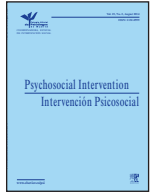


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Better Beginnings, Better Futures: Theory, research, and knowledge transfer of a community-based initiative for children and families

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ABSTRACT

Better Beginnings, Better Futures is an early childhood initiative focused on promoting healthy development of children and families in economically disadvantaged communities. The Better Beginnings approach is ecological and holistic, community-driven, integrated with existing community services and supports, and universally available to children aged 4-8 within communities in which it is offered. The Better Beginnings initiative effectively illustrates the concept of wellness as fairness through its efforts to create more just social conditions and its connection to both procedural and distributive justice, the two principles of fairness outlined by Prilleltensky (2012). Through the development of programs that support children, parents, families, and the community as a whole, Better Beginnings initiatives are able to promote children's development by building community capacity to create healthy and positive environments for children. This paper provides an overview of the Better Beginnings, Better Futures initiative from its outset in 1990 to the present, with a view towards examining the ways in which knowledge generated from such initiatives can be transferred to other communities.

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Better Beginnings, Better Futures [a mejor comienzo, mejor futuro]: teoría, investigación y transferencia de conocimientos de una iniciativa comunitaria con niños y familias

RESUMEN

Better Beginnings, Better Futures [a mejor comienzo, mejor futuro] es una iniciativa dirigida a la primera infancia para fomentar el desarrollo de la salud de niños y familias en comunidades económicamente desfavorecidas. El enfoque Better Beginnings es ecológico, holístico, impulsado por la comunidad, integrado en los servicios y el apoyo existentes en la comunidad y de acceso universal para niños de entre 4 y 8 años en aquellas comunidades a las que se ofrece. Esta iniciativa ilustra meridianamente el concepto de bienestar como justicia a través de su esfuerzo por crear unas condiciones sociales más justas y su relación tanto con la justicia procedimental como con la distributiva, los dos principios descritos por Prilleltensky (2012). Mediante la puesta en marcha de programas de apoyo a niños, padres, familias y comunidad como un todo, estas iniciativas pueden impulsar el desarrollo de los niños al crear la capacidad comunitaria para potenciar entornos saludables y positivos para los niños. Este trabajo presenta una descripción de la iniciativa Better Beginnings, Better Futures desde su arranque en 1990 hasta la actualidad, con la vista puesta en el análisis de las distintas maneras de traspasar los conocimientos surgidos de estas iniciativas a otras comunidades.

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Better Beginning, Better Futures (Better Beginnings) is an innovative, community-driven, primary prevention, and mental health promotion initiative designed to support the development of young children and their families living in economically disadvantaged communities (Peters, 1994). Started by the Ontario provincial government in the late 1980s, Better Beginnings was implemented in three communities in Ontario, Canada for children ages 4 to 8 and their families as a research demonstration project. The project was initially funded by three provincial ministries (Education, Health, and Social Services) and is now funded by the Ministry of Education and Training. At its outset, Better Beginnings addressed a number of limitations of other early childhood programs, primarily the lack of attention to the influence of family and community contexts on child development (Peters, Bradshaw et al., 2010). A distinctive feature of the Better Beginnings initiative is that it engages residents in the creation and delivery of programs that build capacity among children, families, and communities. Using this approach, Better Beginnings achieves three primary goals: (a) to promote well-being and healthy child development, (b) to prevent developmental problems in children, and (c) to promote community development to enhance the capacity of parents, families, and neighbourhoods to support healthy child development. Twenty years of research on Better Beginnings has demonstrated positive outcomes for children, families, and communities. Currently, Better Beginnings continues to offer valuable programs. Better Beginnings researchers are in the process of transferring and disseminating information about the initiative to communities across Canada that are interested in implementing Better Beginnings in their jurisdiction or drawing on Better Beginnings principles to develop similar initiatives. The purpose of this paper is to provide a detailed overview of the Better Beginnings initiative, the research conducted, and outcomes demonstrated to date, and the ways in which this research is currently being shared across Canada. This information will be presented in three sections: (a) a description of the Better Beginnings theoretical framework, (b) a summary of the research, including program development, outcomes, and cost-savings, and (c) a presentation of the pan-Canadian, bilingual knowledge transfer activities.

Theoretical Framework of Better Beginnings, Better Futures.

Principles. The Better Beginnings initiative is based on four principles (Peters, Bradshaw et al., 2010). First, Better Beginnings is *ecological and holistic*, focusing not just on one type of program or one outcome domain, but on several programs and outcomes. Each Better Beginnings site is mandated to have several different types of programs: child-focused programs, parent and family programs, and community development programs. Moreover, Better Beginnings is focused broadly on the whole child, including her or his emotional, behavioral, physical, and cognitive functioning. Second, Better Beginnings is *community-driven*. Most prevention programs are formulated and operated by researchers and professionals. Better Beginnings is unique in that local residents play a central role in project governance and program planning and implementation. Third, Better Beginnings is *integrated* with existing educational, health, social, and community services. Integration is facilitated through the development of partnerships with community organizations. For example, a “school as a hub” approach, in which programs and activities are located within or close to a neighbourhood school, is sometimes used to integrate Better Beginnings, educational, and other programs in one accessible setting. Fourth, Better Beginnings does not target specific children based on some determination of risk. Rather, programs are *universally available* to all children ages 4-8 and their families living in a geographic area.

In line with the theme of this special issue, *Community Psychology Contributions to the Study of Social Inequalities, Well-being, and Social Justice*, Better Beginnings emphasizes the promotion of wellness in

children, families, and communities through the creation of more just social conditions. In his seminal article analyzing wellness as fairness, Prilleltensky (2012) distinguished between two important principles of fairness: procedural justice – how decisions are made about resource allocation – and distributive justice – how valued social resources are allocated. Consistent with the principle of procedural justice, promoting resident voice and control through participation in all facets of the initiative is a hallmark of Better Beginnings. Recently, it has been argued that distributive justice is a key principle for early childhood learning and care programs (Schraad-Tischler, 2011). Research has shown that across developed and developing nations there is a gradient between social class and outcomes for children: families with lower incomes have children who experience more problems across a wide range of domains, while children in families with higher incomes experience fewer problems (Schraad-Tischler, 2011; Siddiqui, Hertzman, Irwin, & Hertzman, 2012; UNICEF, 2012). Moreover, it has been argued that universally accessible programs and resources for young children and their families, not just targeted programs for those at the bottom rung of the social class ladder, are needed to address the issue of distributive justice by serving to level the social class-developmental outcomes gradient. While Better Beginnings is based in disadvantaged communities (determined by census data), programs are accessible to all children and families in the community regardless of their socio-economic status. Finally, like Better Beginnings, Prilleltensky’s (2012) analysis of wellness as fairness adopts an ecological perspective, with multiple levels of analysis ranging from the individual to the community.

