The Development of the
Better Beginnings, Better Futures
Integrated Model for Primary Prevention

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1.0   Introduction

The "Better Beginnings, Better Futures" Project, first announced by the Ontario Government in November 1989, has three major goals:

* prevent serious social, emotional, behavioural, physical and cognitive problems in young children;

* promote the social, emotional, behavioural, physical and cognitive development of these children; and

* enhance the abilities of socio-economically disadvantaged families and communities to provide for their children.

The Project is being funded by three Ontario provincial Ministries (Community and Social Services, Health, and Education) as well as the Federal Department of Indian and Northern Affairs. Better Beginnings is the first long-term research demonstration project of its kind in Canada.

The focus is on children up to the age of eight years old, living in eleven socio-economically disadvantaged communities/neighbourhoods in Ontario. These communities are being funded to provide services tailored to local circumstances over a 5 year period, including one year of program planning and 4 years of implementation. The progress of children and their families will be followed for an additional 20 years.

Better Beginnings, Better Futures grew out of a Coordinated Primary Prevention Initiative established by the Ontario Ministry of Community and Social Services (MCSS) in 1987. The Coordinated Primary Prevention Initiative was the culmination of nearly a decade of interest in prevention as a policy for children by MCSS.

To determine the direction of the project, a 25 member Technical Advisory Group, consisting of key program directors and researchers from across the province, was convened in the Spring of 1988. This multi-disciplinary group was organized into 5 subcommittees to review the literature and specific Ontario programs on prevention for young children living in economically disadvantaged communities. Three of the five subcommittees were structured to cover different age periods of children: Prenatal/Infant, Preschool, and Primary School Age. The topics of the remaining two subcommittees were Community Involvement and Research Issues. Subcommittee deliberations and reports were then discussed by the Technical Advisory Group as a whole to determine important program and research criteria of prevention programs for children 0-8 years old.

The Technical Advisory Group recommended that an Ontario prevention initiative with children be based on a model which included three major characteristics: a) high quality programs, b) integrated programs (integrated across time and across services/resources), and c) local citizen involvement (parents and other community members). This model, referred to as the Better

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Beginnings, Better Futures Model for Primary Prevention, draws on the "holistic" or "ecological" theory of child development which asserts that children must be viewed in the context of their families and families must be viewed in the context of their community. Therefore, strategies which focus on individual children must be integrated with strategies which improve each part of the environment within which the children spend their time - homes, child care, neighbourhoods, and schools.

The purpose of the present report is to provide a basis for understanding how the Better Beginnings, Better Futures Integrated Model for Primary Prevention (hereafter referred to as the Better Beginnings Model) evolved. A description is presented of the development of the Better Beginnings Model through an analysis of key documents which preceded it, documents which describe the Model, and interviews with people involved in its formulation.

Specifically, this report identifies three key sources as influential to the shape of the final Better Beginnings Model:

1)   Ministry of Community and Social Services policies and documents from 1979 to 1988;

2)   the structure of the Technical Advisory Group to the Coordinated Primary Prevention Initiative and the process through which the Technical Advisory Group worked and through which the Better Beginnings Model was formulated; and

3)   the literature and program review completed by, and the professional experiences of, the members of the Technical Advisory Group. This literature and program review is presented in Better Beginnings, Better Futures: An Integrated Model of Primary Prevention of Emotional and Behavioural Problems (MCSS, 1989), and will not be explored separately in this report.

In addition to MCSS documentation, a primary source of information for this report was interviews with eight members of the Technical Advisory Group to the Coordinated Primary Prevention Initiative. These interviews were somewhat hampered by their having occurred almost three years after the Technical Advisory Group completed its work. Some details of the exact process through which their work proceeded, and through which the model was developed, could not be recalled by these respondents. Their interest in the project, however, remained enthusiastic, and they were both able and willing to discuss at length their past involvement in the Technical Advisory Group and their impressions of the Better Beginnings Model.

2.0 Roots of the Better Beginnings Model

The roots of the Better Beginnings Model can be found firmly planted in earlier MCSS activities in the field of primary prevention. This section of the report will highlight some documents which demonstrate the early interest of MCSS in particular features of preventive interventions which later emerged, in sometimes altered forms, as central features of the Better Beginnings Model. This document does not contend that the Better Beginnings Model was pre-determined prior to the

Technical Advisory Group's (TAG's) work. In fact, some elements of the final model are unique contributions of the TAG, while others differ from earlier MCSS recommendations. However, as one TAG member suggested,

> …some of these were given. These were sort of assumptions that this is what the whole mission is going to look like. This did not just develop by randomly selecting 25 people and saying 'Here is the word prevention, start free associating'. It was a lot more concretely framed.

The TAG members were informed of prior MCSS activity in primary prevention and of the goals the MCSS had established for their work. The TAG recommendations, then, were informed by these directives, as well as by the TAG's own literature and program reviews and the TAG members' own professional experiences. An analysis of prior MCSS activity will identify the basis from which the TAG worked, and clarify how the shape of the Better Beginnings Model emerged.

2.1 The State of the Art: A Background Paper on Prevention

On July 1, 1977, the Children's Services Division of the MCSS was founded. The Children's Services Division represented an amalgamation of children's services from four provincial ministries. This new branch of the MCSS was mandated to develop appropriate services for children, integrate and de-centralize services, and rationalize funding mechanisms. Further, this new branch of the MCSS had "promised to actually <u>do</u> (underline in original) something about prevention" (MCSS, 1979, p.i), and accorded it a high priority.

In December of 1977, work began on a policy paper for primary prevention. This report, which appeared as <u>The State of the Art: A Background Paper on Prevention</u> (MCSS, 1979), was an important influence on subsequent MCSS policy and activities in the field of primary prevention. The report consisted of a comprehensive research and program review, a "scenario for a community prevention program", and a discussion of policy issues and directions for MCSS action. One key goal of the document was to provide the MCSS with a definition of primary prevention. According to this document, primary prevention

> aims at reducing the incidence of new cases in a population. It refers to activities, of both proved and presumed efficacy, that are intended to prevent certain disorders and dysfunctions. Its two different aspects are (a) efforts that concentrate on modifying the stressful environment, i.e., specific protection; and (b) strengthening the ability of the individual to cope with stress, i.e. promoting health or competence (MCSS, 1979, p. 1).

A review of this document reveals issues which anticipate key themes which later figured in the TAG's discussions, and as key components of the Better Beginnings Model. For example, based on its review, the document noted:

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> There are different kinds and levels of expertise needed for these [primary prevention]
> activities, and much research still needs to be done to determine the most effective kind
> of prevention at different levels (individual, group, community, or society). Such
> research will require contributions from many disciplines. Implementation will require
> coordinated planning, and eventually less concentration on treating problems after they
> have developed (p.2).

The recommendation of a multi-disciplinary approach to the planning and implementation of
prevention initiatives and evaluation research evident here, and throughout the document, was
reflected in the multi-disciplinary composition of the TAG working group. As will be detailed
later in this report, the structure of the TAG proved to be influential in shaping the Better
Beginnings Model.

This particular report indicates interest in a variety of levels of intervention; the necessity for the
coordination and collaboration of different levels of government, social service agencies and the
community in the planning and implementation of prevention programs; and the role of research
in demonstrating the effectiveness of programs. Each of these concerns later emerged in some
form in the Better Beginnings Model proposed by the TAG.

Also of note in this document are references to appropriate ages for preventive interventions: "It
should be possible to look at any stage of a child's development and consider what needs to be
done to (a) reduce stress and (b) promote health and competence at any one of these four levels"
[individual, group, community, and society] (p. 2). This reference is noteworthy given the TAG's
focus on three different age-groups in its review of effective programming. Further, the focus on
the promotion of health and competence at various levels predates the TAG's recommendation for
an ecological perspective on child development, and on multiple levels of intervention. Also
evident is attention to the following issues: the importance of the features of effective, high-quality
programming, which are grounded upon sound theory, existing knowledge, and evidence; the
several interpretations of high-risk; and effective approaches to prevention initiatives for high-risk
communities. Each of these later figured as important issues addressed by the TAG.

The State of the Art document is particularly relevant to more current Better Beginnings, Better
Futures activities because of its proposal of a "Scenario for a Community Prevention Program"
(pp. 77-86) which describes "an ideal program that might be set up in a community with a large
number of high-risk families". Although this scenario differs in a number of significant respects
from the Better Beginnings Model proposed by the TAG, it does highlight some features and
principles similar to those expressed in the Better Beginnings, Better Futures document (MCSS,
1989). Some of these included: initiating programs which create collaborative partnerships
between program and agency staff and community leaders and community residents; designing
programs which respond to expressed community needs; creating comprehensive programming
and programming which is aimed at various developmental stages; and the coordination of the
activities of various professional agencies with volunteer community groups.

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Finally, in this document's section on "Policy Issues and Directions for Action" (pp. 87-93) the importance of "community capability" is highlighted. "In each community, preventive services should work with the neighbourhood and community groups. By doing so, they contribute to the collective capability of the community to provide a healthy environment for families" (p. 88). This section also highlights inter-agency collaboration.

> While interministerial action is necessary to ensure that joint policies and programs are implemented, inter-agency collaboration in each community is essential for the success of any comprehensive prevention program. Prevention is clearly a field requiring strong agency commitment to inter-agency joint action. (p. 88)

Also in this section, five specific policy recommendations were made concerning the delivery of services. These included: 1) making prevention programs more readily available to high-risk populations; 2) encouraging better distribution of services in high-risk communities; 3) assessing programs that have strong theoretical promise and which might affect large populations of people; 4) reinforcing prevention policy with the Children's Services Division's support for families, deinstitutionalization, and continuity of family life; and 5) filling in gaps in public information, and promoting healthier environments and lifestyles for families and children.

This document can be seen as an important antecedent to the Better Beginnings Model proposed by the TAG. With its definition of primary prevention, description of an ideal prevention program and recommendations for increased spending on prevention and demonstration projects, this document influenced subsequent MCSS prevention activities up to and including the Better Beginnings, Better Futures primary prevention model. This, in fact, was suggested by one TAG member in describing personal motivations for becoming involved with the TAG:

> The '78, '79 text 'Primary Prevention: State of the Art',…, was seen as a seminal document and there was a sense in '86 or '7, whichever it was, that the Better Beginnings document would be a second generation version of that. If we could have anywhere near the credibility that that text had, then there was a certain benefit to being, making that contribution and being affiliated with that kind of venture.

2.2 Ministry of Community and Social Services Primary Prevention Demonstration Projects

In the early 1980's, eight primary prevention programs from across Ontario received MCSS program assessment awards (MCSS, 1984). Program assessments were envisioned as:

1)   the application, in new settings, of results derived from previous research, development, testing or practice for the purpose of establishing the reliability, further validation or cost-effectiveness of new prevention methods, and

2)   the use of available knowledge and technology to achieve a workable prototype
or model of a program. (MCSS, 1982).

The criteria used to select these programs can be found in APPENDIX A. Continuing on themes introduced in State of the Art, there was an emphasis on programs based on sound theory, high-risk approaches, interagency cooperation and coordination, the involvement of community groups in the design and in the evaluation of these programs. Also, apparent in the description of the program assessments above, and the program selection criteria (APPENDIX A), is an interest in program models which can be subsequently developed for larger populations, a notion introduced as a direction for policy in the State of the Art document.

A number of recommendations were made for the future implementation of prevention projects in Ontario based on the experience gained from these eight projects, including: creating a good fit between the community's perceived needs and the program's design and goals, creating linkages with other existing programs, allowing sufficient time for the project start-up phase, recognizing the importance of both process and outcome evaluation, and measuring both individual and community level change (MCSS, 1984). One shortcoming of the research stemming from these projects was later noted:

> The results were encouraging. Ontario's experience, and similar research elsewhere, indicated that one or two year programs for infants, preschoolers and elementary school children can produce statistically significant short-term positive outcomes for children. However, there was too much variability in past research in terms of length of program, outcomes measured and quality of program to predict the size and generalizability of the results (1990, p. 3).

Although these projects provided evidence of the effectiveness of some prevention programs, the programs did not appear to provide the MCSS with a sufficiently well-evaluated program model which could be implemented in a number of Ontario communities. In describing the Better Beginnings, Better Futures Project in relation to earlier MCSS sponsored prevention initiatives, such as the initiatives described here, one TAG member remarked:

> …there was a perception that this time we were going to put major dollars into this investment, that we were going to do it properly and there was a real sense that prevention had not had a reasonable shake the first time out because it was expected to show long-term results within nine months of getting started and that was a laugh. Too many people beat up on prevention as a result of that and it was a chance for it to have … a second opportunity to redeem itself.

2.3 The Coordinated Primary Prevention Initiative (CPPI)

In 1987, the MCSS designated $1.8M per year for the length of time necessary to thoroughly investigate the viability of primary prevention as a policy for children at risk of developing emotional or behavioural problems (MCSS, 1990, p.3). Through this funding, the Coordinated

Primary Prevention Initiative (CPPI) was established. Under the umbrella of this initiative Better Beginnings, Better Futures emerged.

This initiative aimed to coordinate the efforts of several branches of the MCSS toward the promotion of prevention activities in Ontario. It also envisioned collaborating with other provincial ministries in order to maximize the potential of the initiative (MCSS, 1988a). The initiative was considered an outgrowth of the MCSS' activities in prevention over the previous 15 years. The development of this initiative appears to have been a response to a recommendation made in a 1988 MCSS consultation paper "Investing in Children: New Directions in Child Treatment and Child and Family Intervention" (MCSS, 1988d). Specifically, this document recommended that the MCSS:

- Derive a primary prevention model, based on similar, rigorously evaluated projects.

