

### Chapter 3

## THE BETTER BEGINNINGS, BETTER FUTURES INITIATIVE

### THE ORIGINS OF BETTER BEGINNINGS, BETTER FUTURES

The Better Beginnings, Better Futures Project had its origin in the Ontario Ministry of Community and Social Services (OMCSS). The *1983 Ontario Child Health Study* (Offord *et al.*, 1987) revealed that one in six children has an identifiable emotional or behavioural disorder, and also determined that children living in families who received social assistance or lived in subsidized housing were at much greater risk for these problems. This is not an unusually high percentage of children with emotional and behavioural disorders, and the risk factors are common to other childhood problems such as child welfare and the experiences of young offenders. Other surveys of Western countries (e.g., Costello, 1989) show similar rates of psychiatric problems and similar risk factors. Nonetheless, given the drain on families and public funds caused by attempts to address significant problems after they are fully developed, the Ministry became more committed than ever to prevention.

In 1988 the Ministry released its consultation paper, *Investing in Children: New Directions in Child Treatment and Child and Family Intervention*, which documented the importance of prevention in high-risk populations.

#### Technical Advisory Group

In the spring of 1988, the Ministry convened a 25-member interdisciplinary Technical Advisory Group to recommend a prevention model with the greatest potential to prevent problems in child development for children living in economically disadvantaged communities or neighbourhoods. The group consisted of program directors and researchers from across the province, well-respected in their area of expertise. They were drawn from fields that included education, public health, social work, psychology, psychiatry, epidemiology, community development, infant development, and childcare. Thus, the Technical Advisory Group brought varied disciplines and perspectives to their task of developing a prevention model. The Group examined the literature and unpublished prevention program reports in three areas: a) perinatal prevention programs such as maternal and infant nutrition supplements and holistic home-visiting, b) preschool/childcare prevention programs such as Head Start and family resource centres, and c) school-based prevention programs such as social skills training and ecological school models.

The Technical Advisory Group examined the literature and unpublished reports on two additional topics: community involvement, including community empowerment and community development, and research, emphasizing the implementation of high-quality, multi-site, longitudinal research and evaluation procedures with prevention programs.

The findings from this review, and the description of the recommended program model, were published in the book *Better Beginnings, Better Futures: Primary Prevention of Emotional and Behavioural Problems in Children* (OMCSS, 1989). In addition to providing a bibliography, the report summarized the literature and outlined the Better Beginnings prevention model.

The model that the Technical Advisory Group recommended as having the greatest promise of preventing problems in child development has seven characteristics:

***The model must be based on known effective prevention programs.*** Infant home-visiting programs, such as the Elmira PEIP (Olds *et al.*, 1997), were identified as being particularly successful in preventing child abuse and also in reducing subsequent unplanned pregnancies and in increasing the self-esteem and employment rate of mothers. The reviewers examined the evidence for the use of both nurse home-visitors and trained lay home-visitors, and found reason to support both approaches.

The reviewers also examined high-quality childcare programs. While the Head Start program and the well-documented H/S PPP model (Schweinhart *et al.*, 1993) were examples of group-based preschool programs that increased cognitive development and physical health, the reviewers also acknowledged that not all families want this type of childcare, or are able to obtain it. Additionally, only 15% of children are in licensed childcare. Thus, to promote prevention at the local level, it was important to support high-quality childcare of various types. The funding for Better Beginnings was not sufficient to support the start-up of additional preschool programs, but was adequate to help existing group-based care to develop to a high-quality level. The funding was also able to support additional high-quality childcare such as drop-in centres, moms and tots groups, toy-lending libraries, increased training and other informal supports, and improved physical facilities and materials for mothers and other home-care providers.

Finally, the reviewers examined the ecological school model, such as that demonstrated by Comer (1985) in low-income urban primary schools, and felt that the key elements of the model would also be successful in Ontario primary schools.

***The model must be ecological.*** Successful prevention programs understand that the child lives in the family and the family in the community, so components of successful programs address the wholeness of the child and environment. Therefore, strategies that focus on individual children must be integrated with strategies that improve each part of the environment within which the children spend their time – homes, childcare, neighbourhoods, and schools.

***The model must be tailored to meet local needs and desires.*** Risk factors and protective factors vary from community to community; for example, some communities have high rates of teen pregnancy; some are bedroom communities where parents are employed out of the community from dawn to dusk, thus requiring before-and-after-school programs; in some communities, mothers are isolated and in need of support. Therefore, successful models vary from community to community, depending on local circumstances.

***The model must be comprehensive.*** Most economically disadvantaged communities need a variety of prevention programs to address the needs and strengths of the neighbourhood. Single-focus programs in a multi-risk community cannot prevent poor child development.