The logic model. The logic model of the Better Beginnings initiative (Peters, Bradshaw et al., 2010) is portrayed schematically in Figure 1. There are two noteworthy features of this model. First, the model links the Better Beginnings principles (ecological and holistic approaches, community driven programs, integration with existing services, and universally available programming), programs (child-focused, parent and family programs, and community development programs), outcomes for children, parents/families, and communities, and the Better Beginnings goals (promotion of child wellness, prevention of developmental problems, and strengthening of parents, families, and communities).

Second, it is important to note that while all three of the Better Beginnings project sites are mandated to offer child, parent/family, and community programs, and all programs are designed to achieve the major project goals, the mix of programs and the ways in which programs are operated and delivered varies from site to site. Project staff, residents, and partners at each site established programs that are designed to meet the needs expressed by the members of that community (Peters, Bradshaw et al., 2010). Some of these programs are similar to those offered in other sites; others are unique. The distinction made by Hawe, Shiell, and Riley (2004) between the form and function of complex community interventions is relevant here. These authors have argued that while it is essential that the basic principles or functions of the programs are intact across sites, the particular form that they take can vary from site to site to adapt to local conditions. This is the case for Better Beginnings.

Development and Implementation

The Better Beginnings initiative developed and unfolded over time. Better Beginnings projects were funded in late 1990, and there was a 1.5-2 year start-up or project development phase from 1991 to 1993. This was followed by a program implementation phase from 1993-1997, during which time programs were developed and implemented for the children, parents, families, and communities. While Better Beginnings was originally funded as a research demonstration project with no promise of continued funding, the Premier of Ontario announced ongoing funding for the project sites

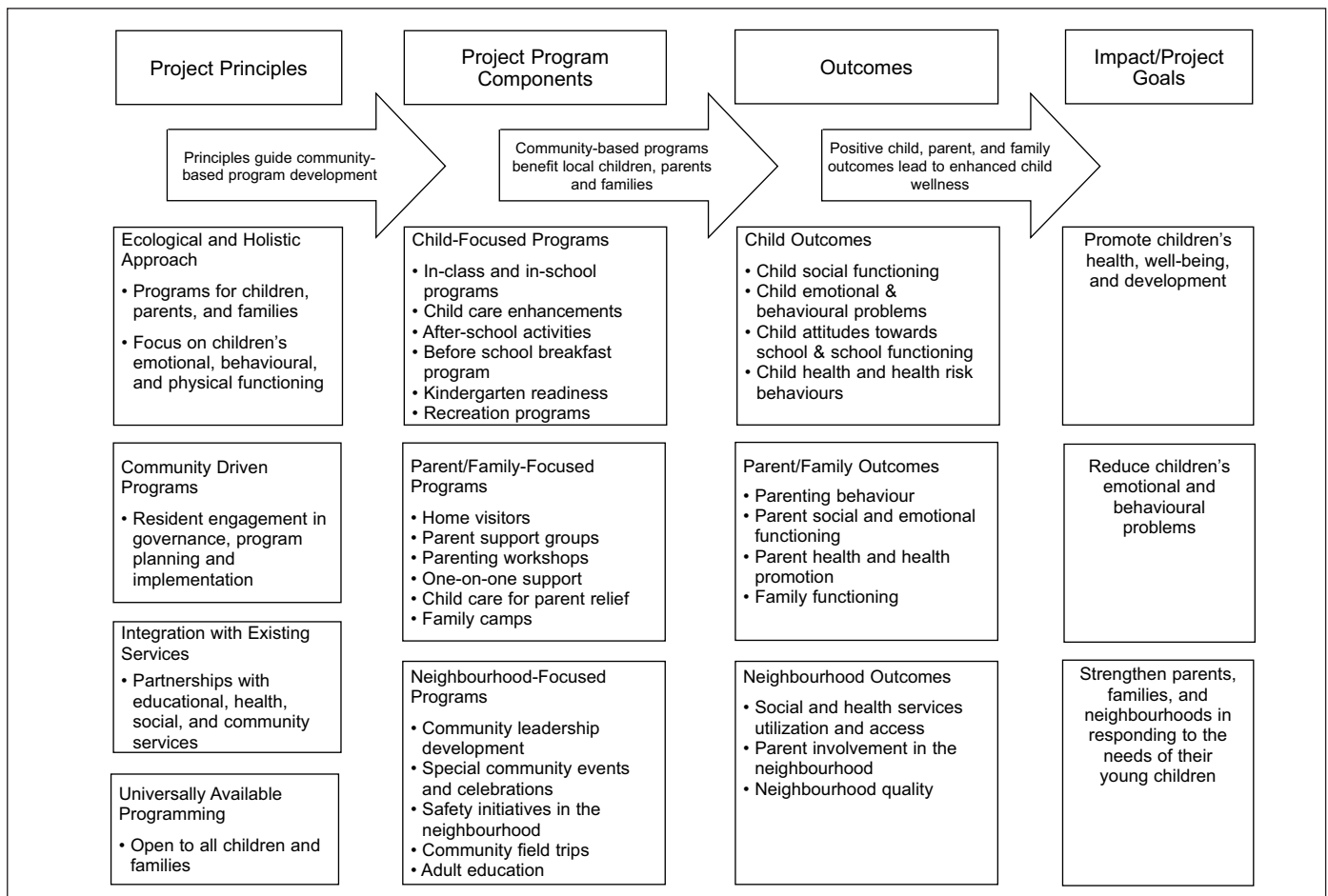


Figure 1. Better Beginnings, Better Futures Logic Model

near the end of the implementation phase in 1997. During the project development and implementation phases, Better Beginnings was overseen by Ontario government staff and a 15-member government committee. The period from 1997 to the present can be considered the sustainability phase, in which the programs continue to operate and children and families who were part of the research cohort continue to be followed for the medium-term and long-term longitudinal research. Moreover, there is no longer oversight by central government staff or the initial government committee.

Project sites. The three project sites – Cornwall, Highfield, and Sudbury – were all selected based on socioeconomic disadvantage, with household incomes well below the provincial average, as well as the presence of a coalition of residents and service-providers who were motivated to develop a Better Beginnings project. Cornwall is a medium-sized city in eastern Ontario; Highfield is in the northwestern part of Toronto in an area known as Etobicoke; and Sudbury is the largest city in the north central part of the province. The Cornwall Better Beginnings site serves the large French-speaking community and operates in four elementary schools. The Highfield Better Beginnings site is an ethnically diverse community, with the majority of the population being made up of newcomers to Canada, predominantly from South Asia and the Caribbean, as well as other immigrant groups from across the world. The Highfield project operates out of one school with more than 1,000 students. The Sudbury Better Beginnings project operates from a community centre and serves four schools located in two neighborhoods, representing a diverse population of Anglophone, Francophone, and Aboriginal children and families.