- Identify one or more communities "at risk" for launching a coordinated large scale primary prevention demonstration initiative.

- Target populations within those communities for primary prevention of significant emotional and behavioural problems in children.

- Coordinate resources from other ministries to maximize the potential of this initiative.

- Require exacting, systematic comparison of a number of indicators over a period of 4 -10 years to assess the cumulative effect of the coordinated prevention initiative (cited in MCSS, 1988b, p. 5).

More specifically, the CPPI adopted the following goals:

- to reduce the incidence of serious, long-term emotional and behavioural problems in children, by promoting optimal social, emotional, behavioural and cognitive development in those at highest risk for such problems;

- to develop and evaluate the effectiveness of one or more approaches to achieving this goal;

- to recommend the demonstrated best approach for generalization throughout the province (MCSS, 1988b).

Further, it was decided that the Initiative would target "high risk social environments"; communities with the following risk indicators:

- a high concentration of families receiving social assistance; and/or

- a high concentration of families living in subsidized housing.

The choice of these risk factors was based on findings from the Ontario Child Health Study. The target population for the prevention initiatives was described as follows: "Within the high risk community, one or more 'high risk' populations will be identified for preventive intervention (e.g., infants, preschoolers, school age children)".

The CPPI prevention initiative design principles were:

- **Individual and Systems Approach:** The intervention(s) should enhance individual competence, and promote a healthier social environment.

- **Universality:** The intervention should be delivered in a non-stigmatizing, community-wide manner.

- **Community Development:** Community interest and support is essential to intervention success. The intervention should include a plan for community and family involvement in development and implementation.

- **Validity and Reliability:** There must be evidence, based on rigorously evaluated similar successful programs, that the intervention(s) significantly lower the incidence of childhood problems, and enhance the overall level of social adaptation of those involved.

- **Outcomes:** The intervention should:
  i.   Maximize the probability of short-term and long-term positive outcomes to both individuals and the community;
  ii. Produce cost-savings in comparison to other interventions or treatments.

- **Generalizability:** The intervention(s) should be generalizable to other communities across Ontario, and therefore, the project should be:
  i.   Capable of integrating into existing, mainstream/ universal community systems (e.g., schools, public health programs). When possible the programs should build on existing services.
  ii. Relatively low-cost.

- **Evaluability:** The intervention design should lend itself to comprehensive evaluation of short- and long-term effects.

- **Intra- and Inter-Ministerial Coordination and Cooperation:** The Initiative should promote and facilitate cooperation and coordination within and between ministries. The Initiative will consider the interests of other MCSS branches and ministries, and potential funding partners. If the nature of the intervention(s) requires involvement of other divisions and/or ministries (e.g., a program

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delivered through a day care facility or a school), assistance other than financial, may be solicited (MCSS, 1988a, p. 8-9).

These guidelines appeared in a somewhat modified form in the Better Beginnings, Better Futures document (MCSS, 1989, p. 2-3).

The most notable change was the addition of the following principle: Inter-agency/Community Service Coordination and Cooperation.

Again, these design principles are similar in a number of ways to the particular features of the Model later proposed for the Better Beginnings, Better Futures project.

As part of its Plan of Action, the CPPI scheduled consultations with various experts in the field of primary prevention and proposed to subsequently develop and establish an Expert Technical Advisory Group (MCSS, 1988a). Based on these consultations, other ongoing activities, and advice from the CPPI Technical Advisory Group (TAG), the CPPI was to "establish a preferred program and design for the Initiative" (p. 15).

On February 18th and 19th, 1988, an "expert" consultation was held by the CPPI in Toronto. At this consultation, presentations were made by four representatives of primary prevention programs from the United States. Feedback was solicited from consultation participants concerning CPPI's "Intervention Principles" and the "Target Environment" (noted above). Later participants self-selected into three smaller groups for further discussion: Infant/Pre-Natal Development, Preschool and Primary School discussion groups.

As a result of this consultation, the MCSS was advised to make several changes in its approach to the development of prevention initiatives. For example, it was recommended that the CPPI Terms of Reference be revised "to reflect less of a clinical model and more of an education, development, and/or health promotion model" (MCSS, 1988b, p. 5). Also, it was recommended that the Initiative include greater community participation, and community ownership of programs created under the umbrella of the Initiative (p. 5). Specifically, with respect to the establishment of the Expert Technical Advisory Group, it was recommended that this group consist of a balance of researchers and academics, program developers and service providers and government representatives; that subgroups be created for three levels of programs (infant, preschool and school age) in order to generate the literature review; that the Expert Group should determine the framework for the research and literature review; that a comprehensive review of research and programs be undertaken; that on the basis of this review outcome criteria be defined; that in conjunction with the CPPI Steering Committee, evaluation criteria should be determined which reflected a "mix of collaboration and separateness on the part of the Initiative" and that it be recognized that "process evaluation is just as important as outcome evaluation" (p. 7-8).

Most of the TAG members interviewed for this report participated in the consultation described above, and several recounted their impressions of the consultation and its impact on the direction of the project. For example, one TAG member remarked:

> …they brought up people who were considered to be luminaries in the States in terms of the published research. Then there was the Ontario revolt of people saying, well you know, there is a different context here, a different culture here, a different structure here and we think that we've got some things we could be proud of that we've not ever had the resources or the time to really turn into a full-blown product. But, you know, if you're prepared to go out and spend these kinds of dollars and time on the U.S. stuff, you're going to spend it at home first because some of these insights are already here.

A recommendation was made to build on existing primary prevention programs in Ontario, along with developing an inventory and review of existing prevention programs in the province (MCSS, 1988b, p. 6). Another member of the TAG felt that the reaction of the consultation participants had an impact on expanding the community-based approach to prevention in the Initiative, leading to the formation of the Community Subgroup in the TAG:

> There was a two day consultation that the Ministry arranged and…. they invited four people up from the United States who had been involved in exemplary primary prevention programs… And they invited a whole bunch of people who were involved in providing prevention programs, and also, you know, doing research on prevention programs... And, basically, I think there was a revolt. These four people presented their programs one afternoon and… we were supposed to discuss this, break up into small groups and discuss this and the reaction, I thought, was that, first of all, people were offended that we brought all these people up from the States when there are people who run good prevention programs in Canada. And the other reaction was that a lot of these programs were professionally-driven and that the kind of experience that we have in Canada… was with things that came from the community, rather than being driven by professionals. So I think there were those two reactions and that I think the people from the Ministry were kind of shocked, you know, at this revolt. But they were always really concerned about listening to people. I mean this really was a consultation. So they kind of reoriented and somehow we wound up having as one of the working groups in the TAG body a community group and that really pushed home the community perspective.

It appears that this consultation was highly consequential to decisions that were being made within MCSS about choosing a primary prevention program model to be implemented in the province. Shortly after this consultation, the Technical Advisory Group was convened and began its extensive program and literature review. Based on this review, the TAG made recommendations for a program model which would be implemented in a number of communities throughout Ontario.

2.4   Conclusions

There are two consistent themes in this section of the report. First, MCSS appears to have been interested for some time in researching exemplar program models which might be generalizable to various communities throughout Ontario. Second, particular issues with respect to the design of primary prevention programs, which later appeared as features of the Better Beginnings Model, had been discussed at the Ministerial level for some time.

A Generalizable Program Model

The Ministry of Community and Social Services's interest in preferred methods for implementing prevention programs in high-risk communities was evident in the 1979 State of the Art document, in the early 1980's primary prevention demonstration projects, and in the goals established for the Coordinated Primary Prevention Initiative. At the time of the State of the Art document, a scenario for the implementation of a primary prevention program in a high-risk community was proposed. While the preferred programmatic activities to be instituted in communities were not detailed, desirable methods for designing and introducing programs into communities were outlined. The outline included a process, or strategy, whereby prevention activities could be introduced in communities. This scenario suggested that the particular prevention activities would be tailored and responsive to local community needs and would be introduced into communities by drawing on the support of local community agencies and community leaders. The document also suggested that the MCSS pursue the evaluation of program models which could be successfully implemented throughout Ontario.

Later in the early 1980's, through its program assessment awards, the MCSS sought to identify effective primary prevention program models. At that time, a criterion for the acquisition of a program assessment award was that the proposed program model be effective for large populations. While the programs that were assessed through these awards did demonstrate some degree of effectiveness, they were apparently less successful in offering sufficient evidence for one program model which could be generalizable throughout the province. It would appear that at this point, the MCSS was equipped with a preferred strategy for implementing prevention programs in Ontario communities, but was unsure of the specific kinds of programs that should be implemented to be most effective in communities throughout Ontario.

A more explicit task assigned to the CPPI was to identify one model, with demonstrated effectiveness, which could eventually be generalized throughout the province. The shape that this program model should take was not altogether undefined at this point, given the CPPI's proposal of "design principles" for the initiative. These principles were apparently subject to revision based on feedback solicited at consultations, and through the influence of the Technical Advisory Group which, based on CPPI's design principles and its own literature and program review, would make recommendations concerning this program model.

Recurrent Features of a Primary Prevention Program Model

Prior to the introduction of the Better Beginnings Model, a number of features of a preferred primary prevention program model recurred in MCSS documents. An analysis of MCSS activity in the field of primary prevention reveals that for a number of years the Ministry has been interested in the creation of a program model which would include features such as high-quality, theoretically sound programs, community involvement in the design and implementation of programs, interagency collaboration, and coordination and comprehensive programming at various child developmental periods. Further, this program model would be amenable to rigorous evaluation of effectiveness at a number of systemic levels (child, family, community and society) and could be implemented in a number of different high-risk communities. These concerns were expressed explicitly in the CPPI design principles. However, their roots may be traced to the State of the Art document, program assessment award criteria, and the lessons learned from the early 1980's prevention demonstration projects.

As was mentioned at the beginning of this section, and will be made clearer later in this paper, the final Better Beginnings Model was not decided upon prior to the TAG completing its work. In some ways the final Better Beginnings Model deviates from CPPI's design principles. For example, the coordination of services has been an aspect of MCSS policy in prevention since at least 1979. In the Better Beginnings Model, however, the focus has shifted from coordination to the full integration of services. Community involvement in the design of prevention programs has also been an aspect of MCSS policy for some time. Community ownership and control of programs, however, was a notion that first appeared at the February, 1988 consultations, and which was elaborated in the Community Subgroup guidelines of the Better Beginnings, Better Futures report (MCSS, 1989).

Nonetheless, it is understandable that the Better Beginnings Model would reflect earlier MCSS interests and activities. The Better Beginnings Model is an outgrowth and a product of MCSS experience and was formulated based on the design principles established by the CPPI. What is unclear, however, is how the Better Beginnings Model proposed by the TAG corresponds to earlier MCSS directions, and the goals of the CPPI.

The State of the Art document had suggested a preferred process for implementing prevention programs in communities. This process would involve coordinating the activities of local agencies and branches of various ministries, in collaboration with local community residents, to tailor a proven effective program model for implementation in identified high-risk communities. What was still missing, however, was a proven effective primary prevention program model. Consequently, subsequent MCSS and CPPI energies were focused on identifying a preferred program model which could be introduced into the communities. Thus, it is important to consider how successfully the Better Beginnings Model has satisfied these aims.

In fact, the Better Beginnings Model does not suggest a specific program model but an alternative process wherein community involvement is both greater (than suggested by the State of the Art document), and came earlier, before the actual definition of programmatic activities have been defined. Thus the local community program model is to be formulated through a process of

community collaboration with local agencies who are being called upon to integrate their activities for the purposes of the prevention program. Actual programmatic activities, however, are not specified.

The Better Beginnings Model may be best conceived as a new framework for planning local primary prevention activities. Characteristics of the framework are: local community involvement at all stages of program design, planning, implementation and evaluation; the integration of local community agencies and services; and comprehensive programming which both integrates activities across child age groups and adopts an ecological perspective of child development. Although the Better Beginnings Model may not be <u>generalizable</u> to other Ontario communities in the sense originally intended by the MCSS, it is a <u>flexible</u> enough process that may be used in any Ontario community to produce programs which reflect some key core principles but still remain sensitive to the local community context.

Any lingering confusion over the Better Beginnings Model may spring from perspectives and concepts which have been held over from MCSS' activities prior to the Better Beginnings Model. These may have not been adapted to the "new spirit" of the Better Beginnings Model. An example of this may be the continued use of the term `model'. Whereas the search for a specific program model was a past MCSS direction, the Better Beginnings, Better Futures framework refers more to a strategy, and a set of principles, for the design of local primary prevention program models.

2.5   Implications for the Better Beginnings, Better Futures Communities

The main implication of these conclusions for the local community demonstration projects is the undefined nature of the expectations of them. Their involvement in this project is the result of at least a decade of MCSS activities in the area of prevention. They are being asked to implement a model which, although features of it have been discussed in the past, is itself of fairly recent origin. Because the implementation of such a model has not been documented before it is difficult to predict the particular difficulties that the communities will face in putting the model into practice. However, the practical experiences which may be gained through implementing the model will provide information useful in the design of a common strategy for implementing primary prevention programs in other communities throughout Ontario.

