving activities. Parents & children are asked for feedback on the program

18. Home Visitors Program	Families with children under age 4	1 FT Home Visitor Coordinator, 5 PT Home Visitors, 5 ethnically diverse women volunteers	Regular home visits in which visitor plays w/ children, delivers toys, books, snacks, encourages community participation, identifies family needs & provides information & support, facilitates peer support groups of home visited-parents.
19. Ban Viet (Circle of Friends) *NEW	Vietnamese parents with children under 4 yrs	1 FT Home Visitor Coordinator, 2 PT Home Visitors, 1 Volunteer Facilitator, Agency Representatives	Parents have an informal ESL class w/ activities (crafts, guest speakers, discussions on parenting) while children are w/ Child Care volunteers
20. Friends Circle *NEW	Chinese speaking parents of young children	1 FT Home Visitor Coordinator, 2 PT Home Visitors, 4 parents rotate child care support	Parents are taught basic English, go on outings, have guest speakers & demonstrations around cultural, parenting, & health issues
21. El Grupos Las Alegres (Group of Happy People) *Discontinued	Spanish speaking mothers with children under 5	1 FT Home Visitor Coordinator, 1 PT Home Visitor, 1 PT Child Care Assistant, 2 neighbourhood residents provide child care support	Informal ESL class, parents participate in craft activities, outings, guest speakers & demonstrations around parenting & health issues.
School-Based Programs			
1. Community BBQ	Families of children attending Shelldale school	Shelldale Public School, Willowdale Day Care Centre, 15 parent and teen volunteers	Organized outdoor BBQ for parents to meet the teachers at Shelldale School. A second BBQ was held at Willowdale Day Care Centre
Parent Focussed Programs			
1. Parent Workshops *NEW	Parents w/ young children living in neighbourhood	1 FT Project Coordinator, 1 FT Home Visitor Coordinator, 1 PT Child Care Assistant, volunteers from various community agencies	15 different workshops were held in 1997 including Nobody's Perfect, Keep it Cool, Anger Management, Get Along with your Child. Workshops ranged from 1-8 sessions
2. Relief Care *Discontinued	Parents in the community	Relief Care Workers	Care for children in the home when parents need a stress break or there is a medical demand

Community Focussed Programs			
1. Women's Group *NEW	Parents of youth/teens who do not belong to other committees	1 FT Project Coordinator, speakers from various agencies	Parents plan workshops, invite speakers, go to presentations off-site, and do art and craft activities. 4 sessions/ month for 52 weeks
2. Employment Training Program *NEW	Neighbourhood residents needing basic skills and/or experience	1 FT Coordinator	Workshops on topics related to employment readiness & skills (communication, organization, use of office equipment). Trainees work on the reception desk at centres & replace staff as cleaners and child care providers
3. Adult Education	Neighbourhood residents	1 PT Adult Education Instructor (Wellington Board of Education), 1 Community Liaison Volunteer	Upgrading formal education levels in structured class settings
4. Bread Box and Weekend Market	Neighbourhood residents	1 PT Food Coordinator, Guelph Welcome Drop-In Centre, Guelph Food Bank, 15 volunteers and drivers/ week	Surplus nutritious food from a local store is collected by volunteers, brought to the Centre, & distributed by other volunteers to points in the neighbourhood. 7 days/wk for 52 wks
5. Clothing Program	Neighbourhood residents	1 Community Development Worker, 12 Neighbourhood Residents on committee, 10 other neighbourhood volunteers	Distribution of clothing to families in neighbourhood & other families in need. Includes picking up clothes, sorting, and distributing them, as well as organizing donations to others (eg., flood victims)
6. Emergency Food Supplies	Families in neighbourhood that request food	BBBF staff, Food Basics, 4 neighbourhood residents	Provide food packages to residents upon request. Packages are designed to provide complete meals for the family for up to 3 days (runs 52wks/yr)
7. Men's Group *NEW	Fathers living in the neighbourhood	BBBF staff, 1 PT Facilitator from Family & Children's Services	Men plan social and recreational activities & outings for themselves. 1 session/month for 40 wks
8. Onward Voices	Women in neighbourhood	1 FT Community Development Worker	Group of women who have developed a tool for expressing personal stories, have created a video, & are working with other women's advocacy groups

9. Legal Clinic	Neighbourhood residents	Local Guelph Lawyer	Provides legal advice to neighbourhood residents
10. Newsletter Committee	Neighbourhood residents	1 FT Community Development Worker, 8 volunteer neighbourhood residents on committee, 3 neighbourhood residents who deliver newsletter	Creation and distribution of a newsletter in the neighbourhood. 2500 copies delivered to homes, apartments, and area schools. 4 papers/ yr
11. Summer Carnival	Children who had attended summer camp & their friends & family	1 FT Youth Coordinator, 11 FT Camp Counsellors, 4 PT Counsellors in training, 12 parent volunteers	Organizing a carnival for families of children who had attended summer camp
12. Community Celebration	Neighbourhood families, project staff, agency representatives, research staff	BBBF Staff, 20 neighbourhood residents and staff, Shelldale School	Organizing a celebration for the neighbourhood to celebrate continued funding for the project
13. Community Outreach	Neighbourhood Leaders (residents on committees, teams, special events groups, management boards)	Neighbourhood Leaders, 25-35 Neighbourhood Volunteers	Neighbourhood leaders took part in several Strategic Planning Committees in Guelph, were mentors for other neighbourhood groups, have been involved in writing funding proposals, have made presentations to schools, politicians, etc
14. Project HOW	Neighbourhood Residents	1 PT Coordinator, 8 Steering Committee Volunteers, Women in Crisis, Homewood Health Centre, Family and Children's Services	Planning & implementing violence prevention programs for the community. Includes community safety audit, focus groups, setting up a women's training group, a men's group, children's activities
15. Fundraising Committee	Neighbourhood Residents	10 Committee Member volunteers, 125 neighbourhood residents helping as volunteers	Charity BBQs, charity bingos, Groundhog dance was held for neighbourhood residents, ticket raffle, bake sale, craft sale, teens held a car wash
16. Christmas Open House and Christmas Hampers	Neighbourhood Residents	30 Neighbourhood Volunteers	Open house at Family Gateway, food was served, Santa & Mrs. Claus attended. Christmas hampers with food & gifts were made & delivered to approximately 70 neighbourhood families