Better Beginnings, Better Futures Research

A Research Coordination Unit (RCU) was selected through a competitive application process to conduct the research on the Better Beginnings project. The RCU consisted of both central support staff and site researchers who worked to gather, manage, and analyze data from the project sites. Each site also had a liaison from the RCU and a local research committee, who met regularly (once a month or more) from 1991 to 1997. After the research demonstration phase was completed, various members of the RCU conducted subsequent research on Better Beginnings. A subgroup from the RCU formed the Better Beginnings Research Group (for more details visit the website bbb.ca). There were three main categories of Better Beginnings research: project development and program model research (i.e., process and implementation), outcome research, and cost-savings research. In this section, we describe each of these in detail and present the main findings obtained from each.

Project Development and Program Model Research

The project development and program model research sought to answer the question: what are the key elements of the Better Beginnings model or approach, and how did these elements develop over time? During the project development and implementation phases from 1991 to 1997, the RCU undertook a qualitative, ethnographic research study to examine the key elements of the Better Beginnings start-up process and program model. Using methods such as participant observation, individual qualitative

interviews, focus groups, a review of program documents, and a multi-year immersion in the Better Beginnings sites, the RCU gathered qualitative data to generate reports on topics such as: (a) the original coalition and proposal development process, (b) the program model, (c) resident participation, and (d) partnerships with service-providers. In 2004, the RCU returned to the Better Beginnings sites, this time to examine project sustainability. A total of 100 people were interviewed for this research at the three Better Beginnings sites that are the focus of this paper. The team used qualitative methods to examine consistencies and changes in the program model, resident participation, and partnerships since the end of the demonstration phase (Nelson et al., 2005).

Project development. More than 50 Ontario communities applied to become Better Beginnings project sites. Five communities were selected as younger child sites (birth to age 3.5) and three as older child sites (ages 4-8). In this paper, we focus on the older child sites (referred to as cohorts for research purposes). To understand the effectiveness of the project development process, Sylvestre, Pancer, Brophy, and Cameron (1994) investigated the planning and proposal development process that occurred at each of the sites. They found that the tight timelines for planning were challenging for the sites, but that these compressed timelines also stimulated the communities to come together quickly and move forward with developing an organizational structure and planning programs for Better Beginnings. Community stakeholders also expressed concerns about the targeted age group of children who could be involved in the program. The government and project sites were able to find some common ground on this issue with the projects being allowed to use some of their funding for children outside of the mandated age range. Finally, the participation of low-income residents in the planning was limited at the sites, and many residents were intimidated by professionals. This problem diminished over time, as we describe later in this section in our discussion of resident participation.

Program model. As we noted earlier, Better Beginnings programs are focused on prevention, not treatment; they are strengths-based, not deficit-oriented; they are universally available in a geographic community to all children aged 4 to 8 and their families, not targeted; they are ecological and comprehensive, rather than being focused on a single domain; they are available for 5 years beginning at age 4 and continuing to age 8; they are integrated with existing programs; and local residents, including parents, have a strong voice in deciding what programs will be offered in their community. Pancer, Cornfield, and Amio (1999) drew upon field notes and interviews from Better Beginnings sites to determine the extent to which the sites were incorporating the Better Beginnings model and principles into programs and activities. During the implementation phase, each site had an average of 16 different programs, with a range of 12-19 programs per site (Pancer et al., 1999). Example programs include: child-focused programs (e.g., summer readiness programs for kindergarten, in-school nutrition programs, educational assistance, and social skills training); parent and family programs (e.g., home visitation, family resource programs, English as second language, family recreational events and trips, parenting workshops and support groups); and community development programs (e.g., before and after school programs, adult leadership development, community gardens, local safety initiatives, community events and celebrations). At each site, Pancer et al. (1999) found that programs demonstrated the following elements: a high level of community involvement (e.g., active resident participation in the development and delivery of programs); comprehensive, holistic, and ecological approaches (e.g., supporting children, families, and promoting community development); a focus on family and community strengths (e.g., building on existing skills and encouraging community leadership); and ongoing collaboration and community partnerships (e.g., engaging multiple stakeholders in the decision making process).

Programs also navigated many challenges, such as resource limitations, diverse working styles, and ethnocultural issues. Although programs tended to change over time, the programs continued to demonstrate the main principles outlined in the Better Beginnings program model.

Resident participation. In addition to their participation in programs and activities, community residents participate in a variety of paid and/or volunteer roles in the Better Beginnings sites including program delivery, project governance, advocacy and public relations, outreach, and research. At two of the sites, the majority of staff were from the local community, and at all sites, there were a large number of resident volunteers. Pancer and Cameron (1994) examined the impacts of resident participation at the project sites and found that resident involvement enhanced resident "ownership" of the project and programs, produced personal benefits such as the development of skills and friendships, resulted in programs that better met the needs of the community, increased awareness on the part of service-providers about how to work with community residents in more egalitarian ways, and enhanced the reputation of the program in the community because residents served as Better Beginnings ambassadors. Cameron, Peirson, and Pancer (1994) reported on the factors that facilitated and inhibited resident participation in the Better Beginnings sites. Some of the challenges included cultural and language barriers, residents' fear of working with some professionals (e.g., child welfare workers), the formality and timing of meetings, power imbalances between residents and professionals, and child care and transportation issues.

Several strategies were used to overcome challenges to resident participation. First, the government mandated 51% resident participation on the projects' steering committees and other committees, which helped equalize the balance of power between community residents and professionals. Second, all three sites had a community development coordinator whose job entailed working to enhance the skills of residents and encourage their involvement and leadership in the project. Third, staff worked to develop a welcoming atmosphere for residents by making meetings informal, providing food at meetings, arranging for transportation and child care, holding meetings at times that are convenient to residents, and encouraging professionals to avoid using jargon and inaccessible language. Very high levels of resident participation were sustained over time at two of the project sites, and the other site continued to have reasonable level of resident involvement (Nelson et al., 2005). Interestingly, resident participation was also sustained through the participation of youth who had been involved in the Better Beginnings programs when they were younger, in a wide range of activities in their communities (Janzen, Pancer, Nelson, Loomis, & Hasford, 2010).