***The model must be of high quality.*** Successful programs use high-quality management and administrative techniques. The staff have enough time set aside for planning and preparation, supervision is done effectively, staff are well-trained, people are paid well for the work they do, and there are funds for needed supplies and equipment.

***The model must be integrated.*** Successful prevention programs link with other programs, schools, and community activities. This requires the development of common goals, objectives, and collaborative plans for the sharing of human, financial and material resources.

*The model must have meaningful, significant involvement by parents and community residents.* This was one of the areas of research most neglected in the study of successful prevention programs. Nonetheless, the concept of empowering the community, family, and parents was strong, and the ecological model of healthy child development certainly supports involvement of parents and community residents. Therefore, the Technical Advisory Group recommended that this become an important part of the Better Beginnings model. They recommended that this involvement be meaningful and significant rather than token, and that it happen during program planning as well as implementation.

It is interesting to note the similarity between these characteristics of successful programs as identified by the Technical Advisory Group and other more recent attempts to summarize major findings in this area (e.g., Durlak & Wells, 1997; Nelson, Laurendeau, Chamberland, & Peirson, 1999; Ounce of Prevention Fund, 1994; Pancer & Nelson, 1990; Schorr, 1988, 1997). It appears that a consensus is emerging on the characteristics of successful prevention and promotion programs for disadvantaged youth and families. The Better Beginnings Project Program Model was designed to incorporate and evaluate many of these characteristics.

## **THE BETTER BEGINNINGS, BETTER FUTURES MODEL**

Two variations of the Better Beginnings model are being implemented and evaluated, depending on the age of children involved. In the first, prenatal/infant development programs integrate with preschool programs for children from conception to age four. In the second variation of the Better Beginnings model, preschool programs integrate with primary school programs for children between the ages of four and eight. In addition, families and community residents have identified other program components thought to be important for healthy child development in their neighbourhoods. Such components include support groups, family planning, child development education, drop-in centres and recreation programs.

### **A Community-Wide, Ecological Model**

In many ways, the Better Beginnings program model is unique because it focuses on child, family, and community factors. No other prevention or early-intervention model is population-wide or community-wide within a geographic area. In the Better Beginnings, Better Futures Project, the neighbourhood or community is considered to be high-risk. All children and families living within a designated neighbourhood or a community are eligible to take part in any of the programs. The purpose of the project is to strengthen children and their families, as well as the local community itself. In this sense, the Project is designed to foster three aspects of human development: child development, family development, and community development. (See Peters & Russell, 1996, for more details.)

### **Local Responsibility**

Another difference between the Better Beginnings Project and other early intervention projects is the degree of shared responsibility for implementing and measuring the effect of the model. The model is decentralized to seven urban neighbourhoods and one First Nation, scattered throughout Ontario.

The government provided a Project Design Coordinator with responsibilities for the overall design and implementation of the programs and research, a Site Supervisor Coordinator responsible for the financial and administrative coordination and implementation of the program model in the eight communities, and an Inter-ministerial Government Committee which reviews the projects regularly. This gave the Government hands-on experience in implementing the model, which could assist in translating the model into policy, if the model proved successful. Additionally, a Research Coordination Unit (described

below) has worked with each community to develop appropriate research methods and tools.

But it is the local Steering Committees and subcommittees that tailor the model to meet local needs and desires. The local Committees worked with local resources to determine what needed to be enhanced, what needed to be added, where duplication could be eliminated, and how services and community members could work more closely together to promote positive development, prevent poor outcomes, and enhance the abilities of the neighbourhoods to provide for their own residents.

### **Significant Parent/Community Involvement**

One of the most salient differences between the Better Beginnings Project and the other models reviewed in Chapter 2 is the requirement for meaningful, significant involvement of parents and community leaders in decision making. During the first year of local development, this characteristic of the model came to mean that the Steering Committee and each major subcommittee of the local project needed to have a membership consisting *at least 50%* of parents or other community residents. It became equally clear that while the requirement for 50% local resident representation was important, what really made this level of participation possible was the transfer of real decision-making power to these committees. The participants on these committees wrote the job descriptions, delegated the hiring committees, decided salary levels, and decided the amount of funding to go to each component of the model (e.g., childcare, home-visiting, or community safety). The transfer of this level of control and responsibility to parents and other community members has the potential of empowering community residents who may individually and collectively have felt little control over their lives and the lives of their children.

In summary, in comparison with other prevention and early-intervention models currently reported in the literature, which often address one or two risk factors intensely, the Better Beginnings Project addresses multiple factors less vigorously. The assumption on which the Better Beginnings model rests is that there are many pathways to health or illness, and people experience the pathways at various intensities and at different times in their lives. The Better Beginnings model assumes that, in addition to the prevention programs that have been shown to be successful in preventing poor outcomes, there are local risk and protective factors that can be addressed to promote healthier children. The programs and approaches developed to address these local factors are equal in importance to the programs that have already demonstrated effectiveness in prevention (e.g., infant home-visiting, high-quality childcare, and ecological school programs).