17. Community Leadership	Neighbourhood Leaders	1 FT Project Coordinator, 1 Community Development Worker	Supporting and mentoring leaders, engaging residents in “hands on” process of leadership, providing child care, transportation, & other resources that will help leaders to attend meetings
18. ESL (Peer Education)	Neighbourhood Residents	Neighbourhood Residents	Based on the community model of learning, English speaking neighbours help non-English speaking community members grasp the language and then refer them to the School Board for formal ESL training
19. Collective Kitchen *Discontinued	Neighbourhood Residents	Residents	Three groups of 5-6 people meet to cook large meals in a social atmosphere, members then take portioned meals home for their families
20. Community Garden *Discontinued	Neighbourhood Residents	Residents	Families plant, weed, & harvest vegetables in garden plots rented from the city

KINGSTON

<u>Program Title</u>	<u>Participants</u>	<u>Service Provider/ Coordinator/ Facilitator</u>	<u>Major Program Activities</u>
Child and Family-Focussed Programs			
1. Family Visitor Program	Mothers of children prenatal to age 4 (or even 5 if needed)	4 FT and 4 PT Visitors, one Coordinator, one Health Educator and one Social Worker from North Kingston Community Health Centre	Regular home visits to provide information on infant development, prenatal education, nutrition, links to health, social, educational, employment & recreational resources
2. Infant Groups *NEW	First time expectant and new mothers of infants up to 6-9 months	Family Visitors, Volunteers, Nutritionist, Nurse, Health Educator, North Kingston Community Health Centre (NKCHC), KFLA Health Centre	Weekly and biweekly meetings provide parent to parent support, informal education, role modeling, contact with professional staff
3. Toddler Group *NEW	Parents and their children from crawling age to age 2	Child Care Assistant, Trained Volunteers, Child Care Committee	Drop-in for families for 2hrs/wk. Activities are participant-planned (crafts, guest speakers, etc). Snack and singing time for children
4. Playgroups	121 families in the community	4 Child Care Assistants, Childcare Committee	3x's/wk time for parents and children to socialize. 8 playgroups/wk at 4 different locations
5. Child Care	105 families in the community	Child Care Providers, Child Care Committee	Child care provided to allow parents to attend all programs, committee meetings, & other initiatives
6. Toy Library/ Story Centre	Community families	Read-Write Centre, Child Care Assistant, Child Care Committee	Participants borrow toys. Toys are purchased with donated funds.
7. Child Care Quality Enhancement Program	Children, parents, staff of day cares and nurseries in the area	Child Care Assistants, Community Programs Worker, Child Care Committee	Provide extra resources to preschool groups; Child Care Assistants take projects which staff cannot do b/c of limited time, resources (eg newsletters, etc)

8. Home Child Care Project *NEW	Attempts to make contact with participants is a slow process	Child Care Assistant, Child Care Committee	Provide support to enhance the quality of homecare programs (eg., bulk craft material, activity packages, outings, workshops, etc)
9. Little People Parks Program *NEW	Young children and their parents	Child Care Assistants, Child Care Committee, Jobs Service Canada	1 hr playgroup held 2x/wk in July and Aug in local parks. Activities include crafts, games, singing songs, story reading and snack
10. Parent and Baby Get-Togethers *Discontinued	Parents of babies up to 1 yr old	Health Educator, Community Programs Worker, Parent Visitor	Wkly meetings for pregnant and new mothers, their partners, & babies. Involve discussion, activities, guest speaker, parent support, informal education. (Replaced by infant and toddler groups)
11. Dinner Club *Discontinued	Women & children in the community	Parent Visitor, Child Care Assistant	Informal monthly gathering where families eat together with a planned activity for the children.
12. Dad's Group *Discontinued	Fathers in the community	2 Community Members who had completed the Volunteer Co-Facilitator program, 1 Community Programs Worker, 1 Health Promotion Co-ordinator	Weekly support group for fathers. Food and childcare were provided.
Parent Focussed Programs			
1. Prenatal/Postnatal Support	Expectant mothers within the project area	BBKC, local churches, seniors groups, Alcan, Kiwanis Club, Prenatal/Infant Development Committee	Information provided on a variety of issues. Food, breast pumps, formula, diapers, milk coupons, etc provided to participants if needed.
2. Baby's Coming	Families unable to access prenatal info in traditional ways	Family Visitor, Health Educator, Kingston General Hospital, Read Write 2, Prenatal/Infant Committee, NKCHC	Nine weekly prenatal sessions about health, nutrition, labour and birth preparation, postpartum care, optional breast feeding class
3. Nobody's Perfect	Single women with low income and low literary levels with kids 0-5 yrs.	BBKC Staff, Public Health Nurse, Child Care Committee, trained community members	2hr sessions for 6 wks discussing how children behave, develop, learn, & feel, how parents find time for themselves, access to community resources, & other participant-directed topics