Partnerships. "Blending and uniting" services and "seamless" services are catch phrases that capture the project's aspiration to integrate Better Beginnings programs with existing programs (Cameron, Vanderwoerd, & Peters, 1995). This integration is most evident in the transformation of the schools that partnered with Better Beginnings as these schools became a central "hub" for a variety of services. Project staff and volunteers work as educational assistants and enrichment workers in school classrooms, as nutrition workers to provide snack and breakfast and lunch programs, as consultants in school-based social skills programs, and in numerous other ways. Children and parents cannot easily distinguish between the school and the project. Rather, they experience a seamless array of services in schools that become more welcoming and open to community residents. One school even provides a community lounge that is dedicated to the project and community residents.

In addition to schools, many other agencies have partnered with Better Beginnings sites including child welfare organizations, children's mental health agencies, community health centres, public health, housing programs, Aboriginal organizations, and neighbourhood associations. Better Beginnings has worked with

these partners to jointly provide programs, to plan new programs, to conduct research and evaluation, and to share resources and expertise. Enhanced partnerships with other service-providers have led to greater service integration and reduced service duplication, increased programming, greater visibility of partner programs in the community, new levels of cooperation among partners, new programs, and the development of a shared vision of prevention, community development, and resident participation. This focus on partnerships, coalition-building, and community capacity development has remained a central feature of the Better Beginnings sites (Nelson et al., 2005).

Sustainability. Since the completion of the demonstration phase in 1997, Better Beginnings sites have continued to offer programs in ways that are in line with the project model. Although some organizational changes have been made over time, the sites continue to meaningfully engage community residents and maintain the vision and principles of the Better Beginnings model. Sites continue to develop partnerships between residents and service providers and to engage them in program delivery. In some cases, communities have sought out additional funding to enhance programs or develop additional programs for children in other age groups (Nelson et al., 2005).

Outcome Research

The outcome research sought to answer the question: Is the Better Beginnings model effective? Twenty years of peer-reviewed research by the RCU has yielded evidence of many positive child, family, and community outcomes. Longitudinal data about children, parents, families, and neighbourhoods have been collected using quantitative and qualitative methods. In this section, we provide a description of the methods employed and the measures that were used. Finally, we discuss the positive outcomes experienced by children, families, and communities to date as a result of the Better Beginnings initiative.

Quantitative research design. A quasi-experimental longitudinal comparison site design was employed for the quantitative research on the Better Beginnings initiative. The three project intervention sites (Cornwall, Highfield, and Sudbury) were matched with two sociodemographically similar neighborhoods (Ottawa-Vanier and Etobicoke) that served as comparison sites. Outcomes between the intervention and comparison groups were assessed longitudinally, with data collected when children were in Grades 3, 6, 9, and 12. Outcomes were assessed across all three Better Beginnings sites (cross-site patterns), and between each site and its comparison community (within-site patterns) (Pancer, Nelson, Hasford, & Loomis, 2012; Peters, Bradshaw et al., 2010).

Sample. Children and families from both the intervention ($n = 601$) and comparison ($n = 358$) sites were recruited through local schools, with a total of 959 families recruited. Those in the intervention group were recruited at two different time points. First, the *focal cohort*, consisting of children born in 1989, was recruited between Junior Kindergarten (age 4) and Grade 3. An additional cohort of children, called the *following cohort*, consisting of children born in 1990, was recruited later, while the children were in Grade 3. A multi-stage process was used to match cohorts. Covariates (e.g., birth year of child, parent marital status, number of siblings, family income) were used to control for cohort differences given the impossibility of matching cohorts perfectly. No significant differences were found between the variables in the focal and following cohorts, which allowed for a combined analysis for the intervention group. Those in the comparison group were recruited at one point in time, between Junior Kindergarten and Grade 2 (Pancer et al., 2012; Peters, Bradshaw et al., 2010).

Data collection. Data have been collected from the intervention and comparison groups at Grade 3 (1997/1998), Grade 6 (2000/2001),

Grade 9 (2003/2004), and Grade 12 (2006/2007). Quantitative research was based on interviews and questionnaires completed by youth and/or their parents and teachers. Community members were involved in research design and data collection; for example, some community members served on the research steering committee and others were trained and conducted interviews.

Attrition rate. Attrition was considered to have occurred when researchers were unable to collect data from a family during a particular data collection period. At Grade 3 data were collected from 845 of 959 families, while at Grade 6 data were collected from 757 of 959 families. At Grade 9, 11 years after initial data collection, the attrition rate was 29.2%, with data collected from 679 of 959 families (Peters, Bradshaw et al., 2010). During the most recent data collection period, youth were 18-19 years old (Grade 12); the attrition rate was 34.7%, with data collected from 626 of the original 959 families. The number of parents and children included in the study from the intervention sites was 410, while 225 parents and children were included from the comparison sites (Pancer et al., 2012). Similar attrition rates have been reported in other longitudinal studies, including those found in over half of the programs in a meta-analysis of 34 preschool prevention programs (Nelson, Westhues, & MacLeod, 2003).

Outcome measures. Measures used to collect data for children at Grades 3, 6, and 9 assessed outcomes in areas such as social functioning, emotional and behavioral problems, school functioning, academic achievement, use of special education resources, physical health and nutrition, and health risk behaviors. Measures used to determine parent and family outcomes assessed social and emotional functioning, parenting, family stress, physical health, and health risk behaviors. Finally, measures used to examine community outcomes assessed parent social activities, parent activities in the neighborhood, parent sense of community involvement, neighborhood satisfaction, and health care and social services use (Peters, Bradshaw et al., 2010). All measures used (e.g., Statistics Canada's National Longitudinal Survey of Children and Youth, General Functioning Scale of the Family Assessment Device) had good psychometric properties (reliability, validity) determined through other research, as well as in the Better Beginnings research itself.

At Grade 12, youth and parents who still resided within the Better Beginnings sites, as well as youth and parents in the comparison sites, were assessed on health status (including their general health, chronic health problems, weight, exercise, and prescription drug use), health risk behaviours (including smoking and alcohol-related risk behaviours), social and emotional functioning (including their social support, depression, and marital satisfaction), and involvement in the criminal justice system. Parents were asked to complete measures assessing family stress and functioning (including stressful life events, financial stress, and family functioning). In addition, parents and youth provided information regarding their community involvement and perceptions of their community (including neighbourhood satisfaction and perceived neighbourhood deviance) (Pancer et al., 2012).

Qualitative research design. Another part of the Grade 12 follow-up research included several studies that used a narrative approach to further examine and better understand the long-term impacts of Better Beginnings on participants. Using an interview format, youth in Better Beginnings sites and comparison sites were asked to share their experiences of community participation (including Better Beginnings programs if applicable) and to describe factors that influenced or impacted this participation. By quantifying aspects of participation into dimensions, a quasi-experimental design was used to compare the life narratives of youth in Better Beginnings sites with those gathered from the comparison sites. Youth were also asked about turning points in their lives (Nelson et al., 2012), generativity (Love, Nelson, Pancer, Loomis, & Hasford, 2013), and sense of community and community involvement (Hasford, Loomis, Nelson, & Pancer, 2013).