3.0   Process of the Development of the Better Beginnings Model

The Technical Advisory Group (TAG)

In addition to prior MCSS activities which were influential in shaping the Better Beginnings Model, the actual process undertaken by the TAG appears to have been a significant contributing factor to the Model. It is important to note that the work of the TAG was based upon the prior work of the CPPI. As the <u>Better Beginnings, Better Futures</u> document made clear:

> The following review and subsequent recommendations are grounded on the Goals
> and Principles established by the Ministry of Community and Social Services, and
> within the framework of the Objectives established by the Technical Advisory
> Group. (MCSS, 1989, p. 7)

The TAG members were provided with documentation concerning the CPPI (e. g., CPPI Draft Terms of Reference; MCSS, 1988a) and with the recommendations from the CPPI's expert consultations. However, it should not be concluded that the model was predetermined by prior MCSS activity. In reference to this issue, one member of the Community Subgroup drew a parallel between the role of the TAG in the development this model and the role of communities in implementing it:

> The amount of power that the community would have was a critical point. In some
> ways we went to school on our own feelings of frustration as earlier members of
> the community of prevention who were consulted about the Coordinated Primary
> Prevention Initiative and felt as though a model was being sold to us and we were
> supposed to nod. And I think we maybe extrapolated a bit from that experience
> and considered that in the same way we would resent only having the opportunity
> to fine tune something rather than to begin with being engaged in the process.

In this section, it will be argued that the nature of the composition of the TAG and the process through which the TAG completed its task each contributed to the shape of the Better Beginnings Model. Prior to outlining this point, this report will first describe the mandate and goals that were set out for the TAG and describe the process that was implemented.

Purpose

The purpose of the TAG was described as follows:

* To carefully examine the program and research base of models of primary
  prevention focusing on infants, preschoolers and early elementary children in
  economically disadvantaged communities; and

* To recommend to the Ministry the specifications necessary to achieve the Goals,
  as presented in the Terms of Reference for the Coordinated Primary Prevention
  Initiative (MCSS, 1988c, p. 1)

Goals

The three goals of the CPPI, adopted by the TAG, were to:

* Reduce the incidence of serious, long-term emotional and behavioural problems
  in children;

* Promote the optimal social, emotional, behavioural and cognitive development in those children at highest risk for such problems; and

* Strengthen the ability of communities to respond effectively to the social needs of children and their families. (MCSS, 1989, p. 1)

Objectives

The objectives established for the TAG were to produce two papers, a review paper summarizing program and research findings and a decision-making paper for the CPPI's Steering Committee.

* The first paper was to consist of an in-depth report synthesizing research and program findings, to be released with the Request for Proposals, as a Background/Reference paper for the CPPI (MCSS, 1988c, p. 2).

* The second report was to be a decision-making document for the Ministry's C.P.P.I Steering Committee which would consist of a series of recommendations regarding the model or sequence of models, the specifications of each model, and the guidelines for evaluation and community involvement. The recommendations, when approved, would form the basis of the Request for Proposals for the research demonstration project. More specifically, this decision-making document should prioritize for the CPPI Steering Committee:

    - Advantages and disadvantages of each model and each sequence of models (e.g., infant/preschool; preschool/ school-age),

    - Program specifications, including recommendations for research evaluation, and community involvement (MCSS, 1988c, p. 2).

TAG Process and Procedures

The TAG group was to operate both as a 'committee-of-the-whole' and as five separate subgroups (Pre-Natal/Infant, Preschool, School Age, Community Involvement and Research Issues). This committee structure, earlier proposed during the February, 1988 consultation, was included in the Draft Terms of Reference supplied to the TAG (MCSS, 1988c, p. 3). These Terms of Reference proposed that:

* The first three groups would evaluate program information pertinent to each age group and document the advantages and disadvantages (e.g., cost, evaluability, outcomes, etc.) of such approaches to primary prevention of mental health problems in children.

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    *   The Community Involvement subgroup would focus on community readiness, including linkages among programs and community leaders, coordination/collaboration between sponsoring agencies, program implementers and evaluators, and community services (e.g., public health, schools and day care providers). This group would work with each age-related group and the Research Issues subgroup on applying such implications to program specifications and research implications.

    *   The Research Issues subgroup would focus on research design and methodology relevant to longitudinal applied research and also on generating appropriate child, family and community measures of program effectiveness. This group would work with each age-related sub-group on applying such findings to program specifications, as well as with the Community Involvement sub-group.

After the work of each of the subgroups was accomplished, "The entire committee would then pool information from the subgroups and make recommendations to the Steering Committee" (MCSS, 1988c, p. 3).

The process of the work within the subgroups was similar across all groups. The work consisted primarily of a number of face-to-face meetings and communications via telephone, computer network or fax. A chairperson was appointed for each subgroup, and assigned a Research Assistant to help in the identification of literature to be reviewed by the subgroup. In addition, each subgroup appointed a liaison person to each of the other subgroups. Within the larger TAG group, individual subgroup reports were presented and discussed and then recommendations were made to the TAG Steering Committee for the final decision on the Model for primary prevention.

3.1   Methodology for TAG Member Interviews

Eight former TAG members were interviewed for this report, selected so that:
- all subgroups would be represented (i.e., Pre-Natal/Infant, preschool, School Age, Community Involvement and Research Issues)
- a variety of professionals would be included
- both academics and practitioners from different backgrounds were interviewed
- all were accessible to the interviewer who was based at the University of Guelph.

TAG members were contacted by the interviewer; if they consented to participate, an interview time was set. Before the interview a summary of the questions to be asked was sent. The interviews were designed to clarify the processes through which the TAG had reached its conclusions, and the major issues with which it had grappled. We posed questions about how and why the respondents had been involved, how their subgroups had worked and the issues that arose

there, and how the final report had been developed out of the diverse viewpoints arrived at by the subgroups.

At the time of the interview TAG members were asked to sign a consent form (See APPENDIX B). Seven of the TAG members agreed to have the interview audio-taped. Their transcriptions, along with the interviewer's written notes formed the basis for sections 3 and 4 of the report.

The interview used for this report underwent several modifications over the course of the actual interviews. Largely these modifications centred on improving the wording and precision of the questions. A few questions were added or deleted from the interview schedule in order to probe more deeply several themes and issues which had emerged in earlier interviews, but which were not foreseen when the interview schedule was initially prepared. A summary of a latter version of this interview schedule can be found in APPENDIX C.

4.0 Issues Emerging in Discussions with Technical Advisory Group Members

A number of other issues emerged in discussions with the TAG members. Some refer to the process through which the Better Beginnings Model was formulated, and, therefore, may clarify how these elements became part of this model. Some issues refer to matters about which there was debate and discussion within the TAG group and, therefore, may represent areas that may also need to be addressed by community groups attempting to implement the model. Other issues seemed to have been left unresolved in the TAG group and may also need to be addressed by community groups attempting to work with this model.

4.1 Issues Relating to the Process Through Which the Work of the TAG Would Be Accomplished

Diversity

A key characteristic of the TAG was its multi-disciplinary nature. The TAG membership, following from the recommendations of the February, 1988, CPPI consultations, consisted of a mix of academics and researchers, program planners and administrators, educators, and government representatives. According to the Better Beginnings, Better Futures document:

> The strongest characteristic of this 'multi-disciplinary team', was its <u>diversity</u> (underlined in original). The breadth and depth of experience was a powerful force in determining the direction and outcome of the review. No one profession or theoretical approach was able to dominate the focus; there was constant challenge to document and justify conclusions (p. 1)

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Further:

> The breadth of this group was required because no one profession can claim
> ownership of the field of primary prevention. By its very nature, prevention
> requires cross-professional collaboration and expertise."(p. 4)

Most of the TAG members interviewed for this project commented on the diversity of
backgrounds in the group's membership. For example, one TAG member remarked: "I just
wondered how such a disparate group of people, from such a variety of professions, would ever
be able to pull anything together". Most of the TAG members who were interviewed
acknowledged the importance of contributions from a variety of perspectives in the development
of the project's model. They also noted, however, the difficulties inherent in trying to have such
a group work together:

> Looking around the room and seeing that the 30 or so people who were affiliated
> at that stage, one recognized the tremendous range of professional bias in
> orientation… I'll always remember one individual, for instance, whose orientation
> was macro economic and picturing that individual's viewpoint being reconciled
> with someone who was seen as an early childhood education advocate. They didn't
> have a common lexicon, much less necessarily a shared vision of what shape this
> should take. It's sort of hard to picture that… a few coherent models would
> emerge from such a relatively diverse group.

Another TAG member commented:

> It was a fairly wild first group meeting. And I still remember one fellow saying
> that he just thought that we should take all the money and just split it up between
> the poor people, and give them housing and whatever… It was a very varied group
> the whole way through. Even within the smaller groups, the subgroups, a mixture
> of … professionals at the program levels, professionals at an academic level,
> together.

One TAG member was of the opinion that difficulties revolved around the differences in each
profession's level of analysis:

> And when we first started talking I think… one could have done a sort of an
> ecological map and placed people at these different levels of activity and that's
> another thing where I think some of this conflict came from. It takes a lot for a
> sociologist and an anthropologist and an educator and a psychologist to talk
> together. It's not just language. It's levels of analysis that are different.

One TAG member expressed concerns about this process of collaboration. This person worried
that there might have been compromises made in the vision he personally held of the project:

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> …there could be serious stumbling blocks caused by the kind of democratic process that had been initiated as a means of designing the overall primary prevention initiative that became known as "Better Beginnings". That is, there was a process where people with varying backgrounds, varying expertise, varying vested interests and commitments, and varying talents, would be put together and asked, somehow, to, you know, creatively and through a consensual process, plan an entire model for this demonstration project. And I was concerned that the model would be a compromise model and ultimately not live up to the desiderata that I, you know, personally held out for it…

In the attempt to recognize the importance of diverse perspectives and experiences in the design of prevention programs, the MCSS convened a multi-disciplinary group of experts from a variety of professional backgrounds. The initial task facing this group was to learn to work collaboratively in spite of their professional differences. The TAG members' comments do not question the value of such cross disciplinary efforts. In fact, no TAG member questioned the necessity for the broad representation of professional perspectives. Their comments reflected the difficulties encountered as professionals from diverse orientations who were learning to work collaboratively.

Breaking Down into Subgroups

Much of the work accomplished by the TAG was completed in the five separate subgroups. Some TAG members expressed concerns about breaking the work down in this fashion. Said one TAG member:

> And I guess, structurally, the fact that we were going to work in different interest groups begged the question of whether or not when we were finished that we would have products that would be complementary and could work together.

Another TAG member also described the process as "fragmented" and the breakdown into subgroups as "artificial". The need for separate Research and Community subgroups was questioned because research and community-related issues were also discussed in the three age subgroups. She suggested that a community and a research person should have been included in each of the age groups. In this way a reciprocal learning process between the community, research and age-group members could have occurred. Another TAG member expressed some mixed feelings about the process:

> Did I have any thoughts about what the model would look like? No. I had tremendous respect in the process that these five groups were going through to generate the model. I worried about how that model would actually be synthesized from the products of these five groups, but I felt as though the groups had done a commendable and optimal job in amassing information from both written sources and from key informant interviews.

As will be discussed later, although there were common themes across these subgroups in their separate literature searches and program reviews, there were disagreements and negotiations between the subgroups in the attempts to develop recommendations for the final program model. As will be more fully explained later, the resolution of these disagreements appears to have precipitated, in part, the inclusion of both the age-integration element and the ecological perspective of the model.

Language and Communication

One of the most frequent points of contention, both within the individual subgroups, and within the larger TAG committee was about appropriate language. For some, the fact that people from diverse disciplines and professional backgrounds were being brought together meant that there would be problems with "communication". One TAG member remarked:

> …I do remember, though, that my first impression was that there were people from such a variety of disciplines… (It) seemed like a decent process to follow, an interesting one, one that I haven't been involved with a lot, before. I also felt that it was a very complex undertaking; that it's one thing to sort of talk about "Wouldn't it be nice if…" It's another thing to get a group of people together who can actually work well, and communicate with each other.

It seems that there were some initial concerns about the communication and discussion of ideas among people from very different backgrounds. These difficulties, however, were not simply reflective of differences in professional terminology. As noted previously, these difficulties often reflected differences in the understanding and approach to the solution of social problems. Such difficulties were evident not only in the larger TAG group, but also in most of the individual subgroups. Thus, the language and perspective of each TAG subgroup member had to be learned and appreciated before the work of the subgroups could proceed. For instance, a member of the Research subgroup remarked:

> …I think we weren't quite sure how to proceed, and we discussed a number of issues and we didn't really get any kind of sense of direction. This is the first meeting or so. I think we were all from, you know, different areas… And I think we gradually kind of learned each other's language, and we began to think about the most important characteristics or criteria that we wanted to have.

Other subgroups' experiences relating to language were of a different nature. Because the Community subgroup was specifically charged with the task of articulating guidelines for community involvement and defining key terms such as community, there were many discussions about appropriate language. Said one TAG member:

> I think sometimes there is always a struggle around rhetoric, and around the right language… to capture the recommendations and to capture the main issues.

Later this Community subgroup member, referring to contentious issues in the work of the subgroup, said, "The main problems really had to do with fully articulating the meaning of these recommendations". Another member of the Community subgroup made similar remarks:

> It was a question of going from a grey rhetoric into a more precise definition. By grey rhetoric I mean it's one thing for people in the group to sort of lean back and talk about processes of empowerment and mobilization and development within communities and quite another for us to be challenged to define 'What do we mean by community?', 'What do we mean by ecological?', 'What do we mean by participation?', 'What do we mean by involvement?', 'How does that translate into specific guidelines'. So I think that our hardest work was to get precise about that stuff.