4. Parent Support Group	Area residents, many are graduates of Nobody's Perfect	Community Volunteer, Community Programs Worker, Child Care Committee	Wkly meetings with guest speakers and discussions on parenting and problem prevention. Participant-driven topics
5. Parent Relief	Parents of children up to five years	Child Care Providers, Child Care Assistants, Child Care Committee	Short-term (2.5 hrs) childcare relief for parents. Children can visit 1x/wk.
6. Hey What About Me? *Discontinued	Families expecting second or later child	Health Educator, Parent Visitors, Child Care Assistants	3 sessions that review information on labour, delivery, & child care, discussions about how the new child will affect family life
7. Healthy Mom, Healthy Baby *Discontinued	Women in early months of pregnancy	Health Educator	3 monthly meetings, covering medical care, warning signs in pregnancy, healthy lifestyles & nutrition, infant care
Community Focussed Programs			
1. Co-facilitator/ Volunteer Training *NEW	Open to all participants in area	Community Development Workers, BBBF, NKCHC	Training program to develop group facilitation skills. Interested participants must write a letter explaining their interest in co-facilitation.
2. Nutrition Newsletter	Community members	Community Health Centre, 2 Community Residents, Community Development Worker, Nutritionist	Newsletter published on a quarterly basis on various nutrition topics (eg., community gardens, nutritious foods that kids will eat)
3. Food Buying Club	6 members receive bulk food orders/ month	Community Development Worker, BBKC, Dacon Realtor, Public Health Unit	Meets 2x/month to prepare box orders and to pack orders. Box of food in 2 sizes (large=\$15, small=\$10) of canned goods, spices, flour, etc
4. Good Food Box	Anyone living in the Greater Kingston area.	10 Community Volunteers, Community Program Worker, NKCHC Nutritionist, BBKC Staff	Committee meets bi-weekly to organize food orders
5. Christmas Referrals	Anyone who requests a basket. Over 900 adults and children received toys, food or clothes	Community Development Worker, BBKC Staff, Queen's University, K-Mart, Kingston Police, Salvation Army, CKLC Radio	Referral process for families who identified themselves as needing a Christmas basket from the Salvation Army and/ or winter clothes from the Kingston Police Force

6. Low Income Needs Coalition	Average 5 people/ meeting, but public forums ave. 35-40	Volunteers, Community Development Worker, North Kingston Community Health Centre, Community Legal Clinic, Churches, BBKC	Lobbies for positive changes to social policy. Meets monthly (typically alternating business meeting and public forum)
7. City Playground	Open to anyone who works or lives in North Kingston	Community Development Worker, City of Kingston	Monthly meetings aimed at replacing equipment in city parks. Currently finding out what equipment residents want in parks
8. Special Events	Community members	Community Development Worker, Parent Visitors, Resident Volunteers	Events included community picnics, pony rides, children's games, strawberry picking outing, Halloween and Christmas parties, zoo trips, etc
9. Child Identification Day	Community members	Community Development Worker, Parent Visitors	Identification day in which children were photographed and finger printed
10. Multicultural Outreach	Community members	Multicultural Outreach Workers, Community Programs Worker	Workers visit families of multicultural backgrounds, try to identify health & social needs, & encourage participation in project
11. Special Project: Quilt	Community members	Health Educator, Family Visitors, Community Volunteers, Local Church Members	The quilt project began in 1993 and took 3 years to finish. Staff and community members worked collaboratively on a quilt displaying the BBBF logo. It is used as a backdrop for media events & a tool to raise awareness about poverty and BBBF
12. Special Project: Mural	Community members	Community Volunteers, local Mall Landlord	The Mall's Landlord donated space and paint to allow BBBF to paint a mural. The mural's theme, endangered species of the sea, was chosen to highlight the vulnerability of funding for children's services
13. Community Kitchen *Discontinued	Community residents	Community Development Worker, Food Worker	Small groups of people cook meals collectively & take portions home to freeze for their families

14. Test Kitchens Program *Discontinued	Community residents	Community Development Worker, 2 Parent Visitors	Recipes to be included in a community cookbook are tested for taste nutritional value, & cost
15. Neighbour to Neighbour Newspaper *Discontinued	Community residents	Editorial committee chaired by Community Development Worker & a resident	Community newspaper which informs residents about issues and events in their community
16. Community Writers' Group *Discontinued	Community members	Community Development Worker, Staff of local literacy program	Group meets wkly to write & edit articles for community newspaper. Program established to help residents with limited skills learn how to write for a newspaper.

OTTAWA

Child and Family Focussed Programs			
1. Family Visiting Program	Parents (usually mothers) of children 0-4.	2 Spanish speaking Family Visitors, 1 Family Visitor Coordinator, 2 FT & 8 PT Family Visitors	Visit at home 1-1.5 hrs/wk, discuss finances, parenting, job-training, housing, etc. Also accompanying them to the grocery store, advocating on their behalf, intervening in crises, introducing them to new resources (eg., playgroup)
2. Playgroup	Parents (usually mothers) of children 0-4.	1 FT Playgroup Coordinator, 1 PT Playgroup Worker, Volunteers	Children get to play with other children and new toys, also snacks provided. Caregiver supervises child to encourage positive interactions between the caregiver and child.
3. Respite Child Care *NEW	Neighbourhood residents with children 0-5 years	SEO- BBBF	Free child care is provided at the playgroup weekly for two hours to give caregivers time on their own. Children may attend twice/ month
4. Mobile Toy Lending Library	Community members	5 BBBF Workers	Toy-lending service
5. Heatherington Nursery School	Neonatal children to five years	Existing staff and 1 PT BBBF teacher	Subsidized quality child care where SEO- BBBF provides one teacher to increase the teacher/child ratio
6. Kids in the Hood	Children 10-14 yrs in the Albion/ Heatherington/ Ledbury area	Project Coordinator, Ottawa Carleton Police Services Officer, Trillium Foundation	Weekly drop-in program where kids take part in either a pre-planned organized visit or in cooperative learning activities
7. Health Integration	Resident Families	Community Nurse provided by South-East Ottawa Centre for a Healthy Community	Consults with parents & children around health issues, helps ESL classes with health issues, trains family visitors