Outcomes for Children, Family, and Communities

Better Beginnings has resulted in numerous positive outcomes for children, families, and communities. This section provides an overview of many significant outcomes identified across the three project sites. Within-site results and further information on the measures used and statistical analyses conducted for the outcomes present at Grades 3-9 can be found in Peters, Bradshaw et al. (2010). Additional information on outcomes at Grade 12 can be found in Peters, Nelson et al. (2010).

Outcomes for children. As children in Better Beginnings sites moved through Grades 3, 6, and 9, researchers observed positive outcomes such as fewer behavioral problems and better school functioning. In Grades 6 and 9, youth also demonstrated improved social functioning (Peters, Bradshaw et al., 2010). Although some negative results were also observed (e.g., increased physical aggression and poorer physical health), patterns across the three sites indicated that, of domains measured, the number of positive outcomes was greater than the number of negative outcomes (e.g., at Grade 9, outcomes in nine domains were positive while three were negative) (Peters, Bradshaw et al., 2010).

At Grade 12, a higher percentage of youth from Better Beginnings sites reported engaging in regular exercise than those from the comparison sites (81% versus 72%). The average grades of youth were higher than those from the comparison sites (grade average of 75% versus 73%), and a lower percentage of youth were found to use special education services during high school than those in the comparison sites (15% versus 23%). Furthermore, youth in Better Beginnings were found to be involved in fewer criminal behaviors than those in the comparison sites (29% versus 40%), which youth in Better Beginnings often attributed to having close relationships with their parents, peers, and other adults in their community, as well as high neighborhood engagement (Peters, Nelson et al., 2010).

An examination of life narratives among Better Beginnings youth and youth at comparison sites at Grade 12, demonstrated that youth in Better Beginnings sites described higher levels of participation within their community programs and reported greater positive impacts of this participation on their lives. Youth identified many community characteristics as motivators and facilitators of their participation, such as being involved in a range of structured and varied activities, and having social supports and relationships. Furthermore, youth who were involved in their community demonstrated enhanced reflexivity about their involvement, such as understanding their personal values, learning how their friendships shape who they are, recalling lessons they have learned that influence their decisions, envisioning new opportunities, and seeing the interconnectedness between their own stories and the stories of others. Finally, youth were able to articulate concrete impacts that their community involvement had on their lives, including how it impacted who they are (e.g., their personality, relationships, skills, and physical conditioning and appearance), as well as what they do for their community (e.g., future participation, giving back to others, and engaging in leadership behaviors) (Janzen et al., 2010).

Love et al. (2013) evaluated the long-term impacts of Better Beginnings on a psychological construct known as *generativity*. Generativity is a positive mental health outcome resulting in a commitment to caring for future generations, and usually takes place during mid-life (Erikson, 1950). Differences were found between youth in Better Beginnings versus the comparison sites, with youth in Better Beginnings sites scoring significantly higher on generativity. Nelson et al. (2012) examined the long-term effects of Better Beginnings on youths' narratives about specific turning points in their lives. Significant differences were found between Better Beginnings youth and comparison youth with regards to their turning point stories. Better Beginnings youth demonstrated

enhanced development and presented more coherent narratives. These youth expressed greater personal growth, drew more lessons and insights from life events, described stronger affect transformation (i.e., re-interpreting adverse experiences or events in terms of positive insight or growth) and more frequently concluded their stories with positive outcomes. These characteristics were found to be significantly correlated with youths' self-esteem and community involvement (both of which were determined based on standardized measures of well-being).

Outcomes for parents and families. Positive outcomes for parents and families emerged as child participants in Better Beginnings sites reached Grade 6. At this point, parents reported increased perceptions of social support and improved family functioning. Later, when these youth reached Grade 9, parents reported increased marital satisfaction (Peters, Bradshaw et al., 2010). At Grade 12, parents were found to consume alcohol less frequently than parents in comparison sites and reported fewer people smoking in the home. Furthermore, Better Beginnings sites were found to have a significantly lower percentage of parents with clinical depression than comparison sites (18% versus 27%) (Pancer et al., 2012; Peters, Nelson et al., 2010).

Outcomes for communities. As early as Grade 3, families in Better Beginnings sites demonstrated higher involvement in activities in their neighbourhood and drew upon health and social services in the community more often than families in comparison sites. As children reached Grade 6, families reported a stronger sense of community involvement, increased neighbourhood satisfaction, and continued use of health and social services. Families continued to demonstrate increased neighbourhood satisfaction at Grade 9 (Peters, Bradshaw et al., 2010). At Grade 12, parents in Better Beginnings sites maintained a significantly higher sense of community involvement and had a stronger sense of neighborhood cohesion than parents in the comparison sites. Youth in the Better Beginnings sites viewed their neighbourhoods as safer and less deviant (with respect to crime, violence, and drug use) than did youth in the comparison sites (Pancer et al., 2012; Peters, Nelson et al., 2010). Better Beginnings youth expressed greater attachment and emotional connection to their neighbourhoods and were able to describe their communities in richer detail than youth in comparison sites (Hasford et al., 2013).

Moderator analysis. Moderator analysis was conducted to determine whether the outcomes identified for children and families were only experienced by particular subgroups within the community. At Grades 6 and 9, the investigators examined the effects of five potential moderator variables (parent education, monthly household income, high-risk index, gender of child, and single parent status) on the outcome variables. Based on this analysis, it was determined that there is no evidence that Better Beginnings programs were more effective for particular subgroups of children or families (Peters, Bradshaw et al., 2010).

Cost-Savings Research

In addition to examining outcomes, the RCU conducted an economic analysis to answer the question: Is Better Beginnings affordable? The long-term nature of the outcome research provided the opportunity to examine whether the benefits of Better Beginnings justify the financial costs of the initiative and determine whether it is an effective use of public resources. Better Beginnings was the first early childhood program in Canada to conduct an economic analysis (Peters, Bradshaw et al., 2010). There have been a few exemplary analyses of early childhood programs in the United States (e.g., the Chicago CPC Program; Reynolds, Temple, Robertson, & Mann, 2002) that have demonstrated that early childhood programming can provide positive returns on investment for government funders (Peters, Bradshaw et al., 2010).