It is equally clear that existing, effective prevention programs can be brought into harmony with one another and with local needs and desires. This has the advantage of addressing multiple risk factors. At the time of the review of prevention models for Better Beginnings, most early-childhood models lasted only two years at most. By combining the infant home-visiting with the high-quality childcare and the ecological early elementary school model, an overall prevention approach was developed for children from conception through at least early primary school.

By expanding the fundamental tenets of the early successful prevention models to include: a) integration of services; b) high-quality, meaningful significant involvement of parents and community leaders; and c) tailoring of the programs and additional services to meet the needs and desires of the community, the Better Beginnings model has the potential advantage of addressing multiple factors, rather than one or two factors (albeit intensely). In the high-risk neighbourhoods where the Better Beginnings model has been implemented, this may be particularly important. It is clear that forces such as neighbourhood violence, collective demoralization, and welfare dependency can undermine the best programs focusing solely on child and family factors.

## **PROVINCIAL/FEDERAL FUNDING AND COMMUNITY SELECTION PROCESS**

In 1989 the Better Beginnings, Better Futures model was accepted by OMCSS as the model with which to launch its longitudinal prevention policy research demonstration project. The model also came to be financially supported by the Ontario Ministry of Education, to prevent poor school performance; by the Ontario Ministry of Health, to prevent poor physical development in children and poor mental health of mothers; by the Canadian Federal Department of Indian and Northern Affairs, because Native groups had been requesting this type of holistic, community-based prevention model; and by the Canadian Federal Secretary of State, to support the model in a francophone community.

The Ontario Government released a Request for Proposals in the Spring of 1990. The first step in the process of application to the Better Beginnings Project was designed to ensure that potential program sponsors had a minimal level of integration already in place and were prepared to implement the local project in a low-income, high-risk community. Proposal development grants of approximately \$5,000 were awarded to 55 initial applicants to offset expenses incurred in gathering information and obtaining expertise, administrative support, and community involvement. The second step was the submission of a full proposal, describing the local model and community plans for meaningful, significant involvement of community residents, integration of services, and high-quality programming.

Forty-eight proposals were submitted in July 1990 and reviewed by a fifteen-member Proposal Review Panel that had expertise in implementing health, education and social service programs in economically disadvantaged communities. The panel met in person with the local groups that submitted the top 25 proposals.

The eight selected communities were announced on January 29, 1991, and the Ontario Government launched a 25-year longitudinal, prevention research initiative, the Better Beginnings, Better Futures Project. The Better Beginnings intervention programs are focused on about 5,000 young children, from birth to age 4 or from 4 to 8 years of age, and their families, living in eight socio-economically disadvantaged neighbourhoods in various parts of Ontario.

The Better Beginnings, Better Futures Project comprises three major partners: a) community projects, involving project coordinators and staff, parents and other community residents, and service providers and educators, established under local sponsorship in eight Ontario communities; b) a government committee, consisting of representatives from the co-funding ministries and departments; and c) the Research Coordination Unit (RCU).

### **Community Projects**

The major responsibilities of the eight Better Beginnings, Better Futures communities are to develop and implement high-quality prevention and promotion programs for young children and their families. These programs are characterized by meaningful, significant involvement of community residents in all aspects of program development and implementation, and integration of existing and new services for children and families.

Five communities have implemented prenatal to preschool programs for children from birth to age 4. These communities are referred to as younger cohort sites. Walpole Island (situated near Wallaceburg) is a First Nation (Aboriginal) community. Urban projects for children in the 0 to 4 age range include the Willow Road neighbourhood in Guelph, the north-end community in Kingston, the Toronto neighbourhood of Regent Park/Moss Park, and the community of Albion-Heatherington-Fairlea-Ledbury in Southeast Ottawa.

Three communities, referred to as older cohort sites, are implementing preschool and primary school programs for 4 to 8 year old children. These include the francophone community in Cornwall, the Highfield Junior School neighbourhood in Etobicoke, and Sudbury's Flour Mill/le Moulin à Fleur and Donovan neighbourhoods.

The specific Better Beginnings community program activities vary somewhat from community to community, but can be described using the following major categories:

**Home Visiting.** The younger cohort sites emphasize home visiting to families where the primary strategy is to support families during pregnancy, infancy, and early childhood. Home Visitors are trained lay-professionals who help the families meet basic needs, provide information, answer questions about child development, deal with primary prevention topics such as family nutrition and the child's exposure to second-hand tobacco smoke, and link families with services and community resources.

**Classroom Enrichment.** Projects for the 4 to 8 year olds include enrichment of the classroom or other formal education experience of the child. This involves components such as social skills training, academic tutoring support, reducing the child/teacher ratio for specific program activities, and multicultural facilitation.

