



What works?

Proven approaches to alleviating poverty

SUMMARY OF FINDINGS

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Introduction

Since releasing its first Poverty Reduction Strategy in 2008, Ontario has made major new investments in poverty-related initiatives. These include increases to the Ontario Child Benefit, implementation of full-day kindergarten, new investments in affordable housing units, increases to the minimum wage, skills training, efforts to support vulnerable workers, and a review of social assistance programs.

Now, as it considers options for a new strategy, the province is reviewing new directions other governments are taking to meet poverty reduction goals. The Mowat Centre at the University of Toronto has prepared a report, *What Works: Proven Approaches to Alleviating Poverty*, for the Ministry of Children and Youth Services to help identify and evaluate these trends. The *What Works* report examines poverty reduction initiatives that are generating promising results in key peer jurisdictions including Australia, the United Kingdom and the United States. This Summary Report highlights key findings and recommendations of the more comprehensive study.

The Mowat Centre's report is not an assessment of the current Poverty Reduction Strategy and did not evaluate the effectiveness of existing initiatives within Ontario.

A Note on the Economic and Political Context

Policies and programs that address poverty in Ontario are situated within a unique economic and political environment.

Ontario's economic context poses particular challenges to current poverty reduction efforts. Due to the global recession of 2008, as well as to structural economic shifts, employment opportunities are increasingly part-time and precarious, with reduced job security and benefits, and minimal control over working conditions.¹ Women, racialized communities, newcomers, people with disabilities, and Aboriginal peoples, among others, are more likely to be employed in precarious jobs.² These groups experience poverty in relatively higher numbers and require solutions that are tailored to their unique needs in order to move out of poverty.

In addition, policies and programs at the provincial level are substantially affected by the federal government in Canada. This presents challenges not faced in some other jurisdictions. In particular, the Canadian federal government has a prominent role in income supports and social housing funding. These federal benefits and services form part of the existing framework for poverty reduction. Changes in federal policy, or in levels of funding, may present significant challenges for provinces in their efforts to reduce poverty.

Findings

The *What Works* report explores innovations in poverty reduction efforts by focusing on three areas:

- 1) Innovations in Poverty Measurement
- 2) Programs that Work for Poverty Alleviation
- 3) Supports for Programs that Work

1) Innovations in Poverty Measurement

Measuring poverty helps governments understand not only how many citizens are living in poverty but also whether or not efforts to reduce poverty are working. Poverty has primarily been measured based on income. However, non-monetary indicators, which capture a more multi-dimensional portrait of poverty, are increasingly being used. These indicators are consistent with the lived experience of poverty, measuring areas such as health, education and housing.

The use of multi-dimensional poverty indicators is part of a move towards a ‘client-focused’ or individual understandings of poverty.

Ontario, the OECD, the European Union, United Kingdom, Australia, and other jurisdictions have all developed deprivation indices of non-monetary indicators to improve reliability in identifying the poor and assessing the impact of poverty reduction strategies.³

Non-monetary indicators are also increasingly employed as a guide for allocating resources. For example, in the United Kingdom, the *English Indices of Deprivation* gives a score to local areas based on a number of poverty indicators (such as education level and barriers to housing and services) to better understand local needs and allocate appropriate resources.⁴

In Scotland, a more fully integrated system of local and national indicators is used to measure progress toward national policy goals by tracking outcomes for individuals. The system, *Scotland Performs*, began in

2007 and measures progress on seven national purpose targets using 45 national indicators, which have been created in partnership with local authorities (see case study below for more details).

SCOTLAND PERFORMS Poverty Reduction through Multi-Dimensional Poverty Indicators

Scotland’s seven national purpose targets reside within a ‘national purpose framework’, which seeks to focus public services on “creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth”. Government is responsible for measuring the purpose targets, which include objectives such as ‘Solidarity’ and ‘Cohesion.’ To track progress on these targets, Scotland uses 45 national indicators, created in partnership with local authorities. Detailed, simple language explanations of each indicator—what it means, why it’s important, how Scotland is performing, etc.—are available on the Scottish government website.