Economic analysis. To conduct the economic analyses, the RCU used a cost-savings approach (Karoly et al., 1998) rather than a traditional cost-benefit approach. In the cost-savings approach, costs and savings are examined from the perspective of the government and public tax payers. In Canada, provincial governments fund social and educational support services for children and families, so decreases in a family's need for social and educational support services translate into cost savings for the provincial government. Government cost-savings were calculated by comparing families in the Better Beginnings program with families in comparison communities in terms of their use of publicly funded services. Costs savings were also discounted by 3%, which is standard within policy analysis to ensure conservative estimates (Karoly et al., 1998; Peters, Bradshaw et al., 2010).

Calculating program costs. Program costs for Better Beginnings include primary costs such as salaries and benefits, educational and recreational materials, facility costs, and other minor costs necessary for program implementation (e.g., small meals or refreshments). It should be noted that the Better Beginnings initiative benefited greatly from substantial volunteer efforts, which decreased overall costs (Peters, Bradshaw et al., 2010). Peters et al. (2000) estimated that the volunteer time contributed by community members across the three Better Beginnings sites would total \$175,000 if they were paid hours. Because this contribution of time is considered to be "in kind" it is not included in the following cost totals.

In 2006, the cost of Better Beginnings was calculated to be an average of \$748 per family per year, totalling \$2,964 per family over the 4-year period in which the program was offered (junior kindergarten to grade 2) (Peters, Nelson et al., 2010).

Calculating government savings. Government savings were calculated based on 12 monetizable outcome measures. These measures included the costs of providing government funded services such as public health care, special education, the criminal justice system, and social welfare and disability programs. To assess use of these services, the RCU gathered information regarding the interactions families had with these services from families and teachers at Grades 1, 2, 3, 6, 9, and 12. At Grades 9 and 12, youth also contributed information regarding their family's use of services. Comparisons between service use by families in Better Beginnings sites and comparison sites allowed researchers to calculate savings in terms of reductions in service use. Put simply, the costs of offering Better Beginnings were subtracted from the calculated savings from the program (i.e., reduced use of services) to determine the economic value of the Better Beginnings initiative (Peters, Bradshaw et al., 2010; Peters, Nelson et al., 2010).

Cost savings at Grade 12. The economic analysis demonstrated cost savings primarily through a decreased use of special education supports by families in Better Beginnings, but also through a reduced need for social assistance and disability support programming. In the category of health services, savings were demonstrated for services addressing obesity, but costs increased on services such as visits to health practitioners and treatment for injuries. Educational savings were identified in areas such as special education services and grade repetition, and social services savings in areas such as social welfare assistance and the Ontario Disability Support Program. Presented as a dollar value, these differences in service use translate to a government savings of \$7,560 per family. When the direct cost of offering the Better Beginnings program to a family (\$2,991) is subtracted, the net savings for the government totaled \$4,569 per family engaged in a Better Beginnings program by the time children reach Grade 12 (Peters, Nelson et al., 2010). Expressed as a cost-benefit ratio, this value indicates a return of \$2.50 for every \$1.00 invested (Hayward, Loomis, Nelson, Pancer, & Peters, 2011).

Conclusions from the economic analysis. The savings demonstrated through the economic analyses are particularly significant for two reasons. The first is that while other early

childhood programs have seen cost savings once participants were in late adolescence or adulthood, Better Beginnings has shown a return on investment as early as Grades 9 and 12, which is very encouraging (Peters, Bradshaw et al., 2010). Secondly, the savings calculated represent a conservative estimate. The cost savings calculations are conservative in that they do not include other valuable social outcomes that cannot be given a monetary value (such as increased pro-social behaviour) and also do not include any projected savings in the future. As the first economic analysis of an early childhood program in Canada, the findings indicate there is substantial value in investing in programs that strengthen communities and promote mental health and healthy development among children (Peters, Bradshaw et al., 2010).

Pan-Canadian Knowledge Transfer of Better Beginnings, Better Futures

With 20 years of research identifying Better Beginnings as a successful and cost-effective initiative, the Better Beginnings Research Group is now engaged in pan-Canadian knowledge translation activities to share Better Beginnings with communities interested in developing their own local early childhood initiatives.

Disseminating an initiative like Better Beginnings presents a unique challenge, as Better Beginnings is not simply a program or a service. Consisting of numerous programs developed by each project site, Better Beginnings is best viewed as an "initiative for mobilizing disadvantaged neighbourhoods around early child development and prevention" (Peters, Bradshaw et al., 2010, p. 21). For this reason, knowledge translation for Better Beginnings requires an approach that connects researchers and interested community members and allows for meaningful interactions. Such interactions are necessary to ensure community members have a solid understanding of the initiative and researchers have a sufficient understanding of the community context necessary to work with these communities in adopting Better Beginnings principles. To accomplish this, the Better Beginnings Research Group has drawn upon interactive knowledge transfer models and developed a pan-Canadian, bilingual dissemination plan and an accompanying evaluation of the impact of the knowledge transfer activities.

Interactive Knowledge Transfer

In the area of prevention programming, traditional, expert-driven models of knowledge transfer are being replaced by more interactive models in light of evidence that adoption of community prevention programs is often minimal and short lived (Leadbeater, 2010). Interactive models of knowledge translation highlight collaboration and communication between researchers and communities (Blake & Ottoson, 2009). To effectively engage communities, the Research Group has based the knowledge translation activities on the Interactive Systems Framework for Dissemination and Implementation (ISF), an innovative model of knowledge translation developed by Wandersman et al. (2008) in which researchers and communities interact to share information in a way that meets the diverse and varying community needs.

Strategies for engaging communities. Drawing on the ISF, the Research Group uses four strategies for engaging communities and policy makers in learning about Better Beginnings: (a) information, (b) education, (c) networking, and (d) consultation. *Information* is a strategy that involves identifying organizations locally and nationally for whom information regarding Better Beginnings may be useful, and sending notifications about available workshops and resources to inform them of the project and its outcomes. The purpose of this strategy is to increase awareness of the Better Beginnings knowledge transfer activities. *Education* involves actively engaging communities in presentations and discussions of Better Beginnings. This strategy

consists of developing multiple print and digital resources to share information about the program, as well as conducting in-person workshops across Canada. *Networking* consists of connections between interested communities and existing Better Beginnings sites. Members of the Research Group aim to connect interested community members or policy makers with representatives from existing sites to enhance the ability of new communities to adopt Better Beginnings within their own contexts. *Consultation* is closely related to the prevention support system illustrated in the ISF (Wandersman et al., 2008) and involves members of the Research Group providing one-on-one technical assistance and guidance to those interested in starting a Better Beginnings initiative in their community.