Parent Focussed Programs			
1. Parenting Workshops/ Classes	Parents in the community	BBBF staff, Family Visitors, Community Nurse, Ottawa Carleton Regional Health Department, Andrew Fleck, Parent Preschool Resource Centre	Offers yearly parenting workshops
Community Focussed Programs			
1. The Better Beginning Community House	All residents of the community.	BBBF Staff	The house is the primary identity of BBBF in the community and offers residents a central place to socialize while also housing the BBBF offices
2. Clothing Exchange	Open to all residents, no sign-in to avoid stigma	2-3 volunteers organize and sort items. BBBF Staff and residents	Provides free clothing. Residents can pick up/ drop off any clothing or small items (eg., car seats)
3. Women's Group: "Women Working Towards Tomorrow"	Women residents	Paid Facilitators, Funding from Community Foundation of Ottawa Carleton and Women's Inter Church Council of Canada	Weekly group provides women with an opportunity to support each other in a safe environment. Many issues are related to violence and abuse.
4. Theatre Group: "Women For Change and Larry"	Performed for teachers, youth workers, doctors, community outreach workers	BBBF staff, neighbourhood residents, Project Coordinator, Partial funding from United Way	Theatre is used to portray issues relevant to the experiences of people living on lower incomes. Question periods follow where service providers can discuss issues with audience.
5. Sewing Crafts	Community residents	BBBF Family Visitor, President of the Ledbury Tenant Association	Weekly program to enhance sewing skills while providing participants with a chance to socialize with other community members and share skills.
6. Coffee Time	Community residents	BBBF Family Visitor, Community Volunteers	A drop-in to promote better informal supports within the community. Volunteers and Family Visitors are present for discussion, resources, etc
7. Fresh Food Buying Club	Community residents	Group of volunteers including BBBF staff and community residents	A cost-effective way of buying fresh fruit and vegetables every month for 40-70 families.

8. Community Celebrations	Community residents	BBBF Staff and Volunteers	Opportunities for neighbourhood residents to mix and chat with one another, participate as families. Includes strawberry socials, Christmas dinners, etc.
9. Magic Bus	Community residents	Family Visitor	Transports people to Better Beginnings groups and activities in the wider community
10. Community Connections Worker	Community residents	Community Connections Worker, funded by 'Jewish Family Services'	Visits families to provide assistance with settlement and integration issues. Service is not exclusive to families with children under 5 yrs old.
11. Voices of our Neighbourhood	Community residents	BBBF Staff and residents	Newsletter which informs people about BBBF activities & other community events & resources
12. Cooking Classes *Discontinued	Community residents	Family Visitor	Provides knowledge of cooking techniques, healthy eating, understanding of cultural differences
13. Child Care for Parents in Second Language Training *Discontinued	Community residents	Paid resident	Child care support provided for parents while they attend language training and academic upgrading

TORONTO

Child and Family Focussed Programs			
1. Community Visiting Program	Expectant women and parents of children up to age 5	1 FT Team Leader of Community Visiting & Perinatal Programs; 5 FT & 3 PT Community Visitors	Home visits that focus on prenatal and child development, family planning and support, advocacy, referrals, crisis intervention
2. Perinatal Nutrition and Support Group *NEW (Formerly Prenatal Support Group)	Expectant women, their partners, coaches, & parents of children up to 6 months who participated prenatally	1 FT Coordinator of Community Visiting and Perinatal Programs, 3 FT Community Visitors, 1 Prenatal Nurse & Dietician, 1 Public Health Department Nurse & Dietician, Parent Volunteers, Health Canada Perinatal Nutrition and Support Program, City of Toronto Food Policy Division, Regent Park Community Health Centre	Weekly informal discussion group format. Topics include nutrition, fetal development, breastfeeding, labour, exercises, cultural issues. Participants receive a nutritious meal, \$10 food voucher and samples of newborn supplies (eg., diapers)
3. You Make the Difference	Parents with children between 6 months and 3 yrs of age	1 Team Leader of Child Care, 1 Child Care Worker, 1-3 SOS Child Care Workers, 1 Program Helper	Structured parent-child communication program for children at risk of developing language delays. 9 wky group sessions facilitated by 2 staff
4. Playgroups	Families with children up to 4 yrs of age	1 Child Care Team Leader, 1-2 ECE Child Care Workers, 1 SOS Child Care Worker, 1 Program Helper, 2 Child Care Assistants, Parent Volunteers	Child care provided for parents while they are involved in PFBB adult programs (eg., perinatal programs, Nobody's Perfect etc). A variety of materials & activities are available for children to learn as they play with other children and adults
5. Family Drop-In *Discontinued	Families with children up to 4 yrs of age	Child Care Coordinator, Child Care Workers	Wkly drop-in where families can interact. Focus is on learning through play (art, play in the gym) parents can ask questions of the child care staff

Parent Focussed Programs			
1. Parent Education and Support Group	Parents with children 6 months- 6 yrs	1 PFBB Community Worker, 1 Growing Up Healthy Downtown (GUHD) Parent/Child Worker	12 weekly, informal group sessions using a discussion & crafts format. Topics are participant-driven and include child care, parenting, homemade toys, nutrition, exercise, job preparation. Guest speakers are used
2. Nobody's Perfect (Sept-Dec'97)	Vietnamese parents with children up to five yrs	1 Community Visitor, 1 Home Visitor from the Public Health Dept	Structured 8 wk parent education program. Group learning and mutual support activities used to discuss children's and parents' needs and issues
3. Parent Relief	Parents with children up to 4 yrs	1-3 ECE Child Care Workers, 1 SOS Child Care Worker or African Women's Group Child Care Worker	Free child care to relieve parents. Structured learning through activities focussing on all aspects of children's development. Snacks provided
4. South East Asian Take a Break *Discontinued	Chinese and Vietnamese mothers & their friends & family	1-2 Community Visitors, 1 Public Health Nurse	Functions like a drop-in, topics are participant - driven. Rotating 6 wk schedule of topics & activities including nutrition, food preparation, physical & mental health. Guest speakers used
5. Bridging the Gap Between You and the CAS *Discontinued	Community members	BBBF, St Michael's Psychiatric Hospital, Children's Aide, Regent Park Community Health Centre	Group organizing support for families who were involved or feared involvement with the child welfare agency
Community Focussed Programs			
1. Community Special Events	Parents and children from 0-4 yrs	PFBB Staff, 2-3 Community Workers, Volunteers	Seasonal events and cultural celebrations. Regular events include summer festivals, Kidfest, Black History Month, Ramadon, BBQs, etc
2. Community Clean Up and BBQ	Adults, children, and local agencies	2 FT Community Workers, 4 Resident Volunteers	6 community clean-up days in the summer followed by a BBQ. Each day focusses on a specific area of Regent Park/ Moss Park