Sample of Scotland’s National Indicators:

- Increase the proportion of school leavers in employment or training
- Reduce number of working age people with severe literacy and numeracy problems
- Decrease the proportion of individuals living in poverty
- Increase healthy life expectancy at birth in the most deprived areas

SOURCE: [HTTP://WWW.SCOTLAND.GOV.UK/ABOUT/PERFORMANCE/SCOTPERFORMS/INDICATOR](http://www.scotland.gov.uk/about/performance/scotperforms/indicator)

2) What Works? Programs That Alleviate Poverty

Poverty has no single cause. Different groups face different barriers to economic self-sufficiency. In many jurisdictions, services are increasingly reflecting this reality by supporting individuals based on their specific needs. This client-focused approach emphasizes flexibility in services and service delivery.

Programs are also being increasingly designed to track progress and outcomes at an individual level. This allows for robust program evaluation and continuous improvement. Where strong program design is implemented, governments can make policy decisions based on evidence, and have confidence that their investments are delivering meaningful results.

A review of evidence-based programs around the world indicates there is no shortage of demonstration projects and ongoing programs that are improving outcomes for the poor. This report consulted inventories such as *Blueprints Colorado*, *Coalition for Evidence-Based Policy*, *US National Registry of Evidence-based Programs*, *UK Social Research Unit*, and the *National Endowment for Sciences and the Arts (NESTA)*, among others, to identify the most promising program examples. Programs with Canadian trials were also prioritized for inclusion in the report.

Table 1 provides a high-level summary of the programs researched for this report. The programs are grouped into three categories according to their priority outcome: employment focus, treatment focus, and intergenerational focus.

Key Concept

Evidence-Based Programs

A program is judged to be evidence-based if:

- a) the evaluation research shows that the program produces the expected positive results;
- b) the results can be attributed to the program itself, rather than to other extraneous factors or events;
- c) the evaluation is peer reviewed by experts in the field; and
- d) the program is “endorsed” by a respected research organization and included in their list of effective programs.

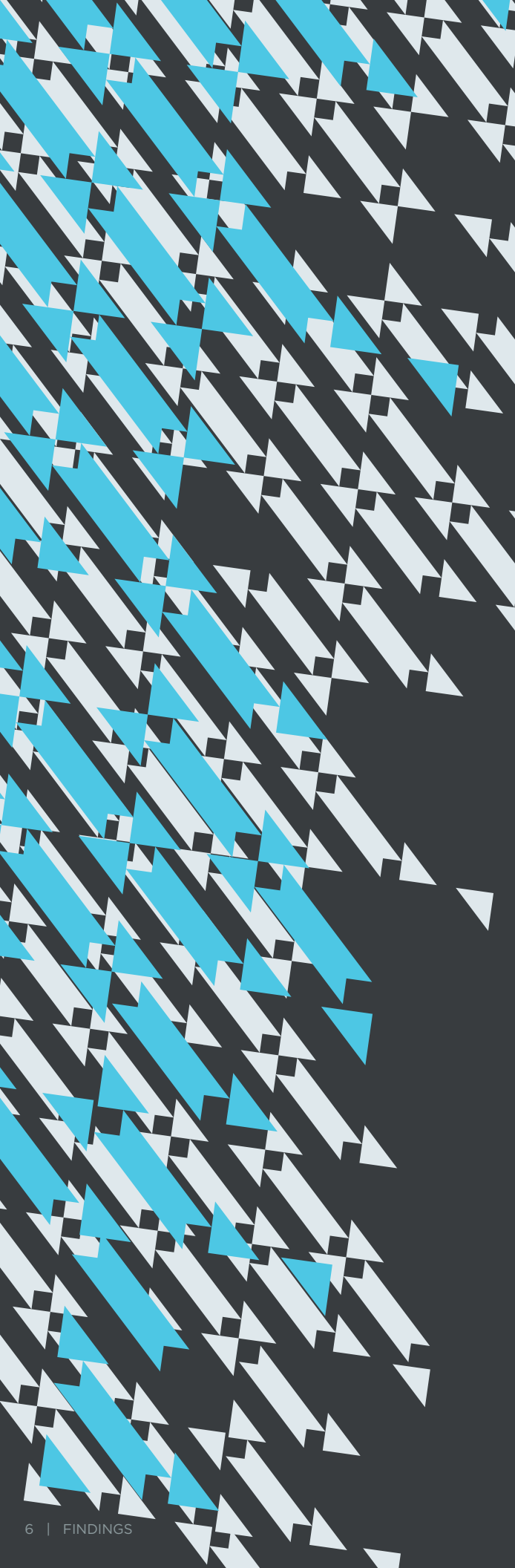
Results of studies using experimental design (quantitative, randomized control trials) are generally considered to be the most reliable form of evidence available.⁵