Resource materials. A key element of successful knowledge transfer for prevention programming is the development of training materials, resources, and manuals to assist communities in understanding the program and applying it within their own community contexts (Flay et al., 2005). To effectively transfer information about Better Beginnings to communities, the Research Group has developed a *Toolkit for Building Better Beginnings and Better Futures* (Hayward et al., 2011). The Toolkit covers all aspects of developing and implementing the various components of the Better Beginnings model: (a) History and Overview; (b) Developing Your Program Model; (c) Research and Evaluation; (d) Community Resident Participation; (e) Engaging Community Partners; (f) Project Organization and Management; and (g) Working with Government and Other Funders. The Toolkit is accompanied by a shorter Summary document as well as video material for each of the seven topics in the Toolkit (available online or in DVD format). All of these materials are available free of charge on the Better Beginnings website, www.bbbf.ca, or can be purchased in hard copy.

Interactive workshops. Members of the Research Group are currently facilitating Better Beginnings workshops across Canada. These workshops provide an opportunity for facilitators to explain the Better Beginnings model and the outcome research in detail, while also responding to questions about the program and its applicability to local contexts. Workshops involve interactive discussions, presentations by facilitators, and incorporate sections of the Better Beginnings videos. Some community workshop participants have been individuals responsible for providing information and support to educational and community groups across the Province or Territory, so that they can take the Toolkit and videos to these groups in a "train-the-trainer" or "educate-the-educator" model. This allows the Research Group to efficiently disseminate the information across the jurisdiction without facilitators offering numerous and expensive workshops within each area.

Knowledge Transfer for Diverse Audiences

Engaging multiple stakeholders, from community residents to practitioners to policy makers, is a key element of the Better Beginnings initiative. To engage multiple stakeholder groups while ensuring the information presented met the varying needs of differing groups, the Research Group developed two versions of the workshop. A full-day workshop is offered to individuals working at the community level (e.g., residents, community service providers, school staff, etc.) and a shorter, half-day workshop is presented for individuals working at the policy or governmental level. Although both forms of the workshop cover the Better Beginnings model as well as a description of the program outcomes, information presented in each workshop is tailored to the needs of each stakeholder group.

Evaluating knowledge transfer for community audiences. Knowledge transfer efforts are rarely evaluated, so it is difficult to determine whether information is being shared effectively. While it is clear that expert-driven models of knowledge dissemination (e.g.,

conference presentations and academic journals) are considered ineffective for community audiences (Leadbeater, 2010), there is little research examining the effectiveness of interactive knowledge transfer models. For this reason, the Research Group is evaluating the knowledge transfer activities and workshops to assess the quality of the knowledge transfer activities and better understand how participants are applying the information from the workshop in their communities. A mixed methods evaluation has been incorporated with the Better Beginnings knowledge transfer activities. The method involves an initial survey completed by participants during the workshop, and a follow-up phone interview conducted three months after the workshop takes place. The initial survey gathers participants' goals for attending, assesses their prior knowledge of Better Beginnings, and collects feedback on the workshop itself. The three-month follow-up interview asks participants about their community's capacity to enhance prevention programming, how they have used the information about Better Beginnings (if at all), and how they foresee using it in the future. A subsample of participants completing the three month follow-up interviews are engaged in a more in-depth discussion regarding how they have applied the information about Better Beginnings in their community, how resources or support from the Research Group assisted this process, and what contextual opportunities or barriers may impact their ability to incorporate Better Beginnings programs or principles in their communities.

Evaluating knowledge transfer for policy makers. Sharing knowledge with policy makers and government affiliates interested in implementing evidence-based prevention initiatives into policy presents a challenge because while there has been some uptake of research ideas in the development of prevention programs (Guerra, Graham, & Tolan, 2011; Hanney, Gonzales-Block, Buxton, & Kogan, 2003), the uptake of such evidence-based prevention programs into public policy has been very limited. Better Beginnings knowledge transfer activities are currently being evaluated to ensure knowledge is being shared effectively and the challenges identified are being addressed. This evaluation aims to answer two questions: (a) to what degree and in what way has Better Beginnings been used by decision makers three months following a knowledge dissemination workshop? and (b) what are the facilitators and barriers experienced or expected to be experienced by decision makers in adopting a Better Beginnings model in policy development?

A qualitative research design is being used for the evaluation of knowledge transfer activities with policy makers. The data collection method includes a follow-up telephone interview conducted three months following the policy workshop. First, policymakers are asked about the current policy initiatives in early childhood development and prevention for young children that are being promoted in their province. Next, they are asked questions pertaining to different kinds of potential research utilization. Finally, policymakers are asked questions about the determinants of research utilization, including their descriptions of the facilitators and barriers involved in the processes of adopting a Better Beginnings approach. Findings from the full evaluation of knowledge transfer activities will be reported in the future.

Conclusion

The Better Beginnings, Better Futures initiative provides communities with an evidence-based approach for promoting early childhood development in ways that benefit not only children, but also strengthen families and the community as a whole, and reduce costs for the government. The extensive effort that community members, service providers, policy makers, and researchers have dedicated to Better Beginnings has produced highly effective programs and very encouraging results. Twenty years of research evidence demonstrates that Better Beginnings is practical, effective in linking

with existing programs and building upon community strengths, adaptable to unique local contexts, sustainable over time, affordable, and cost-effective. As a result of research findings and the many publications produced by Better Beginnings researchers, the profile of Better Beginnings continues to grow. UNESCO has featured Better Beginnings as an exemplary model in a book distributed to 33 countries (Lesesne, Loomis, & Petrunka, 2010); Canada's National Crime Prevention Centre (2011) includes Better Beginnings in its compendium of "Promising and Model Prevention Programs"; and the PublicHealthAgencyofCanada (<http://66.240.150.14/intervention/550/view-eng.html>) features Better Beginnings as an exemplar of how to prevent children's mental health problems. With this growing interest and continued knowledge transfer activities, we hope to see the Better Beginnings initiative inspire many communities to adopt similar initiatives and thus extend the positive outcomes demonstrated by Better Beginnings to promote wellbeing of children, families, and communities locally, nationally, and internationally.

Conflict of Interest

The authors of this article declare no conflict of interest.