**Childcare Enrichment.** Most younger project sites supplement childcare resources already in place in the community. Enrichment can take the form of additional staff, drop-in centres for at-home child-care providers, and toy-lending libraries.

**Other Child-Focused Programs.** These are tailored to each community's needs and desires for healthy child development. Examples include play groups, breakfast programs, and heritage language classes.

**Family/Parent-Focused Programs.** These are tailored to each community's needs and desires for programs that support parenting and family functioning. These programs include activities such as parent training and parent support groups.

**Community-Focused Programs.** These focus on creating new resources in the community, providing experiences and activities for community members at large, improving the quality of life in the community, increasing cross-cultural awareness and sensitivity, enhancing cross-cultural relations, and increasing cultural pride. Activities include, for example, working to improve neighbourhood safety, anti-racism workshops, community celebrations, and community theatre.

**Community Healing.** These approaches are established in the First Nation community to cultivate an understanding and appreciation of Native culture and to address a variety of community issues such as substance abuse and family violence associated with a loss of cultural identity. Activities include traditional healing, Native language classes, naming ceremonies, and sweat lodges.

### **Government Committee**

This committee consists of representatives from the Ontario Office for Integrated Services for Children, as well as the Ontario Ministries of Community and Social Services, Health, and Education and Training.

The committee provides guidance, support, advice, and coordination to the project communities and the RCU on behalf of the co-funding ministries. The committee representatives also report project and research findings to senior management in government.

## **Research Coordination Unit**

To ensure comparable research findings across all sites, the government has funded the Better Beginnings, Better Futures Research Coordination Unit (RCU). To address the range of outcomes and programs to be evaluated for Better Beginnings, the RCU employs a core research team and research director, site research teams, and central support staff.

***Core Research Team and Research Director.*** The core research team, made up of 13 members, has had primary responsibility for developing the research designs and measurement plans, overseeing the implementation of the research, maintaining the database at Queen's University, and analyzing and reporting the research findings. The Core Team contains the key research expertise required by the project, i.e. quantitative and qualitative research expertise; familiarity with childcare, child and family health, primary school, and social service programming; knowledge of key research areas (child, family, and community; costs and cost-effectiveness; program evaluation); and experience with multidisciplinary research. The Research Director is a member of the core research team and is responsible for ensuring that the research for the entire Better Beginnings Project be of high quality, integrating research activities, and maintaining communication with the government committee.

***Site Research Teams.*** Each of the research sites has a designated RCU core team member who functions as a liaison between the RCU and the site. Each research site also has a Site Researcher to help develop and implement research activities and collect research data for the site. The Site Researchers are employed by the RCU and work collaboratively with their Site Liaisons. Research Assistants have also been hired to work with the Site Researchers in several communities. Finally, each project site also has a research committee or research advisory group, composed of residents and service-providers, along with members of the local RCU research team. These groups provide a consistent forum for the discussion of research activities and review of research reports.

***Central Support Staff.*** There are four support staff located in the central RCU offices at Queen's University: Research Coordinator, Programmer Analyst, Research Associate, and Administrative Assistant. The central support staff assist in developing research protocols; training field staff; handling the research budget; receiving, cleaning, and storing research data; drafting reports; and providing administrative, technical, and secretarial support.

***RCU Advisors.*** Given the breadth of content and methodological expertise required to evaluate the Better Beginnings model, the RCU is strengthened by the advice and consultation of Technical and Subject Area Advisors. While the Core Team membership is intentionally small to maximize communication and efficiency, there are more than 30 senior researchers participating as Advisors to the RCU. As members of the academic research community, these Advisors have expressed a keen interest in the Better Beginnings Project and a willingness to contribute their expertise to make possible high-quality social policy research. The Subject Area Advisors represent the areas of maternal/child health, child development, family functioning, community health, community development, education, epidemiology, school organization/performance, childcare/preschool programs, Native research, multicultural research, and poverty research. The Technical Advisors offer expertise in research design, program evaluation, cost accounting/management or organizational development, economic analysis, database design, analysis and management, and research ethics.

## OVERVIEW OF RESEARCH OBJECTIVES, DESIGN AND MEASUREMENT

The research has been designed to answer three questions:

- " How effective are Better Beginnings programs in producing short-term outcome effects in the prevention of emotional, behavioural, physical, and cognitive/academic problems in young children during the first five years of full program implementation (1993-1998)? What effects have the programs produced during this time on the children's families and the local neighbourhoods as a whole?
- " What are the true costs of implementing the local programs, including financial costs and donated services over the first five years?
- " How are the local programs organized, and what program models have actually been implemented?

The RCU has been collecting data to provide answers to these research questions since 1992. The research designs, methodology, measures, analytic procedures, and research reporting activities are described below.