3. Community Drop-in/ Women's Group	Women with elementary school age children	1 Community Worker, Volunteers	Wkly outdoor summer activities held from June-August for women & children, including a meal (eg., BBQ and Baseball game). Events are used to do outreach to women
4. Play and Learn Resource Centre	Parents with children of all ages	1 Community Visitor, PFBB, Gerrard Resource Centre Staff	A variety of resources available on loan (books, videos, free clothing, baby equipment, toys, games, activity kits)
5. Community Organizing	Community Members	2 Community Workers, Resident Volunteers, PFBB staff, staff from other organizations	Collaborating on initiatives to build a safer community,(work on community policing, security, housing, youth, & general safety issues)
6. Kindergarten Registration Package	Families of JK children	Community Development Worker, Board of Education Community Liaison	Parents registering children for kindergarten invited for refreshments & a chat, children given "first book bag" containing paper, glue, safety scissors
7. Anti-Racism Training *Discontinued	Community members	Anti-racist educator	Workshops with educator for 10 monthly 6-hour sessions to train local service providers & BBBF committee members, who can then share their knowledge in their work setting
8. Emergency Supplies *Discontinued	Families of children ages 0-4 yrs	Program Assistant	Diapers & infant food available to all members of the community. Information about infant nutrition and budget shopping available
9. Welcome Basket *Discontinued	Community residents	Community Worker	Residents given a guided tour of community, highlighting key social services, safe play areas, stores, etc. Then have a gathering at community centre to get to know other community members and receive "basket of resources".

WALPOLE ISLAND

Child and Family Focussed Programs			
1. Playgroup	Parents & their pre-school children	Family Support Workers	Playgroup meets in Family Resource Drop-In Centre. Children & parents play together with a variety of materials, participate in snack & circle time, & parent info sessions 1x/month with topics on child development and parenting
2. Drop-In Day	Children ages 0-4 and their parents	Family Support Workers	Growth & development charts, breastfeeding support, clothing exchange, & toy-lending library
3. Native Language	Parents & pre-school children	Community Outreach Facilitator	Visits playgroups 2x/ wk for 15 minute sessions to teach Ojibway words, songs, & stories to children
4. Home Visiting	Expectant parents & parents of children 0-4 yrs	Family Support Workers	Regular home visits in which the worker provides support, trust, & resources, provides information & guidelines on child development, & role models appropriate behaviour
5. Blanket Program	Parents & their pre-school children	Family Support Workers	Playgroup program offered outdoors at area parks during July and August
6. Bkejwanong Children's Centre Outreach	Children ages 0-4 and their parents	Family Support Workers	Worker provides program & child-development information, staff support, & helps cultural enrichment instructor
7. You Make The Difference - Hanen Program	Parents & their pre-school children	Hanen Facilitators (Family Support Worker, Health Centre, School, & Parent-Child Support Staff)	10 wk early education program; working with parents, caregivers, & teachers to improve children's communication skills, 2x/ yr
8. Pre-Natal Nutrition Program/ Healthy Babies	Expectant mothers and parents of children 0-4 yrs	Family Support Workers & Nutritionist, Sponsored by Health Centre	2x/ month a dietician came to parent/child support program in the morning for nutritional support, parents received \$ 15 coupon for milk, fruit, & vegetables. Also info sessions on various topics

Parent Focussed Programs			
1. Nobody's Perfect	Expectant parents and parents with children 0-4 yrs	Family Support Workers & Health Centre Staff	Two 6-wk sessions/yr with topics focussing on parenting skills. Children attend playgroup while sessions are being run
Community Focussed Programs			
1. Native Language Classes	Community members	Community Outreach Facilitators & two Community Elders fluent in Ojibway	Classes meet for 2 hrs/ wk from September to June for oral and written Ojibway language lessons which include games, songs, etc.
2. Women's Activity Group	Community members	Community Outreach Facilitator	1x/month sessions held on participant-driven topics (cake decorating, fry bread making, etc.)
3. Newsletter	Community members	Community Outreach Facilitator & PCSP Secretary	Monthly publication designed to increase public awareness of BBBF and PCSP, mailed to parents with children 0-4 yrs, government committees, & other BBBF sites. Also left in high-traffic areas in the community for interested people
4. Volunteer Recruitment Program	Community members	Community Outreach Facilitator	Recruitment of volunteers, development of Job Descriptions, keeping statistics on participants, yearly Volunteer Appreciation Dinner
5. Native Learning Circle	Community members	Community Outreach Facilitator	One 5-wk session held for two hrs/ wk on Beadworking
6. Community Enrichment Sessions	Community members	Community Outreach Facilitator	2 evenings on "Teaching of Pipe" and 2 evenings on "Hairbraiding"
7. Monthly Activity Box	Community members	Community Outreach Facilitator & Parent/ Child Support Program Staff	Monthly draw for two food boxes, one for seniors and one for families on Social Assistance
8. Monthly Community Potluck	Open to all	Community Outreach Facilitators	Guest speakers share their experiences, awareness of BBBF upcoming activities, as well as other programs available to update participants

9. Fundraising	Community members	Community Outreach Facilitator & Fundraising Committee	Fundraising such as ticket raffles, food sales, etc.
10. BCRT	Community members	Community Outreach Facilitator & BCRT Team	Presentations & workshops are presented to various programs, community members or organizations, as asked to present; focus on healthy lifestyles and cultural teachings
11. Seniors' Visits *Discontinued	Seniors	Community Outreach Facilitator	2x/wk luncheons & quilting sessions are held at the Algonquin Seniors Complex. Recruitment of senior volunteers for BBBF took place during these visits