It appears that in some instances, these differences were overcome, particularly where there were similarities in professional philosophies and approaches. As a member of the Infant/Pre-Natal subgroup described:

> When we were trying to prepare the report, we were coming up with our positions which would be brought to the larger group, we didn't have any fights. It was so neat. And although we were using somewhat different language ... I often find in childcare ... (it) is often very fragmented, and often just focuses on kids and you have to fight to get child care people ... to look at families, but there wasn't any of that sense, you know?

Other problems with language and communication included communication with others outside of the TAG. A member of the Community subgroup said, regarding the project's Model:

> I think Better Beginnings is going to have to pass the test of being explainable to my neighbour in simple language. That it needs to be able to communicate about itself in language which can be easily understood at a neighbourhood level, and not necessarily at a professional level, and that until the model's worked itself through at the community level enough for us to have confidence that we can speak... at literate levels, we're going to continue to have problems.

Regarding the goals of the project, a member of the Research subgroup said:

> Well I think it's going to be a kind of continuing need of the project to keep on defining what primary prevention is. I think, you know, it's very easy for people to kind of slip into thinking that primary prevention is secondary prevention or early intervention, or even treatment. And so I think we kind of have to keep on educating people of what primary prevention is, you know, almost keep the whole philosophy behind, and the logic of primary prevention very much in the forefront when we are talking about it.

Language and communication were important themes in most of the interviews with the TAG members. Mostly, difficulties had to do with a number of different professionals with different approaches trying to work in a collaborative process. Issues were also raised concerning the communication of the project and its goals to those outside the TAG. This is a significant concern, given the project's focus on creating inter-agency collaborations, joint-partnerships between community members and professionals and researchers and including members of the community in all aspects of program development and implementation at each Better Beginnings, Better Futures program site. If there is a lesson from the TAG experience, it is that there may be initial difficulties encountered when people from such various backgrounds meet because of differences in language, professional orientations and experiences. It appears that productive work may ensue if each partner in the project takes the time to learn the language of the other.

Changes in the Direction of the Project

Technical Advisory Group members were asked if there was any point in their work when they thought that the direction or the focus of the project had changed in some way. One Community subgroup member suggested that a shift occurred around the emphasis placed on the community principles and the ecological perspective in the project:

> It seems to me that the happy surprise was that there was increasingly a system-centred, community-wide, community-driven principles against which other things started to be tested. And so, an excellent research protocol, or an excellent research program, or an excellent community program started on their own…those three didn't carry as much weight the further we got along in the process if they didn't demonstrate effective community linkages; that the dominant theme that seemed to start to cut through was strength of community partnership between those driving an intervention and those in receipt, and that principle became clearer… it felt like they started to carry a kind of weight of screening for the others so that the preschool model and the school-based model and the infancy model needed to pass the test of the community principles to be further recommended. Now that's not exclusively laid out in the text, but I think that became part of the culture of the process that stakeholder involvement, target population or beneficiary involvement, and the whole idea of the ecological model, that we needed to address the various dimensions in people's lives and not be unidimensional. That grew in strength as the process continued. It wasn't necessarily driven by anyone, but driven by the actual areas of inquiry. The convergence was evident.

A member of the Research subgroup also felt that there was a shift in the TAG's focus toward an emphasis on community:

> I think there was a fair bit of movement in the TAG group towards a community-based approach, involving the community members, giving them a lot of say in how the programs develop and how they're administered, and so on.

Others thought that, rather than a shift occurring toward a particular perspective, there was a broadening of individual TAG members' perspectives to accommodate the perspectives of others. A member of the Primary School Age subgroup commented:

> I would see it as a broadening of understanding of other people's perspectives. I think part of the disagreement was that different people had different parts of the model in mind and were really quite convinced that they were important, and in many cases had probably spent a fair amount of professional or adult time engaging in activities that embodied only one of those….And when people started talking they would emphasize their own little part of it. They would talk as though… that was the only thing that was important. And other people would get really stressed out by that because they knew damn well that what they were most interested in was also very important. They, in fact, began to question whether or not what that person was talking about was in fact important. And I think the broadening that occurred was not so much a change of direction. I think it was really people who were there that had the commitments to those different aspects really coming to the realization that a really good model would have to include all of those.

Similarly, within the Infant/Pre-Natal subgroup, the ecological perspective was one which seemed to accommodate the different perspectives of the subgroup members:

> I think the accommodating thing that could be labelled ecological began to emerge because it seemed to be the kind of framework that allowed us to put the various pieces together.

For other members of the TAG, shifts in their work occurred not as a result of a particular perspective, but as a result of the inclusion of an element in the model which enabled the TAG group to begin to work collaboratively. A member of the Infant/Pre-Natal subgroup said:

> Well I think the shift was in the, sort of the age fighting that was going on. Not really fighting, just there was initial thought that here's this group of people getting together to decide on what is the best beginning for a child…And I think at one point, the point that we decided to go for an integrated model, was a point that everything came together. Up to then it was people working in different areas to evaluate the research and come up with a judgement on which is the best and ultimately make a final decision on choosing one of them… People were compartmentalized, I think, when you were looking at where you're going to have to choose one of these, to be the best. And the shift came when there was the decision that we were all going to work together. Then you suddenly had people bringing their ideas together… people began to talk more as a total group when we quit focusing on the age groups.

The ecological perspective and the notion of integration across developmental stages appear to have been factors which enabled the TAG group to move from a period of disagreement and

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negotiation toward a period of collaborative work. This will be demonstrated more clearly later in this report.

Conclusions

The diversity of the TAG's membership appears to have been its most important characteristic. While this diversity initially created some difficulties, most notably around the communication of ideas, it seemed to bring to the project a broad and comprehensive perspective. Criticisms of the breakdown of the work into subgroups seemed to centre on a desire for more collaboration which could foster greater appreciation for other perspectives. Thus the TAG process demonstrated that although initially there may be difficulties encountered in multi-disciplinary collaborations, such a process is useful for producing work which is sensitive to a broad range of issues and agendas.

Implications for the Better Beginnings, Better Futures Communities

The early stages of the local community demonstration projects involved collaboration among people of diverse backgrounds in the development and implementation of the program models. At each site, community residents, professionals, and researchers were engaged in this collaborative process, perhaps for the first time. This process must inevitably go through a period where a common language, or frame of reference, is created. If the TAG process is a good indication, it suggests that, although this process may be at times conflictual, a spirit of collaboration may result in a program model sensitive to all involved in the process and their perceptions of the needs of the community.

4.2   Issues Relating to Community Involvement and Research

In addition to the three age subgroups in the TAG, two groups were charged respectively with proposing guidelines for community involvement and research. In the interviews with all the TAG members, there was much commentary on issues of concern to these two subgroups.

Community Involvement

According to the members of the Community subgroup interviewed for this report, there was consensus within the subgroup concerning the principles outlined in the final Better Beginnings, Better Futures report. They stated that there were a number of basic assumptions and principles which seemed to unite this group. For example, one member said:

> …everybody was coming from a, you know, dare I use the word, empowerment perspective. Everybody was coming from the viewpoint that if these projects were not of the community, not just in the community, but of the community then they would be doomed to failure, and that if the local community did not have an active role in the shaping of the projects and in providing direction, being involved in the

evaluation, in fact, being involved in every aspect as I believe our guideline, our recommendation, made clear, then this would not be a meaningful process.

Elsewhere this same Community subgroup member commented:

> I think the notion of planning programs that are responsive to the community's articulation of its own needs; planning programs that are ecologically valid, meaning they are fitting given the particular demographic and resource configuration of the community, as well as the community's history; planning programs that involve community members in a meaningful way, and not just the cream of the community, not just the people who have been in decision-making roles in human services for a very long time, recruiting new indigenous leadership- those were the main themes, along with the notion of fostering as much informal helping activities as possible, and not substituting professional services for them. I think those were for me the cardinal principles around which we were united.

For one Community subgroup member, the community perspective seemed to guide the project and the development of the Better Beginnings Model. Referring to the principles advanced by the community subgroup, this member elaborated:

> Well, I think that the principles were sufficiently self-explanatory, that they became kind of a portable Michelin guide for the various models as they came forward.

According to another member of this subgroup, this community involvement perspective foresaw a model which was flexible, rather than one which was more prescribed:

> We could have designed a process that was much more vertical than horizontal, and that was much more prescribed and formulaic than the one we finally adopted and I think the one we adopted really reflects our trust in this complicated and sometimes prolonged process of community development. And it was a value that we had, and a risk that I think we were taking. And yet, we thought that the risk of imposing a particular structure and design would be far greater than the risk of having the community muddle through but end up in control of the project.

The prominence of the role of communities in the project was approved of by most of the TAG members from the other subgroups who were interviewed for this report. For example, when asked what might differentiate a BBBF community from another community offering an early childhood program, one TAG member from an age-subgroup responded:

> Well, I think its the "them against us" kind of thing. I don't know that (that feeling) will be there in the Better Beginnings programs. I think the program will be generated, or it's hoped the program is generated with the parent's knowledge and support, and the community's knowledge and participation. And I think that

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> will be different in these programs… (from other) programs that have been created
> by MCSS for kids…   So, I would think the Better Beginnings model would have
> much more informed participation, than haphazard participation.

However, some members of the age-subgroups, given the different focus of their professional
backgrounds, admitted that they did not expect to see as much community involvement as was
proposed by the model, or were unsure of the implications of the degree of community
involvement proposed, for research and for the creation of programs for children. Said one age-
subgroup TAG member:

> I think the thing that probably I brought less of an understanding to…is parent,
> community involvement, what that really means. I probably wouldn't have
> emphasized that. I probably, because of my training, because of my background,
> would have emphasized more integrated service models, which do things with, not
> to, but with parents in the community, community-based, but not nearly as much
> emphasis on community, active community involvement as the final model
> recommended and I think is actually happening.

Said another TAG member,

> I had a lot of problems with the community aspect of it, and how it was going
> really to be controlled, organized. But I respected the fact that it was a part of it.

This same TAG member expressed some concern over the challenges to research as a result of the
amount of community involvement proposed by the community involvement guidelines:

> Yeah, I think I always had an understanding of what it was about. I think, for me,
> the part that's a little more confusing is the community orientation, the community
> development aspect of it, just because I'm not that familiar with that area, and how
> that will fit in. And also how it changes each project because the community may
> want something different. How do they make the controls? That's a research
> challenge.

While there was little disagreement over the importance of community involvement, there was
disagreement over the guidelines which were proposed by the Community subgroup. This
particular subgroup was mandated to propose only guidelines for community involvement, not to
propose any specific process, or particular plan of action. Some members of the TAG from other
subgroups would have preferred that the guidelines proposed for community involvement be more
explicit, or that a more concrete process for community involvement be outlined. One member
of an age-subgroup described the community principles, such as community ownership, as ones
"that no one would disagree with", but as ones that didn't "give a sense of direction":

> These were more principles than they were 'how to involve the community'. We
> saw later in some of the proposals that I saw, that it was a very political kind of
> process so that instead of going in and talking to moms in their homes, in their

> apartments and saying 'what do you need?' and 'what's most difficult for you'….instead it was a community meeting and whoever showed up became a contributor. And it was a proposal written up with almost no content…without relating it to…the knowledge that was there.

It appears that for this TAG member, it would have been preferable if a clearer process describing how to facilitate collaboration between program staff and community members had been described:

> For instance, and it became interpreted, I think, almost as a kind of political process where you invite community members into discussion groups to decide what we are going to do. But what do you do if that community group has very little sense of content, and how do you lead that community group in the direction it wants to go? But often their concept of what they want for their children is that they want the best for their children. But in terms of specifics, they don't necessarily have that kind of content. So its more a matter of collaborating.

As will be described in the ensuing sections, a similar concern was expressed with respect to the research guidelines and with respect for the Better Beginnings Model as a whole.

Research

There were a number of different issues relating to research. There seemed to be a disagreement about whether there was even need for research. One member of the Research subgroup said:

> And I also feel like its really important to be able to evaluate these kinds of programs and demonstrate their utility because they're not as proven as a lot of people would like to think.

However, another TAG member was concerned that there had already been much research demonstrating the effective use of prevention programs and that the agenda should move more toward action. This TAG member said:

> They are absolutely right about what they say about research. They are absolutely right. But our concern was it's already been researched a lot...

Further, this TAG member clearly suggested that this was an issue discussed in the TAG group:

> This was not spoken about in private, or in secret. We said this…'What are you talking about, research to show..? There is already all kinds of information we know about what would work. And even if you do five projects, what more is that going to say'?

A similar idea was mentioned by a TAG member noting some of the criticisms of the Better Beginnings, Better Futures project:

Those who are criticizing Better Beginnings, Better Futures say that this is merely more research to prove that poor kids don't stand much of a chance in society, and that we would be much further ahead to just throw the dollars at income mediating measures rather than research and programs to do what we should have been doing in the first place... That's an orientation that was there in the early days with critics and continues to be there.

In spite of these concerns, almost all of the TAG members interviewed for this report were very concerned that the outcome research component of this project receive serious attention.

Another explicit disagreement was about the role of research was to play in the determination of the project's activities. One TAG member stated that evaluation concerns should have come first in the design of the project's final model. This member felt that the need for random control groups, and other rigorous techniques to demonstrate program effectiveness was not adequately recognized in the determination of the Better Beginnings, Better Futures model. This concern was related to the feeling that the focus of the project should have been on the development and evaluation of effective, high-quality programs.