### Short-Term Outcome Evaluation

Determining program outcome effects across the various communities after the first five years of program implementation is the focus of the current report and has entailed an on-going collection of a wide range of child, family, and community characteristics. Due to the process adopted by the government for selecting project communities, it was not possible or feasible to employ a randomized controlled trial design. This is a common situation in applied research studies, particularly when an ecological or community level model is under investigation (Black & Krishnakumar, 1998). Therefore, several quasi-experimental designs (Cook & Campbell, 1977; Reynolds & Temple, 1995) were incorporated in the research plans: a) a baseline design; b) a comparison site or non-random control group design; c) a program participation or "dose response" design; and d) a comparison design where project site outcome data are compared to other geographical areas or other prevention studies.

***Baseline Design.*** The complete set of outcome measures was collected in 1992-93 on a baseline cohort of children and their families who lived in Better Beginnings neighbourhoods and were at the upper age limit for children on whom programming was to focus (N=530). They provided baseline measures for each community against which the characteristics of children and families have been compared after the first five years of Better Beginnings program implementation. The baseline cohorts were four-year-old children in younger cohort sites and eight-year-old children in older cohort sites in 1992-93.

After the baseline information was collected and community programs were up and running, the RCU began to recruit a group of children in each community who were at the bottom of the program age range in 1994. This meant identifying children in the younger cohort sites as soon as possible after their mothers became pregnant, and in the older cohort sites, children who were 4 years of age.

These groups of children and their families constitute the focal longitudinal research cohorts since they have been involved in the research through the first five years of the Better Beginnings Project. According to the original project design, it is these groups that will be followed for another 20 years to determine long-term effects of the Project.

In the younger cohort sites, the focal longitudinal research cohort consists of children born in 1994. In the older cohort sites, the focal longitudinal research cohort are children who were born in 1989. The decision to focus on these cohorts of children was based on the fact that Better Beginnings programs in each community required some time to become organized and implemented. By the fall of 1993, program components were implemented to the point where it was possible that they were beginning to have effects.

Information on the children and families in the longitudinal research cohorts has been collected periodically since 1993-94 in order to get an indication of change within each of the Project communities. The measures employed are essentially the same as those used at baseline and cover a broad range of child, family, and community characteristics. Of course, the specific measures vary to reflect the age and developmental level of the children. These outcome measures were collected on the focal longitudinal cohorts at 4 and 8 years of age, to compare with the baseline data. The comparisons reflect changes in the project sites over the first five years of project implementation.

***Longitudinal Comparison Site Design.*** Some changes that occur in Better Beginnings communities may result from factors other than Project effects; for example, from major fluctuations in the economy or changes in government funding of services for children and families. In order to differentiate the effects of these more general factors from program effects, the RCU has collected all research measures from children and families living in other communities that are similar to those involved in the Better Beginnings Project but not receiving Project funding. For this type of research design to yield appropriate information, it was important that the comparison communities be as similar as possible to the Better Beginnings project communities such as socio-economic status, size, ethnic and cultural composition.

Three comparison communities were selected based on Statistics Canada 1986 and 1991 Census data. Longitudinal research cohorts of children born in 1989 and 1994 and their families, drawn from these comparison communities, were involved in the research. The type of information collected in these comparison communities is the same as that collected in the Better Beginnings neighbourhoods.

Currently, there are approximately 1,670 children and families involved in the longitudinal research groups, 1,100 in project sites and 570 in comparison sites. More information on the longitudinal research cohorts is presented later in this report.

Longitudinal data have been collected in the younger cohort project and comparison sites when the children were 3 months, 18 months, and 33 months old, and finally at 48 months of age. In the older cohort project and comparison sites, data were collected annually from 4 to 8 years of age (JK to Grade 3). This comparison site design allows for a determination of how developmental changes in children, families and communities involved in the Better Beginnings Project differ from those not involved in the Project yet living under similar general economic and societal conditions.

***Program Participation ("Dose Response") Effects.*** The third research design involved comparing changes in outcome measures for groups of children and families with varying degrees of program participation in the Better Beginnings communities.

The programs are open to all 0 to 4 or 4 to 8 year old children and their families living in designated Better Beginnings neighbourhoods. Some families choose to participate in many of the available program activities, some in only a few, and some not at all.

Program participation analyses related changes in children and families over time to their participation in various aspects of the local Better Beginnings, Better Futures programs. It was expected that children and

families who were more involved in Better Beginnings programs would show more positive changes than those who were less involved.

***Comparing Data from Better Beginnings Children, Families, and Neighbourhoods with Data from Surrounding Areas and the Rest of the Province Using Other Databases.*** The RCU has accessed several existing databases, which are geocoded in such a way as to allow for comparisons of data from Better Beginnings neighbourhoods with surrounding geographical areas (for example, a site's surrounding metropolitan area) or the Province of Ontario as a whole.