These categories are not rigid, and many programs have multiple focus points. For example, the Individual Placement and Support Model, targeted primarily at individuals with severe mental illness, prioritizes positive mental health outcomes (i.e. ‘treatment focus’) as much as it does improved employment outcomes (i.e. ‘employment focus’). The purpose of categorization is to simply illustrate some of the broader groupings in a breadth of innovative and holistic programs.

TABLE 1
Program Summaries

Program Categories	Program	Description	Country of Origin
EMPLOYMENT FOCUS	Texas Employment Retention and Advancement	Provides a financial incentive for those leaving 'Temporary Assistance for Needy Families' for work, coupled with job search assistance and post-employment services.	USA
	Earned Income Tax Credit	Earnings supplement available through the income tax system that offsets payroll taxes. Distinguished from other support and tax policies because it is predicated on work.	USA
	Personal Roads to Individual Development and Employment (PRIDE)	Mix of paid work experience, educational activities and job search assistance. Targets 'Temporary Assistance for Needy Families' recipients with work-limiting health conditions.	USA
	Families First	Mix of health, employment and recreation supports for parents and children.	Canada
TREATMENT FOCUS	At-Home/Chez Soi	Housing-first approach for individuals experiencing homelessness and mental health issues.	Canada
	Critical Time Initiative	Supports individuals transitioning from institutions to the community through a case management approach that emphasizes personal and community relations.	USA
	Individual Placement and Support (Dartmouth)	A time-unlimited model that focuses on individual employment preferences, mental health services and rapid job search. Effective for multiple sub-populations.	USA
INTERGENERATIONAL FOCUS	Nurse-Family Partnership	Intensive 3-year home visitation model for low-income, first-time mothers and their families.	USA
	Getting it Right for Every Child	Assigns a 'named person' (e.g., teacher, nurse) for every Scottish child and mandates all services working with children to operate in a collaborative and integrated way.	UK
	Functional Family Therapy	Family-based therapeutic program for delinquent youth. Range of behaviour change interventions are individualized and targeted based on the profile of each family.	USA
	Evidence2Success	Engages public systems and local community members in implementing evidence-based programs that lead to better developmental outcomes for children and youth.	USA
	Communities That Care	Employs a public health approach to implement a community-led prevention strategy addressing problem behaviours in youth.	USA
	Children's Ground	A place-based approach, guided by evidence to deliver high-quality well-being and learning services to children in disadvantaged aboriginal communities.	Australia

PROGRAMS FROM TABLE 1 ARE EXPLAINED IN MORE DETAIL IN THE APPENDIX.



Though the programs in Table 1 target various populations and diverse outcomes, they share three important common elements:

- Use of rigorous needs-based assessment tools to identify barriers to employment and treatment needs so corresponding services can be offered quickly;
- Strong referral systems and links between support agencies to provide a tailored package of services to help individuals overcome multiple challenges; and,
- Strong program design and evaluation to accurately track progress of new programs and approaches over the status quo, usually through randomized assignment design.

These three program elements make the programs in Table 1 ‘work’. For an example of how rigorous, needs-based assessment tools have led to better employment outcomes, see the PRIDE case study in the Appendix.

GETTING TO PROGRAMS THAT WORK: IMPLEMENT A PROVEN PROGRAM OR BUILD YOUR OWN

The number of evidence-based programs that have improved outcomes for individuals in poverty is growing rapidly. Governments now have the opportunity to test a program or approach that has been proven in other jurisdictions. Implementing proven programs can offer a faster, more reliable approach to piloting and structuring evidence-based programs, which can then be scaled or replicated more widely. Frameworks such as Evidence2Success (see Appendix) can also be used to guide program design and choose high-quality proven approaches to complement existing services.