Conversely, a member of the Community subgroup recounted an early concern that research needs would play too large a role in the determination of the project's model:

Running in the background there was this sense that research would dominate, research would lead, research would have a veto, and that the research protocol should follow from the model and not lead it. There was that tension that undo influence would be exercised by the researchers.

Another theme centred on the two different types of research required by the project: process and outcome evaluation. The research involves both demonstrating the effectiveness of the prevention programs instituted in the Better Beginnings, Better Futures communities, and documenting the activities that occur when the community creates these primary prevention programs. As a member of the Research subgroup noted:

I think it's both, though. I think it is very much community development, you know, if it occurs the way it's supposed to, and if we're interested in empowering the communities. But, you know, at the same time we want to demonstrate that prevention can actually work and improve a lot of children and families in the community and do it at a lower cost than treatment.

This member of the Research subgroup described how early in his involvement with the project he wasn't as conscious of the important role that process evaluation would play in the project:

One of the things that I didn't realize, when I was thinking of research earlier on when I was a member of this TAG group, was how important the qualitative aspects of this research would be; and I think they are extremely important. And that relates to what you were saying before about, you know, community

development or research demonstration project. Like I said, it's both, but one of the things that the research has to do is to document how the communities develop. And I guess, when we were thinking about research designs and things like that, I was thinking more in terms of outcomes for kids and families, for neighbourhoods as a whole. But I wasn't thinking as much about, you know, the whole developmental process that goes on; how the Better Beginnings money would affect these neighbourhoods and bring people together, and the kind of development that it would produce.

It is evident in the following comments from a member of the Community subgroup, that the Community subgroup was very concerned that the process of community development be well documented:

> We were in fact as much concerned about the process as we were about the outcomes of the Better Beginnings project. For the members of our group, we always felt as though something good would happen just as a function of people taking part in the planning process and in the resourcing of these programs, aside from the outcome evaluation.

Concerns about research were also expressed by a member of the Infant/Pre-Natal subgroup. Here, it appears that there was a concern that the needs of an effective outcome evaluation strategy would not be consistent with the process of community development:

> …the other real problem was that the research model, models, that were being discussed, in terms of the kind of level of evaluation that's being proposed, are really, to my mind, very problematic in relation to things like community development, community control, because in order to do the research you have to build in certain kinds of controls and certain kinds of conditions. That was the model of research that was being argued by a number of people in the group and the community may decide, you see, what it wants at some point in the evolution is very different from where it had originally started out to do"

Elsewhere this person noted:

> What became interesting then was when the various subgroups then had to get together collectively- and I think that's when there were disagreements…Some of them (the disagreements) I think are part of the territory and part of the way this (project) was defined. That when you're trying to do, combine the most up to date practice with some other kinds of principles that are involved in things like community determination with also research principles that are pretty rigorous, you know, trying to become very rigorous in the sense that they weren't just trying to do basic evaluation projects, but there we were trying to prove that this thing… prevention, so you get into research design which is pretty positivistic, if you will, and it needs to be controlling just in order to meet the research criteria. And so by

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definition you have two intellectually opposing camps apart from whatever the
people involved might feel.

It appears that there was tension within the TAG surrounding the two different ways in which this
project was to be evaluated. Looking at the Research Guidelines proposed by the Research
subgroup, the focus rests primarily with outcome-based research. According to some of the TAG
members interviewed, the best practices associated with developing rigorous outcome evaluation
projects are sometimes not easily reconcilable with community-based program development which
aims to be sensitive to the expressed needs of distinctive communities. A member of the Pre-
school subgroup noted:

> How are they (the programs) comprehensive?... And are these comprehensive
> projects comparable? So, if what you do, because of the focus of your community,
> seems entirely different from what community X is doing, how do we compare
> these?

Nonetheless, all the TAG members, recognized the importance of the Better Beginnings, Better
Futures research. For example, a member of the Research subgroup said:

> Well, I'm hoping that the research will be able to show us whether or not this kind
> of approach can really work, basically, improve a lot of these kids who are
> involved with the project, make the community a better place. I think there is a
> real challenge for the research. I don't know that we've, we researchers, have ever
> really been able to demonstrate change in a whole community.

A member of the Community subgroup noted:

> I think that what we may learn about how programs look different in different
> communities will add to our knowledge of ecological variability. How, you know,
> there needs to be a goodness of fit between the structure and programming, and the
> characteristics of the local community. And if we can end up doing some
> comparisons, systematically, where we see the profile of activities, services,
> programs, and structures, in one community in another, and can relate that, even
> in a qualitative way, even in an impressionistic way, to the character of the
> communities, we'll know something more about the need to shape programs in a
> way that, you know, is faithful to local conditions.

Another TAG member suggested that an important research question that should be addressed
concerns the point at which interventions may prove most effective:

> It's an interesting research issue, you see, and it's an interesting problem that if
> you're delivering services, it's what you face all the time. And do I serve the
> teenager who's going crazy or running away from home or do I get back and work
> with the young mums and the babies and so on and so forth. And at what point do

you intervene? That's one of the critical research questions, and can you ever answer that question?

Finally, in terms of implications from the research, another TAG member noted:

> Well I think that's what they're hoping, that they will be able to document well enough the boost or the cushion that this kind of program can give to a child. And if so, then to continue to support finding that kind of thing as opposed to needing to find all kinds of extra secondary programs for children who are in trouble, who are failing, who are dropping out of school. So, with the right kind of data collection, it's hoped that you'll be reducing the secondary level funding and upping the funding for primary level.

This was echoed by a member of the Community subgroup:

> Well, you know, there's the promise that by doing longitudinal research on a robust, as opposed to puny, primary preventive intervention you will be able to determine whether, in fact, it's possible to implement a research design that unequivocally documents the ameliorative effects, or preventive effects, of such a massive intervention on children, then you've made a hell of a difference, and hopefully you've convinced people to invest permanently in primary prevention.

Despite the hopes for the impact of the Better Beginnings, Better Futures research expressed by some during these interviews, there remained uncertainties about the probable success of evaluating a project of this size, or evaluating some of the key concepts of the project. One TAG member said:

> The whole project is way too ambitious to be evaluated in a rigorous way. I mean, you can count the number of community members who are involved in some aspect of planning, and service delivery. I mean, that says to you "Well, before the study began, X number of people were in some way volunteering or being paid to do something on behalf of their local community. And after, one year after, you know, X number of people were now involved in that process. Before the program Better Beginnings began we didn't have a day program with these characteristics. Now you do. You know, you can count that kind of stuff, and of course you can administer your longitudinal measures of children's functioning, but how you evaluate whether true integration has been achieved, I think is a challenge that, you know, is very difficult to meet. You can say you've implemented a one-stop service centre, where people can go and get health, and nutrition, and education and, you know, social service stuff, and there I guess you can say "Yeah, that looks like it's more integrated", but it's very, very difficult.

Similar thoughts were expressed by a member of the Pre-school subgroup:

> Well, I think that the integrated nature of it, the smooth, or the ideally smooth transitions of one age to another, from one program component to another, is a part that's certainly something that's different than previous programs, and ones that have to be well-documented. So you can explain that, yes, this is what you want, but how that gets into practice will be a challenge to document. Whether it's from, whether it's infant babysitting or a drop-in centre, to school day-care programs, to after-school programs, you know, how do you, how do you see the shape of the child? How do you see the influence of each?

For some TAG members, the notion of integration was ambiguous, confusing and this led to some concerns over how that component of the model would be evaluated. Relating to the difficulty in researching ambiguous concepts such as empowerment, another TAG member said:

> Well, that's what we're going to find out; whether we can. I don't even think it's how. It's whether we can make that kind of thing happen.… My feeling is that we can. But how we can do it, there's a lot we can learn about how empowerment can actually occur and how we can facilitate empowerment through some of the qualitative research we are doing right now.

The research issues mentioned by the TAG members were varied and complex. One key issue related to concerns about how the needs of rigorous outcome research would be reconciled with the needs of communities to implement programs which would be responsive to their unique qualities. A second key issue, though less contentious, was the need for the research to attend to both process and outcome research. A final issue revolved around how certain key concepts, particularly the notion of integration, would be evaluated.

Conclusions

Issues concerning community involvement and research were mentioned in all the interviews conducted for this report. Unresolved issues were identified in both areas. All TAG members were in agreement that community involvement would be integral to the success of these primary prevention projects. Some, who did not have a background in community involvement, were somewhat confused about how communities were actively going to be involved in these projects, and how the process of community involvement would result in high quality programs amenable to rigorous evaluation. Some pointed to a lack of clarity in the guidelines provided by the Community subgroup. While the Community subgroup was mandated only to advance guidelines, other TAG members would have preferred a more explicit framework for community involvement.

Certainly more explicit frameworks for community involvement could have been advanced, but these might have contravened the Community subgroup members' desire for full community involvement in the determination of the local program models. The Community subgroup members seemed as concerned with the process of designing programs as with the actual features

of programs. Their belief was that an open and flexible process would inevitably, though perhaps not rapidly, lead to appropriate programs for individual communities. Members of the TAG's age subgroups devoted their energies to reviewing research concerning effective programs. As a result, they were, perhaps, more sensitive to the essential features of high quality programs than were the members of the Community subgroup. Their concerns centred on the likelihood that a process of community involvement would result in programs which had in place these important features.

A similar situation seemed to characterize issues about research. An early concern within the TAG was whether research concerns would determine the program model, or whether the research protocol would follow from the model. Rather than defining the preventive activities in the communities, researchers have been called upon to become partners with communities in the development of research procedures.

What has been called into question is whether this process of shared control by researchers and community groups will ultimately lead to rigorous project research. A particular concern was the potential lack of comparability among Better Beginnings, Better Futures programs. However, this process of community involvement has certainly highlighted the importance of process evaluation of the development of the project in each community.

Implications for the Better Beginnings, Better Futures Communities

The Better Beginnings, Better Futures Communities need to be aware of lingering issues with respect to the model they are attempting to implement. These unresolved issues centre on how the process of community involvement would be reconciled with the initiation of high quality programs, and with the need for rigorous research.

The communities should be aware that the community/program development process that they are currently engaged in was a point of confusion for those involved in the determination of the Better Beginnings Model. Some TAG members were unable to say what the outcome of this development process would be, although they were convinced it was essential that the process occur. The process was deemed essential to ensure that local concerns and needs would be expressed in the local program models. Thus the members of the local communities were seen as full partners in the determination of their local model. Their realm of expertise would be knowledge of their own communities and children. They must also be aware, however, that other agendas need to be balanced in this process. First, it was hoped that the programs they would initiate would incorporate components that were grounded in sound theory and with proven effectiveness. It followed that the translation of the prevention goals into programs must be guided by the knowledge of professionals. It was hoped that neither partner would dominate, but that community members and the professionals would collaborate and educate one another to meet of these goals.

Communities should also be aware of the important role of research in this project, and how research is expected to inform the development of effective prevention policies and programs throughout Ontario. Process evaluation was considered essential to this project. Outcome

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evaluation was also identified as central to this project. Members of the TAG raised concerns about whether the local program models created with the involvement of communities would subsequently be amenable to rigorous outcome and process evaluations. Local community members should be conscious of the importance of research in the demonstration project, and recognize that both researchers and community members need to work collaboratively to develop research methods that will provide solid evidence and at the same time will respect local community development requirements.

4.3   The Better Beginnings Model

The Process of Formulating Recommendations for the Final Model

In addition to the work performed separately in the various subgroups, the larger TAG committee met to hear reports on the work of the individual subgroups, and to decide upon recommendations for the TAG Steering Committee. Based upon these recommendations, decisions concerning the final model were made. For some TAG members, much of the conflict that they experienced as TAG members occurred in the larger forums:

> …once we started to have meetings and once we started to form in the subcommittees and once we started to have dialogues in those subcommittees, and had reports back from those subcommittees to the main committee, there were serious, serious disagreements, and from time to time I certainly had the impression that without too much trouble the whole thing could have gone down like a house of cards.

A member of the Infant/Pre-Natal subgroup commented:

> Well … part of it was the way the Ministry seemed to be setting it up ... by having the different (sub)groups… there was this sort of sense of ' well we want to lobby for the literature and positions we' ve been reading about'… and the community people wanted to lobby for these community principles and so on. So what do you do with all these different perspectives? And that was where there was no comfortable framework to deal with that and it got set up, you see, as a lobbying, as an advocacy issue. Our group had to somehow be stronger and fight for these ideas as opposed to the School age or somebody else.

A number of other TAG members mentioned that there was some advocacy and lobbying among the subgroups, particularly among the age-groups, in order to be heard, and to have the principles and recommendations developed in the individual subgroups expressed in the larger model. As will be outlined below, two of the key elements of this final model seem to be not only products of the literature reviewed by these subgroups, but also elements which enabled consensus to be achieved among competing subgroups. It is important to note at this point, however, that most of the TAG members did express satisfaction with the various elements of the final model, and suggested that it did represent a consensus of the larger TAG group:

And I think, though, the thing that struck me about the whole Technical Advisory Group process was the fact that, that despite the very inter-disciplinary, multi-disciplinary, different points of view, and different assumptions that people brought to the table, that it stuck together, it got through the real rocky, bumpy things, and something began to emerge that people felt really attuned to, and proud of, and part of... It's sort of the process of the fact that people did sort of get by their ideological differences and realize that, that after all, everybody was really in some sense talking about the same thing here. And it was really a discussion of how to get there most effectively rather than not fighting each other.