There are four major sources of these community indicator databases:

- " hospitalization records collected by the Canadian Institute of Health Information (CIHI), which yield information on birth weights and primary reasons for all hospitalizations;
- " local Children's Aid Society records, which provide annual information on the number of children in care and the number of case openings;
- " local police department uniform crime reports of charges for wilful damage (vandalism) and for breaking and entering; and
- " primary school principals' annual reports collected by the Ontario Ministry of Education and Training, from which data on the number of children requiring specialized school services were analyzed.

These community indicator data were collected as early as available records would allow, in some cases several years before the project was initiated in 1991.

Indicators for the Better Beginnings neighbourhoods were compared with those for surrounding areas, with the comparison communities or with the province as a whole. This allowed for an examination of relative changes on a variety of community-wide characteristics relevant to overall project goals.

Another source of data for examining changing neighbourhood characteristics is Statistics Canada Census data, which are collected every five years (the years relevant to the Better Beginnings study are 1986, 1991, and 1996). Mapping has been carried out using the Geographic Information System at Queen's University, presenting data for each project and comparison neighbourhood for census enumeration areas. Census data allow us to monitor changing demographic patterns in Better Beginnings project and comparison neighbourhoods relative to provincial patterns. The demographic factors examined include income and employment, family composition (e.g., proportion of one-parent families), housing type, ethnicity, and family mobility.

Finally, we plan to compare several child and family measures collected from our longitudinal research groups, to results for the same measures collected by Statistics Canada for the National Longitudinal Survey of Children and Youth (NLSCY) on 22,000 children throughout Canada from birth to age 14. These data are being collected every two years, beginning in 1994, via in-home parent interviews and teacher ratings. Several measures in the NLSCY are the same as those collected from the children and families in the Better Beginnings longitudinal research groups. These include measures of vocabulary, infant temperament, child behavioural and emotional problems, parenting behaviour, parental depression, social support, and family conflict. These common measures will allow us to place developmental changes and short-term outcomes of the Better Beginnings Project in a provincial and national perspective. We are proposing, for the long-term follow-up research, to coordinate our measures more closely with the NLSCY protocols.

Since the Better Beginnings, Better Futures program model is a very broad, ecological model, it has been necessary to collect research information on many different aspects of developmental changes in children,

their families and their communities. Many of these measures are designed to be collected not only for the current short-term outcome evaluation, but also for the proposed 20-year follow-up in order to document the longer-term effects of the Better Beginnings Project on child, family, and community development. A complete listing of all the measures employed in the baseline and longitudinal data collections appears in Appendix B at the end of this report.

### **Economic Analysis**

A major inadequacy of public policy research in general, and prevention research in particular, has been the lack of attention to program costs. Often the issue has been ignored. When addressed, costs have almost always been computed retrospectively. This has required use of broad assumptions, resulting in less trustworthy estimates than could be obtained through prospective studies. Therefore, the second research objective has been to investigate the costs of the Better Beginnings, Better Futures Model from the commencement of funding and throughout the program and longitudinal follow-up.

To monitor Project costs in a way that minimizes the amount of financial accounting required, while at the same time permitting an accurate description of real costs in each site, the RCU worked closely with the Government Committee and site representatives in developing a cost accounting format. Costs were collected using a common accounting system and software at each site.

Program costs include both direct dollar expenditures and also the indirect costs of operating the programs, particularly volunteer time (so-called "services in kind" or "opportunity costs"). Indirect costs typically are not measured in projects of this sort.

Both direct and indirect costs were broken down by the major components of the program model. The titles and descriptions of these program components were described earlier in this chapter: a) Home Visiting, b) Classroom Enrichment, c) Childcare Enrichment, d) Other Child-Focused, e) Family/Parent-Focused, f) Community-Focused, and g) Community Healing.

The ongoing collection of these cost data has yielded information relevant to questions concerning how costly the Better Beginnings, Better Futures Model would be to replicate in other communities.

### **Project Development and Program Model Qualitative Research**

In many demonstration projects, there has been little documentation of the structure, processes, activities and organization of programs for children. However, in the Better Beginnings Project the generation of extensive descriptions of all aspects of project development and program implementation at the local site level is an important research objective.

In order to document the process of project development and the program models at each of the sites, a qualitative or naturalistic research methodology was employed, organized within a multiple case-study framework (Yin, 1988). A qualitative approach involves the collection of data by means of direct observation, interviews (either individual or group), and the examination of written documents (Patton, 1990). The individual who was assigned primary responsibility for data-gathering at each of the sites was the Site Researcher. The Site Researcher was often assisted in this task by a Site Liaison, who provided a link between the site and the Core Research Team, and by one or more research assistants.