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References

- Blake, S. C., & Ottoson, J. M. (2009). Knowledge utilization: Implications for evaluation. In J. M. Ottoson & P. Hawe (Eds.), *Knowledge utilization, diffusion, implementation, transfer, and translation: Implications for evaluation. New Directions for Evaluation, 124*, 21-34.
- Cameron, G., Peirson, L., & Pancer, S. M. (1994). Resident participation in the Better Beginnings, Better Futures prevention project: Part II – factors that facilitate and hinder involvement. *Canadian Journal of Community Mental Health, 13*, 213-227.
- Cameron, G., Vanderwoerd, J., & Peters, R. DeV. (1995). *Building bridges: Service provider involvement in Better Beginnings, Better Futures* (Technical Report). Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit.
- Erikson, E. H. (1950). *Childhood and society*. New York, NY: Norton.
- Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., ... J. P. (2005). Standards of evidence: Criteria for efficacy, effectiveness and dissemination. *Prevention Science, 6*, 151-175.
- Guerra, N., Graham, S., & Tolan, P. (2011). Raising healthy children: Translating child development research into practice. *Child Development, 82*, 7-16.
- Hanney, S., Gonzalez-Block, M., Buxton, M., & Kogan, M. (2003). The utilisation of health research in policy-making: Concepts, examples and methods of assessment. *Health Research Policy and Systems, 1*(2), 1-28.
- Hasford, J., Loomis, C., Nelson, G., & Pancer, S. M. (2013). Youth narratives on community involvement and sense of community and their relation to participation in an early childhood development program. *Youth & Society*. Advance online publication. doi: 10.1177/0044118X13506447
- Hawe, P., Shiell, A., & Riley, T. (2004). Complex interventions: How "out of control" can a randomised controlled trial be? *British Medical Journal, 328*, 1561-1563.
- Hayward, K., Loomis, C., Nelson, G., Pancer, M., & Peters, R. DeV. (2011). *A toolkit for building better beginnings and better futures*. Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit. Retrieved from <http://bbbfc.ca/ToolkitVideosPDFs/tabid/628/language/en-US/Default.aspx>
- Janzen, R., Pancer, S. M., Nelson, G., Loomis, C., & Hasford, J. (2010). Evaluating community participation as prevention: Life narratives of youth. *Journal of Community Psychology, 38*, 992-1006.
- Karoly, L., Greenwood, P., Everingham, S., Hoube, J., Kilburn, M., Rydell, C., ... Chiesa, J. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions*. Santa Monica, CA: RAND Corporation.
- Leadbeater, B. (2010). The fickle fates of push and pull in the dissemination of mental health programs for children. *Canadian Psychology, 51*, 221-230.
- Lesesne, C. A., Loomis, C., & Petrunka, K. (2010). Modèles de programmes d'intervention auprès de la petite enfance: Définition des problèmes et description des solutions possibles. In C. Acedo, A. Akkari, & K. Müller (Eds.), *L'éducation pour l'inclusion: de la recherche aux réalisations pratiques* (pp. 207-222). Paris: BIE-UNESCO.
- Love, N., Nelson, G., Pancer, S. M., Loomis, C., & Hasford, J. (2013). Generativity as a positive mental health outcome: The long-term impacts of Better Beginnings, Better Futures on youth at ages 18-19. *Canadian Journal of Community Mental Health, 32*(1), 155-169.
- National Crime Prevention Centre (2011). *Promising and model crime prevention programs – Volume II*. Ottawa: Public Safety Canada. Available from http://www.publicsafety.gc.ca/res/cp/res/_fl/2011-ppcp-eng.pdf
- Nelson, G., Pancer, S. M., Peters, R. DeV., Hayward, K., Petrunka, K., & Bernier, J. R. (2005). *Better Beginnings, Better Futures: Project sustainability* (Technical Report). Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit.
- Nelson, G., Van Andel, A. K., Curwood, S. E., Hasford, J., Love, N., Pancer, M., & Loomis, C. (2012). Exploring outcomes through narrative: The long-term impacts of Better Beginnings, Better Futures on the turning points stories of youth at ages 18-19. *American Journal of Community Psychology, 49*, 294-306.
- Nelson, G., Westhues, A., & MacLeod, J. (2003). A meta-analysis of longitudinal research on preschool prevention programs for children. *Prevention and Treatment, 6*, 1-34.
- Pancer, S. M., & Cameron, G. (1994). Resident participation in the Better Beginnings, Better Futures prevention project: Part I – the impacts of involvement. *Canadian Journal of Community Mental Health, 13*, 197-211.
- Pancer, S. M., Cornfield, D., & Amio, J. (1999). *Programs for Better Beginnings* (Technical Report). Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit.
- Pancer, S. M., Nelson, G., Hasford, J., & Loomis, C. (2012). The Better Beginnings, Better Futures project: Long-term parent, family, and community outcomes of a universal, comprehensive, community-based prevention approach for primary school children and their families. *Journal of Community & Applied Social Psychology, 23*, 187-205.
- Peters, R. DeV. (1994). Better Beginnings, Better Futures: A community-based approach to primary prevention. *Canadian Journal of Community Mental Health, 13*(2), 183-188.
- Peters, R. DeV., Arnold, R., Petrunka, K., Angus, D., Brophy, K., Burke, S., ... Warren, W. K. (2000). *Developing capacity and competence in the Better Beginnings, Better Futures communities: Short-term findings report*. Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit.
- Peters, R. DeV., Bradshaw, A. J., Petrunka, K., Nelson, G., Herry, Y., Craig, W., ... Rossiter, M. (2010). The "Better Beginnings, Better Futures" ecological, community-based early childhood prevention project: Findings from Grade 3 to Grade 9. *Monographs of the Society for Research in Child Development, 75*(3), 1-176.
- Peters, R. DeV., Nelson, G., Petrunka, K., Pancer, S. M., Loomis, C., Hasford, J., ... Van Andel, A. (2010). *Investing in our future: Highlights of Better Beginnings research findings at grade 12*. Kingston, ON: Better Beginnings Research Coordination Unit, Queen's University.
- Prilleltensky, I. (2012). Wellness as fairness. *American Journal of Community Psychology, 49*, 1-21.
- Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2002). Age 21 cost-benefit analysis of the Title I Chicago Child-Parent Centers. *Educational Evaluation and Policy Analysis, 24*, 267-303.
- Schraad-Tischler, D. (2011). *Social justice in the OECD – how do the member states compare?* Retrieved from www.bertelsmann-stiftung.de
- Siddiqui, A., Hertzman, E., Irwin, L.G., & Hertzman, C. (2012). Early child development: A powerful equalizer. In J. H. Lee & R. Sadana (Eds.), *Improving equity in health by addressing social determinants* (pp. 115-141). Geneva: World Health Organization, The Commission on Social Determinants of Health Knowledge Networks. Retrieved from http://www.who.int/social_determinants/en/
- Sylvestre, J., Pancer, S. M., Brophy, K., & Cameron, G. (1994). The planning and implementation of government-sponsored community-based primary prevention: A case study. *Canadian Journal of Community Mental Health, 13*(2), 189-195.
- United Nations Children's Fund (UNICEF) (2012). *Inequities in early childhood development – what the data say*. New York: Author. Retrieved from <http://193.108.43.49/content/library/documents/inequities-early-childhood-development-what-data-say-evidence-multiple-ind>
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., ... Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology, 41*, 171-181.