Another TAG member said:

And the ability of these diverse people to cooperate and to achieve consensus was marvellous. And, for the most part, I think people really were fired-up by their common vision of what could be created in terms of inter-disciplinary and inter-role collaboration.

When discussing some of the highlights from the Pre-school subgroup, a TAG member noted the similarity of the findings of that subgroup and the findings of the Infant/Pre-Natal subgroup:

I guess some of the summary statements made in, that come out of the literature on what ultimately would be best for kids, you know, what are the parts to an ideal pre-school program, that meets the needs of kids for optimum development based on the literature, and based, I guess, on professional experience seemed to dovetail also with the Infant group. And I guess I found that really interesting, that here you have two groups coming to conclusions from two age ranges, and ultimately they're about the same thing that you're saying across the board, and it all, and all is backed in research.

Impressions of the Better Beginnings Model

Most of the TAG members interviewed expressed the opinion that the model was a fair representation of the themes which emerged in the work of the subgroups and in the larger TAG. One TAG member was unclear, however, about what eventually was due to the contribution of the TAG to the final model and what was more of a continuation of MCSS directions that were provided to the TAG:

I think everybody felt good at the end, even though I don't think everybody felt that good during. Plenty of conflict. I think that more than the particular parts of the recommendations, I mean, I think the report is a decent report. I think it pulls together a pretty good consensus of the group. I think it puts some meat on the bones of the idea of the quote-unquote Better Beginnings model, but in my own mind I'm not clear how much of that model was really suggested or part of the mandate that the Technical Advisory Group inherited. I'm still blurred on that at this point.

Some TAG members interviewed mentioned the ambiguous nature of the Better Beginnings Model. Some thought this ambiguity was necessary in order to accommodate the unique circumstances of the individual communities seeking to initiate Better Beginnings, Better Futures projects. As a member of the Community subgroup noted:

> There was also by the way, a very strong sense that programs had to be responsive to two kinds of variables. One was responsive to what people said they wanted and needed for themselves and their families and their community; direct expression of their needs and wants. And the other one was the notion that each community was unique and that the local structuring of services and programs had to reflect that unique quality.

Therefore, the Better Beginnings Model had to be flexible enough to allow the expression of the community's uniqueness, while still providing the community with a sense of direction:

> So I am saying that the beauty of the Better Beginnings model is that there is in fact the model. There are a set of guidelines. There is a set of principles. There is a framework for the planning of this initiative. People don't have to begin with nothing, so to speak, but they have been given a fair amount of knowledge about the kinds of programs and the features of the whole initiative that they ought to strive towards. At the same time, how they do that has been largely left up to them.

In recollections of the mandate the MCSS gave to the TAG, one member commented that a model flexible enough to be implemented in individual communities may have been requested from the TAG:

> Going entirely from memory, we were to advise the Ministry on the best possible model to use in its call for proposals, to use as the basis for a call for proposals, to examine the relevant research, and discern from the research and from program models the best possible examples and best possible indicators of potential success, and to marry that with a research protocol which would be sufficiently… the right balance between delivering results which would be reliable and yet be flexible enough so that it could be tailored to needs of a specific community. So striking a balance between predictability and user-friendliness.

Other TAG members were more concerned, however, with the ambiguousness of the model. One member commented on the model:

> I think that these are over-riding principles. I don't think there is a vision to it. I don't think there is one model.

Another member said:

> The Integrated Model as it's written here, I don't know how clear it was and how
> much it got translated into practice and that was one of the tensions in the larger
> group to me, that, and at that point I was wearing the hat of a community person
> and I kept running this through my own head saying "Look if I were an agency,
> I was in an agency, would my agency be able to do any of this, could I take on the
> role in this?" I kind of came out at the end of the process thinking "No way would
> I touch this". I would have to be totally insane.

The TAG member who expressed these concerns said those feelings were based in part on
experiences relating to evaluating proposals submitted by communities.

> My recollection, okay, when I finally saw this final version was, apart from some
> of the conceptual problems inherent in the way they were designed, that this isn't
> a bad document. I don't have a lot of problems with this... (However), I think
> what's here is contradictory, some of it. Maybe that's the way to put it. So, it's not
> that there was distortion or funny games going on ... but it's that if you take
> seriously what various pieces are saying, there are contradictions between various
> pieces. And that I think for the purposes of this exercise, (if the contradictions)
> could have been more up front and conscious... it would make the process of
> project development and research easier.

Some of the contradictions or unresolved issues which this TAG member identified during the
interview included: issues related to high-risk and universal-access programs, criteria for the
development of quality programs, and possible contradictions between grass-roots approaches to
community development with research goals and MCSS sponsorship of the projects. This TAG
member suggested that it would have been useful for the <u>Better Beginnings, Better Futures</u>
(MCSS, 1989) document to have more explicitly explored these issues.

> ...Well, first of all, in terms of the way this is framed. It would be clearer that
> these were some of the issues that didn't get resolved. There isn't an issue section
> here, is there? It's like that's what's missing. It's, having said all this folks,
> nevertheless, you know, we weren't able to grapple with this, and here's a problem
> here, and so on and so forth. Again, not to put the project or the basic sense of it
> down, which is to realize that it's inherent in the struggle we were in in doing this.

Integration

One key feature of the Better Beginnings Model that generated much discussion was that two
separate kinds of integration were advocated in the model. As indicated earlier in this report,
interagency collaboration and comprehensive programming at various child development stages
are elements which have been discussed by the MCSS since at least 1979. However, the two
different definitions of integration advocated by the Better Beginnings Model appear to be original

contributions of the TAG - 1) the integration of service planning and delivery between service providers; and 2) the systemic integration across child age-groups.

Some members of the TAG remembered persistent confusion over the different meanings of integration in the Better Beginnings Model. Recalling an early impression of the Model, one TAG member said:

> And in fact I remember that when the term 'Integrated Model' was first introduced I was really puzzled by it. It was a term that seemed to come from nowhere. And it took me quite a while to understand what the meaning or the several meanings of that term 'integration' really were.

Another TAG member expressed some lingering doubts about the "proper" meanings of integration intended by the Model.

> There's some things I'm still not sure what they mean. I'm still not sure what integration means to everybody. I have a sense of what it means for me, but I'm not sure what it means for everybody else. I think that could have been explained a little bit more.

Interagency Integration

Both meanings of integration proposed by the Model were considered confusing by the TAG members interviewed for this report. Of the two meanings of integration, however, integration of service planning and delivery seemed to be better understood. This notion of integration was apparent in the earlier MCSS reports on primary prevention and was a recommendation from the literature reviews of some of the TAG subgroups. For example, the Community subgroup suggested that prevention programs should "coordinate with other groups and services to enhance the quality and continuity of programming" (MCSS, 1989, p. 82). According to a member of the Infant/Pre-Natal subgroup service interagency integration was a theme which was evident in the subgroup's literature review:

> But you see what we were reading in the literature was that programs that seemed to be effective, and in terms of prevention, were ones that didn't, weren't categorical, the kind of one-stop shopping ideas that people didn't get lost between the services, were treated in certain ways as clients. Their personhood was seen differently and their capacity for how they dealt with problems was seen differently than say traditional welfare or medical services... tended to be.

One TAG member described this first meaning of integration as follows:

> The design of a local service delivery system which reflects this notion of integration. So that people who have multiple needs for service can have those needs addressed through one coordinated response of one set of individuals working in concert rather than having to approach multiple institutions or

institutional authorities who are working largely independently but who must, somehow, coordinate their activities. So that the development of a structure that's much more organic, that is much more singular, or monolithic in nature, I see as a major challenge.

However, later this TAG member added:

I had always thought about integration in a more traditional way, which is also one of the meanings intended by the term, and that is the integration of services. Not just the coordination of services, but the integration of services. And that notion makes more sense to me, although I'm still of course eager to see how integration of services looks different than coordination of services, and how the structures that one creates when one wishes to unite or integrate services differs from the structure that presently exists which calls for coordination.

Although conceptually integration of services appealed to the TAG members interviewed, some were unsure of how the integration of services would operate in practice. Drawing on her experiences from the review of proposals for sites wishing to participate in the Better Beginnings, Better Futures project, a member of the Infant/Prenatal subgroup noted:

When I said the implementation issues were not really addressed, and what's been fascinating is to watch how creative people have been around trying to do that (integration of services). I don't think this document got into that or even acknowledged what a significant issue it was.

Systemic Integration Across Age Groups

For some members of the TAG, this second meaning of integration was unexpected and, perhaps, initially confusing. However, for one member, this second meaning of integration was appropriate considering the other elements proposed by the Better Beginnings Model:

Well, the main aspect of this integration that was introduced in a way that I had not expected was this notion that there should be integration of two developmental stages, or two age groups within any single primary prevention initiative... I guess, in retrospect, if you're talking about a long-term intervention, a five year intervention, then it makes sense that those with whom you begin are going to move from one developmental point to another so that you have this natural combination of two developmental stages within the program. But I had just not thought that through ahead of time and I guess to me it still seems like a funny use of the term integration.

In another TAG member's notion of the meaning of integration, the inter-relationship between both notions of integration, comprehensive programming and the ecological perspective proposed by the Better Beginnings Model was evident:

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> And I think I had a notion about the idea of not just having a kind of one-shot
> intervention; that this would have to be something that was fairly sustained and
> occurred over a period of time, and that's how I still interpret the whole notion of
> integration, that you just don't want to give them one shot of whatever your
> programs, that you have to work with people over an extended period, you know,
> so either 0 to 4, 4 to 8, but you know, over several years. And that, you know,
> you don't just do something with the kids while they're in school, or do something
> with the families at home. You have to have a whole bunch of things going on.

Later this same TAG member added:

> It (integration) means more than dealing with a child or a family in one specific
> area, at one time- that we use several different means of, several different
> components, on a continuous basis, over an extended period, and I think that might
> be a little different from what other people might mean.

Thus, for these two TAG members integration appears, conceptually, to have been compatible
with, and complementary to, other elements proposed by the Better Beginnings Model.

Interestingly, a theme which emerged in the interviews with the TAG members, particularly those
from the age subgroups, was that this second meaning of integration may have been introduced
as a means of achieving consensus between the various age subgroups who each wanted to see
their age group of interest emphasized in the final Better Beginnings, Better Futures Model. These
TAG members described conflict and negotiation among the age subgroup members when the time
came for recommendations to be made for the final Better Beginnings, Better Futures Model. A
member of the Infant/Pre-Natal subgroup noted:

> You see, that wasn't clear at the beginning, and what came out, the two types of
> systemic integration and talk about it in terms of two age groups, I don't agree
> with that conceptually, but it was a nice compromise given the struggles that had
> gone on.

Similarly, a member of the Pre-School subgroup recalled:

> There was a lot of discussion about whether you go for a preschool model, or a
> school-age model. And I guess some people could see it as a compromise to
> consider a preschool to school age... going across the years....there was
> negotiation with two strong areas, and given that both felt they strongly should be
> in place, it was very difficult to say "No, you know, we're only going to do this
> from birth to three or only going to do this from five to seven, because then the
> people at either end would say "Oh no, but how can you do that without this being
> in place?" And how can you stop here because, you know, they've shown in the
> research you lose the kids if you don't continue".

Later in the interview, this member of the Pre-School subgroup said:

> Well I think the shift was in the... the age fighting that was going on. Not really fighting, just there was initial thought that here's this group of people getting together to decide on what is the best beginning for a child...And I think at one point, the point that we decided to go for an integrated model, was a point that everything came together. Up to then it was people working in different areas to evaluate the research and come up with a judgement on which is the best and ultimately make a final decision on choosing one of them...People were compartmentalized, I think, when you were looking at you're going to have to choose one of these, to be the best. And the shift came when there was the decision that we were all going to work together. Then you suddenly had people bringing their ideas together...people began to talk more as a total group when we quit focusing on the age groups.

According to some TAG members, this second meaning of integration appears to have been one which was introduced to overcome some difficulties and to encourage more collaborative work. Although some thought that the concept was introduced as a compromise between groups that had been working separately up to then, according to the Better Beginnings, Better Futures document (MCSS, 1989), an integrative approach to prevention was supported by previous research, and as suggested earlier by other TAG members, complemented other elements of the Better Beginnings Model.

Ecological Perspective

Another theme which emerged in conversations with the TAG members was the importance of the ecological perspective. According to the principles advanced by the Community subgroup, an ecological perspective involved seeing "the child in the context of the family, and the family in the context of its social network and community environment" (MCSS, 1989, p. 74). One member of the TAG identified the ecological perspective of the project as one of its distinctive features:

> This ecological perspective, I think that's also fairly unique. Not as a construct. By ecological I mean ecological in terms of different levels of analysis of understanding: child, family. I think those kinds of notions have been around for quite some time. But to actually use that as an organizing principle around which an active set of intervention activities are organized, that's quite unique.

This sentiment was echoed by another TAG member concerning the evaluation of the project:

> Well, in this whole project we're talking about a kind of ecological framework, and ecological approach, where we're looking at individuals and how they will change as a result of being involved in the programs, how families will change, how institutions in the community will change, like the schools and the different kinds of services centres, and how the community as a whole will change.

In describing the Better Beginnings, Better Futures model, another TAG member noted:

> It's not a single strategy being played out, but rather an ecological model. So ecological would be one of the key words, whereby we look at the child in relation to other kids and in relation to the family, in relation to the community, in relation to the institutions, and that we would try to assemble the best possible programs in each of those areas so that a multiplier effect would be possible for kids.