**Field Notes.** The major source of information was the set of field notes compiled at each of the eight Better Beginnings, Better Futures sites. These notes consisted of a semi-verbatim account (i.e., using participants' own words) of what had transpired during meetings of the site's main decision-making group,

summary notes of what had gone on at other meetings and events (e.g., visits to the site by government representatives), and summaries of major documents such as proposals, minutes of meetings, and interviews. The field notes also contained analytic comments that summarized the researcher's personal impressions and reflections about meetings, discussions and documents. The field notes gathered at each site were entered into a computer database via "The Ethnograph" software package (Seidel, Kjolseth, & Seymour, 1988). This package allows for the coding of field notes into major categories (e.g., resident involvement, project management), and the quick extraction of all notes relevant to particular codes or topics.

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

**Report Framework.** Information from the field notes and interviews were used to write a series of reports from each of the sites. In writing their individual site reports, the Site Researchers followed a report framework that had been developed collaboratively by themselves and the Core Research Team. This report framework ensured that a core of relevant information was gathered and reported in all the sites in a consistent format. In writing their individual Site Reports, Site Researchers were asked to ensure they had answered all the questions in the framework. An emphasis was placed on including as much detailed description and as many direct quotes as possible. Site Researchers were also encouraged to include their own analysis and interpretation, ensuring, however, that there was a clear distinction between description and analysis.

These individual local site reports were then summarized in comprehensive cross-site reports in which similarities and differences across the various project sites are discussed. Topics of these cross-site reports include: project development; resident involvement; service-provider involvement; program model; project organization and management; and residents' experiences.

## **STAGES/TIMELINES OF THE BETTER BEGINNINGS PROJECT DEVELOPMENT**

New projects typically progress through stages of development, each of which has its own tasks and challenges. Generally, projects progress from earlier stages characterized by informality and trial and error towards more clarity, structure, and stability in their core operations. It is important to describe these stages and their timelines so that readers will have a better understanding of what the sites were focussing on while the research was being implemented.

The project development cycle is divided into three stages. The start-up stage combines the design and implementation stages suggested by Patti (1983), and the second stage is his stabilization stage. However, because of unique funding termination experiences for demonstration projects, a transition stage completes our project developmental cycle. The data for this report does not allow a consideration of developments after the transition to permanent funding.

**Start-up.** A unique aspect of Better Beginnings, Better Futures Project was having proposal development and initial project design prior to, and separated by about a year from, the start of project funding. Our estimation is that the start-up phase lasted from three to four years (1990 to 1994) before basic organizational structures, procedures and core programming were relatively stable. For a project so complex, combining multiple organizational processes in innovative ways with participants learning as they proceeded, this time frame is consistent with the start-up experiences described in the literature.

Start-up of Better Beginnings, Better Futures sites, like that of other complex projects, was a time of high enthusiasm, but also of learning, experimentation, and frustration along with pride in accomplishment. It was several years before most sites regularly maintained at least 50% resident membership in project governance. Sites went through a long process, with little external guidance, of modifying committee procedures to support resident involvement and working out relations between professional and resident participants. Struggling to understand what was meant by service integration and what was within their power to accomplish was common at every site. Hiring the initial group of management and program staff was demanding at every site. Educating new personnel for their particular jobs and also about Better Beginnings, Better Futures and the principles and ways of working of their site took a great deal of effort and time. Training and supervision represented unusual challenges with the large numbers of local residents employed at most sites.

**Stabilization.** If the challenges of the start-up stage have been successfully negotiated, a project should be at the peak of its organizational and program capacity during the stabilization phase. It is at this point that assessments of program effectiveness should take place. Stabilization is characterized by greater clarity about how things are done and more detailed specification of roles and procedures. Usually, there is a cadre of experienced staff, and authority distinctions often become more evident. There is a focus on "doing what we do as efficiently and as effectively as possible" as well as on organization and staff development and maintenance. Under optimal circumstances, assessment of project effectiveness would begin at the point when a relatively stable project organization and programming existed.

Better Beginnings, Better Futures had a relatively short period of stabilization for the demonstration sites. There were from one to two years (1994 to 1996) of functioning with relatively well-defined and stable core organizational and programming elements. In permanently funded projects, this period of stable operations, barring unanticipated crises, would be expected to continue for at least several more years, providing an ongoing opportunity to assess project and program effectiveness.

**Transition.** The fate faced by many promising projects once the funded demonstration period ends is not encouraging. Lerner (1995) reports that about fifty percent of the programs described by Schorr (1988) as effective did not exist one year after she visited them. The stress and uncertainty about future prospects faced by project personnel as the end of demonstration funding approaches are substantial, inevitably diverting attention from normal work preoccupations and making morale hard to sustain.