Many poverty programs have been rigorously tested in multiple locations (and/or with multiple sub-populations) and rank highly on inventories of evidence-based practice. These programs often include detailed implementation handbooks and common assessment and evaluation tools to guide decision-makers and practitioners through every step of the process. For example, the Nurse Family Partnership (see Appendix)

provides a detailed, visit-by-visit guide, which helps nurses track progress on issues such as dietary intake, reducing cigarette, alcohol, and illegal drug use, and also helps to identify symptoms of pregnancy complications and signs of children's illnesses.

Governments are also building evidence-based programs at home. In most cases, efforts to build strong program design into existing human and social services begin as pilot projects. This 'build-your-own' approach offers policy makers an opportunity to start small and work with local communities to build on their existing skills and knowledge. It also requires development of common approaches across service delivery partners and ensuring strong program design will lead to robust evaluation.

Building a demonstration project in this way can be a lengthy process and engagement with local communities and refinement of program options may take years. In Scotland for instance, the government began its Getting It Right for Every Child program (see Appendix) as a pilot in 2004, and has just recently begun to expand the program to the national level. Overall, however, the 'build-your-own' approach can offer an avenue to more tailored programming.

SERVICES INTEGRATION

Programs that work for poverty reduction require a certain degree of collaboration across organizational boundaries in order to deliver holistic, client-focused supports. Investments in integrated service structures can help governments and community providers offer wrap-around services including early interventions and prevention programs for individuals at risk of poverty. Though services integration can be challenging, better collaboration among various departments and agencies (for example, combined funding arrangements that help align incentives and improved information sharing that provides a fuller picture of the individual) allows for more coordinated and effective efforts in addressing client needs.

Furthermore, in adopting integrated services structures, some governments are also achieving greater efficiency through consolidated IT systems and frontline procedures that reduce duplication, move people through the system more quickly, and ultimately free more resources for more complex-needs cases.⁶

3) Supports for Programs That Work

Supporting programs that work for poverty alleviation requires a good evidence infrastructure to better understand and test innovative solutions. New forms of funding and capital that promote sustainability of new programs and take away some of the risk for governments is also necessary, especially in times of fiscal restraint.

INFRASTRUCTURE SUPPORT FOR EVIDENCE-BASED POLICY

Implementing evidence-based programs requires knowledge of local experiences of poverty on an ongoing basis, as well as an ability to communicate and partner with program providers and experts to identify the most promising programs for particular areas or populations. And while governments and communities may have a strong desire to implement promising programs, supportive structures that help trial different models and disseminate knowledge are often lacking.

Table 2, next page, illustrates some of the promising international examples of supports that governments in other jurisdictions are developing to bridge the knowledge-practice gap.

TABLE 2

International Examples of Infrastructure Supports for Evidence-Based Policy

Support Types	Examples
<p>SOCIAL POLICY INSTITUTES Focus on advancing evidence in the policy-making process and actively targeting decision makers.</p>	<p>WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY (WSIPP)–USA Created by the state legislature to inform policy decisions in 1983, WSIPP’s most influential offering is its <i>Return on Investment</i> report, which evaluates evidence-based policies and generates accessible cost-benefits analyses. Report recommendations have led to improvements in the crime and juvenile arrest rates, decreasing incarceration rates, and a biennial savings of \$1.3 billion.⁷</p>
<p>LOCALLY-FOCUSED SUPPORT CENTRES Research institutes with a specific mission to help build local evidence and the capacity to design appropriate community-level solutions.</p>	<p>WHAT WORKS CENTRES–UK The UK is launching a network of four independent centres, which will focus on crime reduction, local economic growth, ageing and early intervention. The centres will: undertake systemic assessment of evidence; translate evidence into a ‘common currency’ to facilitate comparison of effectiveness and cost; produce actionable synthesis reports; and share findings with local government decision-makers and practitioners.⁸</p> <p>THE NEW YORK CITY CENTER FOR ECONOMIC OPPORTUNITY (CEO)–USA CEO works with City agencies and the federal government to implement evidence-based, anti-poverty initiatives in New York City and partner cities across the USA. CEO has created an Office of Financial Empowerment, implemented and tested numerous evidence-based approaches to poverty alleviation and developed more accurate measures of poverty. In 2011, CEO received a Federal Innovation Fund grant to replicate its most promising programs in New York and seven other urban areas around the country.</p>
<p>GOVERNMENT BODIES In-house shops that ensure rigorous evaluation and research flow to decision-makers and the public.</p>	<p>THE PRODUCTIVITY COMMISSION (APC)–AUSTRALIA Informs the national policy making process through various research and evaluation projects across social and economic policy areas. The APC was formed by an Act of Parliament, led by a federally appointed chair and commissioners, and is supported through its own budget stream. The Commission relies on a multi-method approach to produce the best evidence, including Randomized Control Trials (RCTs), experiments, regressions analysis and case studies.</p>