According to a member of the Infant/Pre-Natal subgroup, the ecological perspective is particularly relevant to the understanding of that particular child developmental period:

> And certainly a lot of the literature that we were reading, particularly when you get into infants, because when you get into infants then you get into pre-natal, and you're talking parents and the lines are not the traditional categorical ways of thinking about social services… One, it's where do you begin. You see, if you're thinking in terms of infant stuff and what you know about infant development, the pre-natal period is an absolute critical one. So to deal with the pre-natal period you have to deal with parent education. Well, where do you start parent education? Well, you're starting maybe with teenagers or young adults and so that point at which… you punctuate is always very arbitrary. But you have to work both ways in my mind. And you may say, you know, we're really concerned about infants but if you only focused on infants, most of us agree you're missing the boat.

This Infant/Pre-Natal subgroup member, referring specifically to work within her subgroup, stated:

> "I think the accommodating thing that could be labelled ecological began to emerge because it seemed to be the kind of framework that allowed us to put the various pieces together."

Given the TAG's multi-disciplinary nature, the ecological perspective may also be understood as an element which probably allowed each individual TAG member's perspective to be appreciated. As reported earlier in this report, one member noted:

> I think that's (the ecological perspective) a difficult thing for a lot of people to get their heads around because most of us are used to working at one or the other of those levels. We think that way, we talk that way… And when we first started talking, I think… one could have done a sort of an ecological map and placed people at these different levels of activity and that's another thing where I think some of this conflict came from. It takes a lot for a sociologist and an anthropologist and an educator and a psychologist to talk together. It's not just language. It's levels of analysis that are different.

As was noted for the Infant/PreNatal subgroup, this ecological perspective may have been one which provided the larger TAG group with a framework for putting their "various pieces together". Further, as was reported earlier, a member of the TAG suggested that a broadening of perspectives occurred as the work of the group progressed, so that people who came from one particular level of analysis came to appreciate other levels of analysis:

> …And I think the broadening that occurred was not so much a change of direction. I think it was really people who were there that had commitments to those different aspects really coming to the realization that a really good model would have to include all those.

In a sense, the ecological perspective was a quality that was built into the structure of the TAG itself through the recognition that the various perspectives were needed to ensure formulation of effective prevention programs.

Universal versus High-risk Approaches

Another discussion theme for the TAG members involved the relative merits of high-risk and universal approaches to primary prevention. Of the ten principles upon which primary prevention research demonstration projects should rest that were identified in an earlier MCSS report, two principles were:

* Accessibility: Programs should be aimed at high risk communities and be freely accessible to all children in those communities.

* Non-stigmatizing: Programs should be non-stigmatizing (MCSS, 1989, p. 2).

One TAG member felt that the MCSS focused too much on high-risk children and communities in the determination of its policies:

> …I think the Ministry position on prevention now is what I would call early intervention and not prevention and the problem with using this language is that… we would spend hours defining it all… (yet it remained secondary prevention)

Another TAG member, however, thought that the initial focus of the project was more clearly on mental health promotion activities:

> I was spending a lot of time trying to apply those notions (of mental health promotion) to the area of children's mental health care… as a way of increasing their life chances, and happiness, and… optimal development seemed to be… (a) natural sort of ally. So there seemed to be… this notion of a population-wide focus rather than an at-risk focus (that) was of interest to me… (and) I think the whole thrust of the project was consistent with my thinking at the time on mental health promotion in children.

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According to this TAG member, the goals of the Better Beginnings, Better Futures (see MCSS, 1989, p. 1) project in fact reflect a mental health promotion approach:

> And I think Better Beginnings has ended up is that there, when you look at the major goals, stated right off the top (of) the three major areas of concern, one is a prevention goal, to prevent serious social and emotional and behavioural problems in children. That's a prevention goal. And the second one is to promote optimal development in children. That's a promotion goal. And the third one I think is also a promotion goal, in the sense of trying to strengthen communities' ability to support those first two goals. So I would really say in that sense, according to my way of looking and defining and distinguishing between promotion and prevention, that Better Beginnings has a prevention goal and two... general promotion goals.

Later, this same TAG member noted concerning these goals: "The sort of general outcomes... were I think probably articulated for us before we even started".

In the Better Beginnings, Better Futures document, there was a clear statement regarding the necessity to move away from high-risk approaches in the determination of prevention activities:

> To date, prevention efforts have been directed primarily toward "at-risk" groups. However, as will be discussed later in this document, there is an increasing interest in the potential value of directing efforts to all members of a population group without attention to defined risk (MCSS, 1989, p. 6).

When one TAG member was asked to describe the Better Beginnings, Better Futures project, he included a description of the characteristics which might describe a possible Better Beginnings, Better Futures site:

> Community-based, and more specifically than that, (a) really small catchment-area-based. One might say based in a particular neighbourhood, which shares in common the risk of low socio-economic status or the risk of social disintegration, anomie, social isolation. To describe the communities in which Better Beginnings is located, I would probably say that, for the most part, they are low income communities where there would be high rates of such social indicators of community problems as high marital separation rates, high unemployment rates, high contact of youth with special education services, and potentially with the criminal justice system, communities that lacked fundamental services and the like.
>
> I would probably tell this outsider that these communities, these community characteristics, were chosen on the basis of an epidemiological study that preceded Better Beginnings and which indicated that the highest incidence of emotional and behavioural disturbance among children, young children, was found in

communities with low socio-economic standing and where, in fact, there was often subsidized housing.

It is important to note that the characteristics described here refer to communities and not to individuals within the communities. This description is consistent with the MCSS' ten principles for prevention research demonstration projects, and with the component in the Better Beginnings Model which encourages universal access to programs within specific communities.

One TAG member commented that universal access to programs is important in order to not stigmatize clients and because it also may affect how program participants are viewed by program providers:

> …the high-risk stuff was interesting because it has to do with how you view the delivery of services and what's effective and traditions that I've come out of and community development traditions say that a lot of the high-risk and treating people in terms of special needs is very much… setting up a kind of segregation that isn't helpful… in terms of self-esteem. It's like the traditional medical model sets up the doctor as expert and the client as someone that they're going to help out and rescue whereas the community development stuff is talking more about empowerment, self-esteem and so on …

However, enthusiasm for universal access was not shared by all TAG members. One member had some concerns over universal access to prevention programs because it was felt that often such programs are accessed mainly by those who are at less risk. This TAG member also had concerns that universal access to the prevention programs could possibly impede rigorous research on the impact of the prevention programs due to the fact that children at greater and lesser risk for poor developmental outcomes "start out at different levels" and consequently show differing outcomes due to factors other than the program.

Other TAG members, however, did not share this perspective. A member of the Infant/Prenatal subgroup suggested that most of that subgroup felt that high-risk approaches stigmatize program participants. However, the MCSS' focus on high-risk communities was not directed at accommodating research needs but was related to a desire to spend money where it was most needed.

This topic, in general, did not seem to be a divisive topic within the TAG. For most members there seemed to be a desire to move away from high-risk approaches to more universal prevention programs. Nonetheless, the comments of one member of the Research subgroup suggested that the tension between universal and high-risk focuses was never completely resolved by the TAG discussions.

High Quality Programs

A final theme which emerged in discussions with TAG members dealt with aspects of quality programs. This theme in fact refers to variety of statements about what constituted quality

programs. As will be detailed here, impressions of what constitutes quality programs, referred to "programs based on sound theory', to actual features of programs, and to the relationship of programs to external factors.

The focus on high quality programs was present in the MCSS' approach to prevention prior to the formation of the TAG. One member was impressed with MCSS' "state of the art" approach and that it was a factor in the decision to become involved with the project. Another TAG member suggested an initial hesitancy in becoming involved if the project was just replicating earlier efforts. The MCSS' intention to base future work on previous research made a favourable impression:

> But I think they tried to base what they wanted to do now on informed knowledge of what was done before. So there was a lot of background literature and research done. So my impression was favourable. This was being done with a lot of documentation, with a lot of reviewing so that one doesn't make the same mistakes twice.

Another TAG member described the focus of the project in this way: "Part of this exercise was about excellence and pushing the excellence to the limit as much as we could." Finally, another member said:

> …the hope would be to see services develop that were able to use the best knowledge and have the best resources that we have and not just accept the status quo because we knew there were limitations to that.

A clear early focus of the project, then, appears to have been on the development of quality programs which were based on findings from previous research and which improved upon existing knowledge. According to one TAG member, there was general agreement within the TAG on what constituted quality in programs:

> Certain things: flexibility, well-trained individuals, the necessity for quality in the program… however you conceive it, that it was not something that just happened. It had to be worked on, it had to be supported. Teachers needed training, or program participants needed training, needed supervision, needed adequate compensation. Those kinds of things seemed (important)… The characteristics of high quality programs I don't remember being contentious… at almost any level of discussion; subgroup or Technical Advisory Group.

The notion that quality in programs could not be taken for granted and had to be developed was echoed by another TAG member in a reference to staff development and training:

> It's stated very simply here (in the Better Beginnings, Better Futures document), but when you speak to the program professionals, there's a heck of a lot that goes into staffing quality, professional development; all the kinds of things you need to have in place. And it's clear that people who are very well informed and run really

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> good programs with really good knowledgeable staff, and if you don't have that
> base, it's not easy to just open up your doors and put four people in place and,
> voila, have a good program.

Within particular subgroups, there was some disagreement with respect to particular elements of quality programs. A member of the School-age subgroup described disagreement about how good programs for kids might be implemented:

> Quite a number of the members of that subcommittee were educators themselves.
> They had lots of experience in the classroom, three or four of them, extensive
> experience, and I think their feeling was that good teachers do this anyway, and to
> sort of make this into a program or an initiative, or a project, or to look for
> programs that had been developed was really not the way to go. The way to go was
> to talk about what good teaching is anyway, and that good teachers do this. Good
> teachers are good at dealing with social-emotional problems in children, with the
> whole child, with being aware of self-esteem. And others on the committee were
> more concerned with identifying exemplar programs, and looking at characteristics
> of those programs, and things like how much training, and what is the curriculum
> materials associated with it, "What does the research say about...?", "Was it well-
> controlled research?" and all this.

Later this School-age subgroup member elaborated:

> It was really sort of a difference in approach, difference in philosophy in how one
> actually carried out reasonable things in the classroom with children; not so much
> disagreement over what a good program would be but more a disagreement about
> how we would go about making decisions about what good programs, high quality
> programs, actually were, some of us taking a program evaluation, or a program
> implementation, or research base, and the other one much more of an intuitive
> understanding based on personal experience.

A member of the Preschool-age subgroup described some differences of opinion with respect to curriculum in preschool programs:

> Well, there was some discussion around curriculum. Some people are dead set
> against certain curriculums and that comes up. But if you look at the literature, it
> clearly states that no matter what curriculum it can work as long as it's good and
> based on theory. But there are some prejudgments on curriculum that some people
> can be pretty hot about. So right here we say 'There does not appear to be an ideal
> curriculum model' (reads from document, MCSS, 1989). A lot of people can really
> get stuck on one thing or another.

Other members of the TAG focused on characteristics other than the actual features of the program in discussing their impressions of what constituted good programs. One member felt that the focus of the project had shifted from attention to the features of particular high quality programs to the

appreciation of how these individual programs fit into the larger context of the community and the social and political structure:

> Maybe we might have assumed that some single aspect of a strategy might have been more important than others. That, you know, the best preschool program on its own… might have had more weight. The best primary education program on its own, the best inter-personal problem-solving skills training program on its own might have played out, there might have been a few exemplary programs that we might have had more confidence in. It wasn't that we didn't have confidence in them but we recognized that none of those programs in and of themselves would have the lasting effect we would be looking for if they weren't complemented by other systemic supports; one of those being the area of supports around housing, social networks, or education, or contact with the educational system, or whatever. The program would behave in a context… it would also respond to the life of the child and the family. And that was a shift, a shift away from Cadillac programs to Chevrolet communities.

According to this TAG member, the selection of a program to be implemented in a particular community should be based not only on the particular features of the program but also on the principles proposed by the Community subgroup:

> The community principles… in the Better Beginnings model provide a good basis for one to… use (in addition to) some of the best milestone programs for infancy and in preschool populations. So if you can start to wed those two, where you're using the best of what you know about milestone programs and the best of what you know about to be at-risk populations, under-girded by some community principles that will force partnerships between the beneficiaries and the providers, then I think you've got a model which is pretty encouraging.

This TAG member later explained that key concepts from successful programs could be imported for some communities, rather than necessarily adopting all the specific features of programs if those did not fit in the social and political context of the community.

> Well, we dropped the U.S.-based, explicitly… We dropped the need to import programs and recognized that it made more sense to import concepts that seemed to be statistically valid. So, for instance, the Rochester Model maintained some currency because it included a paraprofessional orientation, a home visit orientation, which held up well under research scrutiny and fit with the community principles that we articulated as important. Whereas other U.S. models didn't hold up because…they just required things that were so structurally different from Ontario's system, whether it be the Ontario school system or the infrastructure of social supports we have that come as a part of being a Canadian citizen… that you couldn't extrapolate enough from those programs. You had to buy the whole thing or nothing. Whereas the Rochester model, you could buy concepts and still feel some confidence in that approach.