For Better Beginnings, Better Futures, this transition period (which included both preparing for the possible end of project funding and adjusting to acquiring ongoing base funding) extended from 1996 until the end of our data collection period in 1998. While there were clear differences, many sites reported high levels of anxiety and lower morale prior to the acquisition of ongoing funding. Transition from demonstration project to permanent funding was particularly tumultuous at three sites. At Highfield, the approach of the end of demonstration funding was characterized by low morale and high stress among project personnel. Ten staff members left the Guelph program in 1997-1998, primarily in anticipation of the end of project funding. Reportedly, most moved on to other employment or to continue their education. This was a time of low staff morale and conflict in the project. Transition at the Toronto site was a time of high anxiety as staff felt pressured to justify the continuance of their programs. Additional

stress was caused by a proposed merger with a host agency no longer willing to be legally responsible for a quasi-autonomous project. The uncertainty and stress of transition were less dramatic at the other demonstration sites.

Several sites used the anticipated end of funding to begin a process of reviewing project priorities and programming. This rethinking process continued after the announcement of ongoing funding. For some sites, this was also a time of reviewing relations with host organizations. On a very positive note, none of the Better Beginnings, Better Futures demonstration sites experienced the radical changes to their basic operating principles and programs at the end of the demonstration period so commonly experienced by demonstration projects elsewhere.

To summarize, the project sites were in a start-up phase from 1990 to 1994, then experienced stabilization for approximately two years, followed by a transitional phase from 1996 to 1997 until permanent funding was announced.

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### **SUMMARY OF THE BETTER BEGINNINGS, BETTER FUTURES INITIATIVE**

The Better Beginnings, Better Futures Project, being implemented in eight disadvantaged communities throughout Ontario, is, in many ways, the most comprehensive and complex prevention initiative ever implemented for young children, their families and their local neighbourhoods.

The differences between the Better Beginnings Project and others in the literature are numerous.

Most programs for disadvantaged young children focus on only one or two domains of children's development (e.g., intelligence/cognition, or social-emotional functioning, or physical health), and collect information on a small number of outcome measures. The Better Beginnings program model, however, focuses on all aspects of children's development.

Most programs focus predominantly on the children, predominantly on parents, or, in fewer cases, on both children and their parents. The Better Beginnings model, based on an ecological view of human development, focuses on children and their parents/families and their local neighbourhood and schools.

Most prevention programs for disadvantaged young children and their parents are targeted to those that are considered highest risk; for example, those with very low socioeconomic status or high levels of behavioural problems. Better Beginnings, on the other hand, is a universal program; that is, it is intended to include all children in a particular age range and their families living in a geographically disadvantaged neighbourhood.

Most program models are designed and implemented according to tightly prescribed protocols developed by experts outside the program site, and if more than one site exists, all sites implement exactly the same program protocol. In the Better Beginnings model, on the other hand, neighbourhood residents at each site are actively involved in all decisions regarding program development and implementation, and each site has developed the type and number of programs considered to best meet local needs.

Most programs for young children operate as independently funded operations with little or no interest or mandate to coordinate intervention activities with other service providing organizations in the community. The Better Beginnings model, on the other hand, actively encourages coordination, collaboration and integration of Better Beginnings programs with other social service, health and educational organizations in each neighbourhood site.

Most programs for young children provide prescribed interventions for a maximum of one or two years, and few collect any followup measures after the intervention ceases in order to determine whether short-term outcome effects are maintained, or if other longer term benefits develop. The Better Beginnings model, on the other hand, was designed to provide program support for four years of children's development (prenatal to 4, or 4 to 8 years of age), and to follow a group of children into adolescence to determine longer term outcomes and potential cost savings.

Most programs provide no description of the procedures and processes involved in the development and implementation of these programs or the organizational and decision-making structure. The Better Beginnings initiative, on the other hand, has emphasized the importance of collecting ongoing information to allow thorough descriptions concerning how each local site developed its organization and decision-making structures, including the participation of neighbourhood residents and the involvement of service providers in this process.

Few programs for young children systematically collect and report information about program costs. The Better Beginnings program, on the other hand, required the collection and reporting of both direct and indirect costs at each site to provide information relevant to policymakers and government representatives who are responsible for the prudent expenditure of public funds.

Although the Better Beginnings Project is not unique with regard to any one of these aspects, it is unique in attempting to incorporate all of them in one program model being implemented in relatively autonomous, disadvantaged communities.

Since the project was funded as a research demonstration project, collecting, analyzing and reporting data on all aspects of the program model in eight demonstration communities as well as three comparison sites has required a great deal of time given the range of research activities and data collection involved. The research is as complex, comprehensive and unique as the program model being evaluated, and has necessitated a broad, multidisciplinary effort to collect, analyze and report a) qualitative/descriptive data on local project development, b) quantitative outcome data on over one hundred measures of child, parent, family and neighbourhood outcomes, and c) economic analysis of program costs.