**Older Cohort Sites
(ages 4-8)**

CORNWALL			
Child and Family- Focussed Programs			
1. Playground (Summer Games)	Children ages 4-12	BBBF, L'Estrie Family Resource Centre Coordinator, staff instructors, volunteers	8- week long summer program of athletic, recreational, & cultural activities, field trips, & puppet shows on conflict resolution, etc. A parent work group has input into activities implemented
2. Holiday Activities	Pre-kindergarten to grade 2 children	BBBF, parent volunteers, L'Estrie Family Resource Centre, school councils	offers interesting day trips & educational activities for children on civic holidays & professional development days (trips to zoo, museums, biodome, outdoor games, crafts, films, etc)
3. Community Toy Library	Community families	Toy librarian, Community Volunteers	For an annual fee of \$20, families can borrow educational games, family resource films, books, etc as often as they like. Volunteers do a lot of fundraising for the library
4. Theme Boxes (now part of the toy library)	Community families and teachers	Project coordinator, teacher, parents	Many different theme boxes containing games & learning activities based on a theme (jobs, jungle animals, etc). Can be borrowed by families or for use in classrooms.
5. Family Visits	Community families	Family Workers	Family workers maintain regular contact with interested families to offer support, information about child development, community services & resources. Also runs seminars on various topics related to family development.
6. Family Activity Centre	Community families	BBBF staff, Community Volunteers	Objectives are to develop & improve parental competence & create good family relationships for optimal child development. Volunteers decide what activities they want and how to implement them (eg workshops, seminars, day trips)

7. Saturday Playtime	Children ages 4-8	BBBF educator	Activities held every Saturday morning at community schools (arts, music, cooking, etc)
8. Family Vacation Camp	Community families	BBBF staff, Community Volunteers	Sessions are offered to families in summer and March breaks. Volunteers are in charge of rules of conduct, raising funds to support activities, planning & implementing activities, etc.
School-Based Programs			
1. School Activities Centre	Children in kindergarten to grade 2	Activity organizers	Objective is promotion of the French language & the Francophone culture by supplying an activity organizer into the schools to help the teachers provide high quality activities for the children.
2. Mini- Breakfast	Children in kindergarten to grade 2	BBBF staff	Children can have a healthy breakfast (muffins, fruits, juice, milk, cheese) when they arrive at school. Pamphlets & other information on healthy eating are distributed to families
3. Homework Support	Community families	Educators, Volunteers, Coordinator	Parents & children meet together at the Family Activity Centre. They have a snack & then do homework together with the help of trained educators
Community Focussed Programs			
1. Community Action Group	Community Members	BBBF, Community Volunteers	Organizes social activities, community gardens, environmental programs, supports different local programs like French week & P'Tits Francos, fundraises, increases visibility & accessibility of BBBF, etc.

ETOBICOKE - HIGHFIELD

Child and Family Focussed Programs			
1. Family Resource Centre Drop-in	Families with children aged 0-4	1 Family Support Coordinator, 1 Parent Volunteer, 1 Nurse from Rexdale Health Centre	4 mornings/wk (2hr sessions), families can participate in activities (crafts, etc.), special events, & summer outings. A nurse visits 2x/month to talk about women and children's health.
2. Home Visits	Families of children from JK to Gr. 2	4 Enrichment Workers	Families visited prior to child entering JK to provide info about area services, encouragement, referrals, and general support. Home Visitors spend .5 day/wk in JK classroom. After the child is in JK, home visits focus on school related issues
3. Summer and March Break Program	Children from JK to Gr. 2	1 Enrichment Worker, 4 Volunteers	Fun and educational activities provided for children to prepare them for school
4. Toy Lending Library	Families that use the drop-in	1 PT Librarian, 3-4 Parent Volunteers	Library is open 4 days/ wk. Materials include over 500 toys, games, & puzzles. "Take a Book Program" has question sheets to get parents talking to kids about books. Also parenting resource books & activities to do with children.
5. Play Groups	Families with children in JK	2 Child and Family Enrichment Workers	Activities are unstructured, with an emphasis on providing nurturing and educational environment where families can learn and interact together
6. Preschool Computer Program *NEW	Children aged 2- 4.5 yrs who attend drop-in	BBBF main service provider, 1 parent volunteer	Operates during drop-in hours on a first come first served basis. Children each have five minutes on the computer
7. Preschool Literacy *NEW	Children aged 2-4.5 yrs who attend drop-in	In-school Coordinator, Family Support Coordinator, School Librarian, 1 SK teacher, BBBF funded	Intended to encourage preschoolers to read, support families, assist with transition to JK by familiarizing family with school personnel. Began in Jan '98

8. Before-and-After-School Program	Children aged 4-8 and 9-12	Community Development Coordinator, Recreation Staff	Age-appropriate recreational activities and nutritional snacks provided for children at the primary school level
School Based Programs			
1. Health and Nutrition Program	All children at Highfield Junior School get snacks 3x/wk	1 Nutrition Coordinator, 3 paid parents, 10 parent volunteers, funding from BBBF, the school, parent donations, & other sources	Hold nutrition assemblies, fairs, & other activities. Workshops for parents, Hot Lunch Program (\$.50/lunch), providing sandwiches for kids w/o lunches, fitness activities, Play Days, etc
2. Educational Assistants, Parent Volunteers, & Academic/ Language Development	Children from JK to Gr.2	4 Enrichment Workers (EW), 1 certified Teacher, 2 FT assistants for JK and SK classes, 6-10 volunteers	4 EWs spend time in JK Classes to increase kids' exposure to English and adult support, Summer Enrichment programs, After-school Enrichment reading programs, Family Literacy Nights, Made Dual Language tapes to be used by families
3. Classroom Social Skills, Intervention, Storytelling and Drama	School classes	In-School Coordinator, university students, funded by BBBF, Highfield Junior School, Lion's Club	Including a curriculum-based social/ citizenship skills intervention. Also, Gr. 3 students visit a seniors' lodge 1x/wk and spend time with seniors. EW and Parent Volunteers help children to develop better social skills. 2 drama trips/yr for JK, SK
4. Home-School Connection and Parental Involvement	Parents of children in project school	BBBF Project Manager, In-School Coordinator and other Coordinators and staff, Parent Volunteers	Parents participate in in-school & nutrition committees, School Council, Inner City Committee, School Design Committee, Snack Program, and some have been hired as EW and Research Ass.'s
5. Community and Ethno-Cultural Relations	School and Community members	In-school Coordinator, Enrichment Workers, BBBF, Highfield Junior School	Special events held at school to increase the exposure and participation of various cultures in the community eg., annual Multicultural Caravan