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Other TAG members mentioned that, in addition, success in the implementation of programs may lie not only in the quality features of the program, but also in the program's responsiveness to the involvement and needs of parents:

> Well I think there was a look at… whether you go with parent involvement or not parent involvement. I remember… having a discussion about the fact that parent involvement was good but not mandatory. In other words, there is a sensitivity to the parent having a need and if they don't have a need for it you don't shove it down their throat. And I think throughout the whole process in developing this, there was a sense that ultimately… you've got to look at what (parents) do want. And I remember being very impressed that I think that's a really important part of things that we miss as professionals, you know, working with preschoolers, or children of any kind, that you sometimes get carried away with what you think children need and not advocate for what the parent feels they need, unless you're careful.

Beyond the involvement of parents, another former TAG member mentioned the importance of program responsiveness to the needs of the larger communities in which the program was situated:

> But, there was always a sense that we were very concerned about the kind of informal networks that evolved in local communities and were always concerned about providing as many opportunities as possible for the expression of informal support so that the professional services did not supplant the informal support that could be created through the programs.

Later this TAG member noted:

> There was also, by the way, a very strong sense that programs had to be responsive to two kinds of variables. One was responsive to what people said they wanted and needed for themselves and their families and their community, direct expression of their needs and wants. And the other one was the notion that each community was unique and that local structuring of services and programs had to reflect that unique quality.

For some members of the TAG, then, notions related to quality in programs involved factors outside of the particular program. It was suggested that in addition to paying attention to what actually occurred in the context of the program, attention should also be given to how the program relates and responds to the expressed needs of parents and communities. Some members of the TAG, however, based on their experiences reviewing proposals submitted by prospective program sites, suggested that the involvement of the community in the creation and implementation of programs is itself a difficult process to invoke. A TAG member suggested that it is important that a collaborative relationship be developed between program providers, who have a sense of what

constitutes high quality features of programs for children, and community members, who know best about the community's particular needs and the local culture and history:

> For instance, and it became interpreted, I think, almost as a kind of political process where you invite community members into discussion groups to decide what we are going to do. But what do you do if that community group has very little sense of content, and how do you lead that community group in the direction it wants to go? But often their concept of what they want for their children is that they want the best for their children. But in terms of specifics, they don't necessarily have that kind of content. So it's more a matter of collaborating.

Finally, based on personal experience reviewing these proposals, a TAG member noted the potential hazards of communities trying to put all elements of the Better Beginnings Model into the proposals they submitted:

> Well, there is one other issue that I have been raising with another colleague and it comes from our child-care background, and it had more to do with the implementation, that there was, I think, in the implementation and the choosing of the projects…certain communities said this, "These elements are really comfortable for us and we're going to build them into our models"…and so, … some of the other services were more like add-ons…And for me, from a child-care perspective, in the proposals I reviewed, I was concerned in a number of respects because, and this has nothing to do with the commitment or the integrity or the willingness of… the child-care pieces of that, but they were not aware of what I would say (was) the best knowledge about the child-care practice, nor did they have the resources. And so we saw communities that would need child-care, and more child-care if they were to have any chance of implementing this, that they weren't given the resources to put that in. And so in terms of evaluating the model, if you don't have the pieces there, you know, you're almost limiting the potential of the model from square one.

The concern was that community groups were in some instances more concerned that all the components of the Better Beginnings Model were included in their proposals than with the characteristics of programs which make them high quality. In order for the project to be effective it was not only important to have all components of the model in place, but that each component reflect the characteristics of high quality programs. Again, the importance of collaboration among community groups and service professionals was important so that the community groups could be made aware of all the factors which must be addressed in the development of quality programs that will ultimately have the desired positive results for children. A concern was that because quality programs can be costly, funding dollars be spread too thin trying to put in place all the features of the Better Beginnings Model rather than focusing on putting in place particular well-funded and high quality programs.

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Conclusions

The process through which the TAG carried out its work and made recommendations concerning the Better Beginnings Model was highly consequential for the features of that model. First, it was clear that some members of the TAG believed that one meaning of integration was introduced to appease conflict among the three child age groups. Other members of the TAG, however, believed this additional meaning of integration was consistent with other features of the Better Beginnings Model, namely, comprehensive programs, long-term interventions which cut across age groups, and the project's ecological perspective.

Second, this ecological perspective was a framework which enabled the various professional orientations to be incorporated into the model. A bias towards on ecological perspective was built into the diversity of the TAG's membership and was also supported by the literature reviewed in the individual subgroups.

There was some lingering confusion about the Better Beginnings Model and some of its features. First, the model itself is general and flexible. Some TAG members would have preferred more description and articulation of the model. Others, however, pointed out that the model needed to remain flexible in order to accommodate the unique qualities of individual communities. Second, the operational definition of integration remained vague. Most TAG members expressed satisfaction with the idea of service integration, but were unsure of what integration of services would look like in practice. Finally, the implementation of ecological principles remained somewhat unclear. The ecological perspective was frequently mentioned as an important aspect of the Better Beginnings Model. Less frequently discussed, however, was how the ecological perspective would be expressed in actual services and actions.

Finally, some lingering differences remained with respect to a focus on high-risk populations, and the nature of high-quality programs. First, it appears that the emphasis was on shifting away from an exclusive focus on high-risk populations toward more universal accessibility. However, Better Beginnings, Better Futures proposes universal programs within high-risk communities. Most TAG members seemed to favour universal programs rather than programs that targeted individual families identified as high-risk.

There remained some difference of opinion about what constitutes quality in programs. Some TAG members worried that the important features of quality programs might not be recognized and implemented, due to the communities' lack of knowledge concerning the requirements of quality programs, or to a lack of funds to fully implement all those elements. Other TAG members were less concerned with specific program features and emphasized that programs should reflect expressed community needs and be sensitive to the local community context. It was generally considered important that local community groups, program professionals and researchers collaborate in order to ensure that features of high quality programs be introduced while maintaining sensitive to local community contexts.

Implications for the Better Beginnings, Better Futures Communities

The main implication is that the Better Beginnings Model is very complex. The individual elements of the model, the inter-relationships among these elements, the ambiguities in the model, and the issues that remain unresolved since the formulation of the model are topics that have been discussed here. Others will be understood only through the implementation of the model. Communities experiencing frustration in implementing this model should take some comfort in knowing that even those who were involved in formulating the model found it confusing, and were unsure how the model would look when it is place. There is much to be learned still as the Better Beginnings, Better Futures Demonstration Project unfolds at each site.

5.0 General Conclusions

This report had two goals: 1) to document the roots of the Better Beginnings Model in previous MCSS prevention activities; and 2) to highlight some themes which emerged in discussions with members of the Technical Advisory Group to the Coordinated Primary Prevention Initiative.

It is clear that previous MCSS activity in the area of prevention was influential in helping to shape the final Better Beginnings Model. It is equally clear, however, that the TAG was influential in shaping, and in some instances changing, the original directions suggested by the MCSS.

The presence of certain elements of the Better Beginnings Model were influenced not only by TAG's five independent literature and program reviews, but also by the character of TAG's multi-disciplinary membership. Although there is consensus and agreement among these TAG members concerning the meaning of the Better Beginnings Model and some of its features, there is also some disagreement, some unresolved issues and some continued lingering confusion. It is important that these confusions and unresolved issues arising from the TAG's work be monitored, particularly given the current efforts of the Better Beginnings, Better Beginnings, Better Futures communities to implement the model.

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APPENDIX A

Ministry of Community and Social Services Criteria for Selection of Prevention Program Assessment Awards

Program Criteria

1. Projects that demonstrate that research, theory and knowledge can have a substantial impact on preventing problems.

2. Projects that clearly document the high-risk populating groups or communities to be affected.

3. Projects that can be developed for large populations.

4. Projects that include inter-agency joint efforts at the community level (e.g., children's services, health, education and recreation).

5. Projects that involve voluntary and community groups.

6. Projects that encourage self-help and self-care.

Organization Criteria

1. A clearly defined sponsoring organization should be responsible for the development, operation and evaluation of the project.

2. The organization should demonstrate a high level of community co-ordination and inter-agency planning.

3. The organization should demonstrate a capacity to manage a project of that sophistication and duration.

4. The project should be administered in such a way that funds can be easily channelled from the Ministry to the project and proper auditing can be carried out as necessary.

Appendix B

DEVELOPMENT OF PROJECT INITIATIVE

Consent Form

Better Beginnings, Better Futures is a major Ontario project. It will show how local primary prevention can stop problems in children's development before they start.

The Better Beginnings Research Coordination Unit (RCU) is documenting how the initiative was developed. We are asking you to take part in this interview so that we may hear your story about how Better Beginnings got started.

Your identity will remain anonymous. That is, verbal or written reports about the development of the project will not identify you as giving specific ideas or information. The report will not mention specific people or particular agencies involved. Rather, the report will present general descriptions and issues in ways that conceal the identities of individuals and agencies.

If there are any questions the interviewer, John Sylvestre, asks that you do not want to answer or cannot answer, just say so. The interviewer will move on to the next question. If at any point you wish to stop the interview, you may do so.

The RCU will add what you say to what others have said. From all the interviews as a group the research staff will write a general description of the development of the Better Beginnings, Better Futures initiative.

We need to understand your opinions and experiences with Better Beginnings. We hope that the information about this confidential interview will enable you to talk freely. Signing below shows that you understand the purpose and conditions of this interview.

If you have any questions about this program development research, please feel free to contact me, Kathleen Brophy, at (519) 824-4120, extension 2412.

I have been given a copy of this consent form. The interviewer has explained the purposes and conditions of the interview. I am willing to do the interview.

_____

Name (please print)

_____

Signature

_____

Date

(Complete only if audio-taping the interview.)

I agree to have this interview audiotape-recorded.

_____

Name (please print)

_____

Signature

_____

Date

Appendix C

Interview.

1.   I would like to begin by asking you how your first became aware of, and subsequently became involved with the Better Beginnings, Better Futures project.

2.   What was there about the project that appealed to you, and led you to decide that it was something worth becoming involved with?

Subgroups.

3.   Perhaps we could begin to talk more specifically about the TAG subgroup of which you were member. I am interested in learning about how the subgroup learned to work together, how the work was divided among the members of the subgroup, and in understanding the process through which you, as a group, decided to work collaboratively toward the production of your subgroup's report.

   First, tell me a little bit about how the work of the subgroup proceeded.

   How did you decide who was going to chair the subcommittee?

   How was the work of the subgroup divided up amongst yourselves?

   What part of the work were you personally responsible for?

4.   Were you satisfied with this process?

   How could this process have been improved?

5.   Do you recall some particular issue, or having a particularly conviction, or philosophy which you were determined to have included, or reflected in your subgroup's report?

6.   Do you recall some particular issue, or point of view which someone else presented which you agreed with and supported, and became determined to have included or reflected in your subgroup's report?

7.   Do you recall some particular issue, or a particular conviction or philosophy proposed by others in your subgroup that you or others disagreed with or resisted?.

8.   During your work within your subgroup did you ever sense that one group, or one philosophy or one school of thought was dominating, or driving the work of your subgroup, perhaps exerting more influence, than was expected?

9.   What role did the Ministry of Community and Social Services and its representatives play in the work of your subgroup?

        Did it provide direction?

        Did it suggest themes which the subgroup might pursue?

10.   Now I would like to talk more specifically about the writing of the final report submitted by your subgroup.

        How did your subgroup finally come to decide on the terms outlined in the final report?

        What were some of disagreements that arose at this stage in the work within your subgroup?

        Does the final report submitted by your subgroup reflect the consensus of all the members of the subgroup, or only some of the members' opinions?

TAG.

I would like to talk now about the process through which the final model for primary prevention proposed by TAG came about.

Were you directly involved in writing the final Integrated model for primary prevention?

If YES, go to Section A.

If NO, go to Section B.

Section A.

1. First, please describe for me how that work which led to the Better Beginnings model for primary prevention was carried out.

    What was the nature of your involvement in this process? What did you do?

    Were there some members of TAG or representatives from MCSS who took more of a lead in completing this work?

    How were decisions made about what was and was not to be included in the final model for primary prevention?

    Is there a particular part of the Better Beginnings model for primary prevention that you personally played an important part in drafting?

    While working with TAG toward the definition of the model for primary prevention, did you ever sense that one group, or one philosophy or one school of thought was leading, driving or dominating the project?

2. What were some of the new issues that were raised at this point?

    What was your personal opinion on this issue?

    How was this matter finally resolved for the final model proposed by TAG?

3.   What role did the Ministry of Community and Social Services and its representatives play in the development of the final model for primary prevention?

    Did it provide direction?

    Did it suggest themes which the subgroup might pursue?

    Are there certain parts of the model for primary prevention proposed by TAG which you think are the product of or a continuation of some of the leads given by the Ministry of Community and Social Services, rather than a novel contribution of TAG?

4.   What would you say are the more distinctive components of the model of primary prevention proposed by TAG?

    How does this model distinguish itself from other models for primary prevention programs that you reviewed as a member of TAG?

5.   Do you think there is a central or guiding philosophy, or school of thought underlying this model for primary prevention?

Section B.

1.   Although you were not directly involved in writing up the model for primary prevention, were your opinions or approval solicited at some point while the model was being developed?

2.   What are you feelings about the final model for primary prevention?

    Were there some things included in the final model which you were surprised to see?

    Were there some things that you expected to find in the model but which were not included?

3.   Looking back now at the final model proposed by TAG, are there any ways in which you might consider changing or modifying it?

4.   Do you think there is a central or guiding philosophy, or school of thought underlying this model for primary prevention?