Key Concept

Social Finance

“An approach to mobilizing private capital that delivers a social dividend and an economic return to achieve social and environmental goals. It creates opportunity for investors to finance projects that benefit society and for community organizations to access new sources of funds.”⁹

NEW FUNDING MODELS AND CAPITAL

New forms of capital and funding models, often based on social finance principles, are also emerging to promote program sustainability and self-sufficiency. These models not only provide increased funding stability to community organizations that deliver the programs, but also offer governments an opportunity to mitigate risk when implementing new, innovative approaches.

The following three examples illustrate how governments and communities are working together with **positive reinvestment cycles**, **social impact bonds** and **social innovation funds** to arrive at better outcomes and achieve scalability:

Positive Reinvestment Cycles

Use a social finance process to raise start-up funds, invest funds in proven programs and divert outcome gains into more preventative and early intervention measures. The key objective is to increase self-sufficiency of community or pilot projects. See the Evidence2Success case study in the Appendix for an example of positive reinvestment cycles in action.

Social Impact Bonds (SIB)

Offer a means for government to invest in innovative solutions while limiting risk. How it works: government contracts a SIB provider to offer a particular service, and the provider is then responsible for raising capital through private or philanthropic investors. The investors receive the initial investment back, plus a return if agreed-upon outcomes are achieved. SIBs are particularly useful for testing replication or scaling for programs with solid evidence.

Social Innovation Funds

Created by government, social innovation funds mobilize public and private resources to find and grow community-based not-for-profits and municipal leadership with evidence of strong results. This funding approach is conducive to testing new and promising program innovations. A good example of Innovation Funds in practice is The Federal Social Innovation Fund (USA). The fund generates a 3:1 private-public match, sets a high standard for evidence, empowers communities to identify solutions, and creates an incentive for grant-making organizations to target funding more effectively to promising programs in issue areas such as economic opportunity, healthy futures, and youth development.

SKILLS FOR PROGRAMS THAT WORK

Jurisdictions are fostering a range of new skills to adopt the client-focused, evidence-based programs discussed in this report. From advanced modelling techniques to unearth patterns of need, to implementation of randomized control trials, to effective management of the new risks and roles required for outcomes funding, a wide spectrum of new competencies is needed. Steering the public service towards these skills will require significant change management efforts. Strong leadership, collaboration and building on existing assets, staff engagement, and guidance will be crucial to supporting the transformation.

Recommendations for Ontario

As Ontario moves toward a new Poverty Reduction Strategy, it should consider the following key recommendations, which emerge from this inter-jurisdictional scan on useful innovations, proven programs, and approaches to alleviating poverty.

1) Measure

FOCUS ON NEEDS-BASED SUPPORT

Ontario should consider how it can construct programs and organize service delivery based on client needs. In-depth assessment tools like standardized surveys and rigorous needs-based screening are increasingly used and integrated across communities and social service providers in other jurisdictions.

EVALUATE ONTARIO'S PROGRAMS

Programs and services are often measured by budgetary success on inputs (human resources) or outputs (expenditure) with limited focus on whether the outcomes for individuals are improved. In order to best support individuals and families and help lift them out of poverty, the Province should focus on rigorously evaluating the outcomes of key programs.