Parent Focussed Programs			
1. Parent Relief	Community Residents (space for 5-10 children at a time)	BBBF main service provider, 2 paid Parents	Child care is offered 2 days/ wk (9 am - 11:30 am) for parents needing a break. Parents must book ahead b/c space is usually filled to capacity
2. Parents' Group	Parents who participate in Drop-in or who have children at Highfield	Family Support Coordinator, CAS Family Support Team, Nurse & Nutritionist from Rexdale Health Ctr	Parents meet weekly to socialize, organize special events, do crafts, or have workshops (eg., women's issues, childhood illnesses, discipline, nutrition)
Community Focussed Programs			
1. Resident Participation and Leadership	Community Parents	Community Development Coordinator & Staff; Community Development Committee	Parents are informally encouraged to join project committees, to get involved in planning community events, to advocate for the community (eg, lighting, bus shelters etc). Parents are given skill development and leadership building workshops
2. Welcome Baskets *NEW	Community Families	BBBF	Baskets contain info about BBBF, other community services, & goodies. Given to new families through the schools in BBBF area to welcome them and encourage involvement in the project and the community
3. Language and Prevocational Skills	Community Residents	BBBF refers students to the ESL program run by the school board	ESL Program has been running for several years. A Hindi class also ran for one year.
4. Neighbourhood Safety	Community Residents	Community Development Coordinator and Staff, parents	Several community safety forums held. Have implemented security guards, improved lighting, removal of derelict cars, crossing guard, etc
5. Social and Recreational Programs	Community Residents	BBBF staff	Before and After School Programs, March Break Programs, fun activities, and ballet lessons for kids, aerobics and bus trips for parents
6. Ethno-Cultural Programs & Activities	Community Residents	Community Development Coordinator & Staff	Several different cultural events (eg., Diwali, Holi, Black History Month). Also staff are hired that have cultural backgrounds similar to residents

SUDBURY

Child and Family Focussed Programs			
1. After School/ Holiday Programs	Children aged 4 to 8	9 Staff, College Boreal Placement Students, 4 Child Care workers, 1 cook, 2-4 volunteers, City Parks and Recreation	Daily program provides a safe place for children to play after school and on school holidays. Snacks and special activities are offered. Children are encouraged to solve problems and conflicts fairly.
2. Summer Programs	Programs are offered at 3 schools in the community	S-BBBF staff	Offered 3/wk 9am-3pm, kids participate in activities similar to the After School programs, but with more emphasis on outdoor activities.
3. BBBF Membership/ Family Visiting	Open invitation to all community residents to become a member of BBBF	Membership Coordinator	The coordinator visits the community residents to explain BBBF and receive feedback from them on the program. Criteria for membership is agreement with BBBF vision and principles.
4. L'Arc-en-ciel du Moulin a Fleur	Families with children aged 0-5 yrs.	1 Francophone Support Worker, 1 PT Child Care Worker. Parents who bring their children monitor their children	Mom and tots drop-in program with participant-driven activities. Organized workshops and presentations are very successful
5. Family Visiting Program	Community members	2 S-BBBF staff (1 anglophone, 1 francophone)	Advocates and supports families' needs, provides support to Child Care teams, do presentations for other agencies, schools
6. Travelling Road Show	Open to all community residents.	2 BBBF staff, 3-5 parent volunteers	Staff visit 3 different sites 1/wk to play with children while parents discuss parenting problems and solutions, and organize events.
7. Summer Camp Experience *Discontinued	Parents and children in the community	BBBF Staff, Local Native Centre	Parents & children go camping for 5 days, & learn Native culture & respect for the environment

School Based Programs			
1. Peaceful Playgrounds Program	Children JK to grade 6 in three local schools	2 BBBF staff, 1 placement student	Teach cooperative games, teach kids how to listen to each other, how to vote democratically, etc. A week is allotted to an anger management course, as well as mediation for individual angry kids
2. Native Cultural Program	Children in grade 1-3 at 2 schools	2 BBBF staff, 4 Placement Students	Through traditional methods kids are taught about equality of all cultures, and to respect each other, self and mother earth
3. Early Bird Breakfast and Play Program	Focus is on children 4-8, but no one is turned away. Approximately 200 children participate.	3 BBBF staff, Child Care Workers, volunteers	Nutritious food is served (eg., eggs, sausages, cereal, etc) and children participate in crafts and physical activities (eg., basketball)
4. Multicultural Support Program *NEW	2 Francophone schools, 3 different classes	1 BBBF PT staff from Rwanda working as a teacher's aide	Children are exposed to different cultures in an informal way. Teacher's aide is currently translating a Rwandan children's book which will be used in the classes.
Parent Focussed Programs			
1. Tout Pour Reussir *Discontinued	Teenage mothers in the community	Teacher	5 days/wk a teacher provides continuing education to young mothers. Also provides informal support
Community Focussed Programs			
1. Community Kitchen Program	Community residents	1 BBBF staff, parent volunteers, funding from Steel Workers Humanities Fund	Participants plan menu, then cook and clean while staff watch children. Staff shop for groceries and supplies. Each participant takes food home.
2. The Environment Program	Parents and children	1 BBBF staff, Trillium grant	Offers information about caring for the environment. Annual development of community garden, which involves participation of children

3. Research Program	Community members	1 BBBF FT and 1 PT staff, 1-2 volunteers	Offers the community the possibility to develop local research projects and use the data from the activities to initiate other programs
4. Mediation Group	Parents in the community	Community Workers	Encourages dialogue amongst community workers & parents in order to deal with disagreements through effective conflict resolution techniques
5. Pre-Teen Program	Pre-teens in the community	Adults & teens from community	2 Programs (English & French) offer activities appropriate for pre-teen age group
6. You Won't Believe It's Theatre Group *Discontinued	Parents and Children in the community	Community Workers	Provides a safe environment for parents & children to expose & relate social problems that affect their daily lives

APPENDIX B

Table of Program Approaches

TABLE OF PROGRAM APPROACHES

	Program Philosophy, Principles, & Values	Core Programs & Activities	Approach to Community Development
Younger Cohort Sites (ages 0-4)			
Guelph	<ul style="list-style-type: none"> - Principle-based decision-making - Everyone has a voice - Prevention starts with ourselves - Partnership between staff, participants, and agency representatives - Generating creative alternatives - Ensuring continuity and stability of programs for children and families - Creating universal access to programs and activities 	<ul style="list-style-type: none"> - Children's playgroups <ul style="list-style-type: none"> >attracts parents & connects them with other resources - Parent groups <ul style="list-style-type: none"> >parents get information, support, & social activities - Community development programs. <ul style="list-style-type: none"> >building & maintaining a sense of community 	<ul style="list-style-type: none"> - a broad spectrum of community involvement - necessary process to create relevant and needed programs - an integral part of the programs & activities - residents learn new skills because of training & experience - promotes personal competence of community members
Kingston	<ul style="list-style-type: none"> - Community participation is essential - Prevention efforts are designed to meet the needs of each participant - Programs must be universally available - Prevention should come as early as possible in the child's life - Inter-agency collaboration is essential - Programs are carried out in a sensitive manner 	<ul style="list-style-type: none"> - Family Visiting - Prenatal-Postnatal Support - Childcare - simultaneous use of these programs is common. They provide parents with information, skills, & support, and provide the children themselves with a safe nurturing place to play and learn 	<ul style="list-style-type: none"> - community focussed programs are driven by community members' priorities. These programs centre on 3 main issues: income, food security, & safety. -individual development has also assisted community development as participants learn skills, feel empowered & are better able to identify community needs

TABLE OF PROGRAM APPROACHES

	Program Philosophy, Principles , & Values	Core Programs & Activities	Approach to Community Development
Toronto	<ul style="list-style-type: none"> - reflects an ecological & holistic view of human development - a belief that individuals' strengths & competencies should be supported & nurtured in an empowering fashion - programs need to be community-driven, high quality, equitable, & accessible - an emphasis on respecting differences & cultural awareness & sensitivity - providing nurturing leadership 	<ul style="list-style-type: none"> - Community Visiting Program - Perinatal Nutrition and Support - Informal Childcare Programs - Parenting Groups - Community Development and Support Activities - recently there has been an increasing focus on parenting groups, playgroups, and community advocacy 	<ul style="list-style-type: none"> -working to include residents in community projects and planning - creating or supporting opportunities, events, activities, or programs that address objectives in the community's prevention model (increasing safety, increasing opportunities for interaction between families)
Ottawa	<ul style="list-style-type: none"> - Staff and participants need to recognize, support, & encourage each others' wisdom and strengths - Focus on helping each other become better people - Community members must be sincerely listened to in order to best meet their needs - Staff are determined to be accessible and available - Instead of reacting to symptoms, staff must deal with the issues that lie within the surface problems. 	<ul style="list-style-type: none"> - Family Visitor program - Playgroup - Better Beginnings Community House - Family visitors and playgroup comprise 82.4% of the total budget 	<ul style="list-style-type: none"> - the site is driven by its focus on responsive programming - based on an understanding of needs in response to the direct voice of the community - residents are on staff, sit on the Steering Committee, & participate as volunteers - because of this responsiveness, programming fits community needs well
Walpole Island	<ul style="list-style-type: none"> - Development of children as our future; healing society by helping our children and helping our children by healing society - Community ownership and control. In a tribal structure this is the accepted value. 	<ul style="list-style-type: none"> - Home Visiting Program - Drop-In /Playgroup Program - Native Language Course 	<ul style="list-style-type: none"> - community development is a part of all programming - the community outreach facilitators are involved with most areas of the program - important for community healing

TABLE OF PROGRAM APPROACHES

	Program Philosophy, Principles, & Values	Core Programs & Activities	Approach to Community Development
Older Cohort Sites (ages 4-8)			
Cornwall	<ul style="list-style-type: none"> - must have an emphasis on integrating programs & activities into local community life - paths of communication between residents & staff must be open and trusting - the program must be responsive to community needs - the project must be flexible enough to deal with local realities & conditions 	<ul style="list-style-type: none"> - School- Based Programs - Family- Focussed Programs - Community Development Activities 	<ul style="list-style-type: none"> - have a community action group to enrich, support, & complete programs already in place - it contributes to the betterment of the physical environment, & social & psychological health of the residents - includes many volunteers and tries to be responsive to the community's needs
Etobicoke	<ul style="list-style-type: none"> - must have a child-family-community continuum - an emphasis on language and culture - focus on nutrition/health promotion - providing necessary support services - program must have an ecological/ holistic approach 	<ul style="list-style-type: none"> - Family- Resource Services/ Family Support Programs - School- Focussed Services - Community Development Activities 	<ul style="list-style-type: none"> - viewed as a process rather than a program - should be a support of the other program initiatives and objectives - although aimed at the entire community, the focus has shifted to putting more emphasis on the mandated age group (4-8) - want to involve residents & get them into community action

TABLE OF PROGRAM APPROACHES

	Program Philosophy, Principles , & Values	Core Programs & Activities	Approach to Community Development
Sudbury	<ul style="list-style-type: none"> - commitment to integrated & universal services to facilitate a safe & healthy environment for children & families - emphasis on community involvement for planning and implementation of programs - ensure complete representation of all cultures in the community. - decisions are made collectively & by consensus - equal access to all SES groups 	<ul style="list-style-type: none"> - School focussed programs - Childcare programs - Caregiver involvement - Community development 	<ul style="list-style-type: none"> - linked to most of the programs - focus on strengthening ties between different cultural communities - demonstrates leadership - efforts to make communities safer - bridges gaps between agencies & residents & helps them obtain the best services