2) Innovate

ESTABLISH A "WHAT WORKS" CENTRE

These supportive centres produce and disseminate research to local decision-makers transparently and independently from government, supporting them in investing in services that deliver the best outcomes for citizens and value for money for taxpayers.

EARMARK FUNDS FOR INNOVATION

Ontario should consider a targeted pool of funding or an innovation awards scheme to trial and scale promising solutions to priority challenges. A targeted pool of funding for promising programs could also provide the impetus municipalities and regional jurisdictions need to invest in these programs.

COORDINATE AND INTEGRATE SUPPORTIVE SERVICES

The Province should consider how stronger ties within human services and between human services and other support structures like employment could enable more innovative and customized services to address individual's needs. Advances in technology and approaches to client-focused services should be explored to ensure a cost-effective approach to integration.

DEPLOY PILOTS FOR PROMISING APPROACHES

Many of the promising programs and approaches reviewed in this report were developed as demonstration projects or pilots. Ontario should consider moving forward with a few pilots in key areas of need and for populations at greatest risk of poverty in Ontario in the short-term in order to have results and evidence with which to build future strategies in coming years.

CONSIDER NEW FORMS OF CAPITAL AND POSITIVE REINVESTMENT PILOTS

Through their prevention and early intervention-focused programs, SIBs, positive reinvestment cycles and other alternative financing and social investment models offer positive returns in both outcomes and expenditure within less than a decade, making it possible to begin sustainably addressing large-scale challenges.

3) Partner

EMPLOY A COMMUNITY-BASED APPROACH

There is growing support for the notion that complex social problems are best addressed through coordinated local level interventions. In particular, the Province may wish to explore supported devolution in areas where strong community integration exists and build an Ontario-based approach for replication from there.

EXPAND PARTNERSHIP OPPORTUNITIES WITH THE FEDERAL GOVERNMENT

The choices made by the Government of Canada have major impacts on poverty in Ontario and affect the choices available to the provincial government. Ontario should consider partnering with the federal government on poverty reduction initiatives and supports.

ENSURE POVERTY INDICATORS ARE LINKED TO INDIVIDUAL OUTCOMES

Poverty targets and indicators are increasingly linked to program outcomes and impact indicators at the local, community and individual client level. Ontario should consider how it might better partner with communities to agree to poverty reduction strategies, programs and, importantly, targets that inform the Province's strategy.



Appendix

Programs that ‘Work’: Case Studies

Employment Focus Programs

THE EARNED INCOME TAX CREDIT (EITC)–USA

EITC is an earnings supplement available through the income tax system in the United States that offsets payroll taxes. It is targeted to low-income workers raising children and is distinguished from traditional family support and tax policies in that it is predicated on work. The EITC is claimed solely by filing a tax return and it is refundable, meaning that the amount of the credit is not tied to one’s federal income tax liability.¹⁰ Given its favorable employment incentives and ability to target the working poor, the EITC is recognized as the primary antipoverty program at both the federal and state levels. EITC has significantly increased income among poor families, lifting approximately 6.6 million people out of poverty nationally in 2011 alone and contributing to substantial increases in employment among single mothers.¹¹

TEXAS EMPLOYMENT AND RETENTION ASSESSMENT PROJECT (ERA)–USA

Several studies have shown that programs that provide financial incentives to supplement earnings, in combination with services, can promote employment retention among low-wage workers.¹² The Texas ERA was launched to test the effect of financial incentives on employment for low-income workers. To encourage employment retention and advancement, the program provided job search assistance, pre- and post-employment case management, and a monthly stipend of \$200. Results showed that employment and earnings of individuals in the program group increased relative to those in the control group. The economic effects of the program lasted into the final year of the study’s follow-up period (the fourth year), well beyond the period during which the incentive was offered.

PRIDE–USA

PRIDE is a large-scale welfare-to-work program for recipients with work-limiting medical or mental health conditions that prevent them from participating in regular welfare-to-work activities, but who are not eligible for federal disability benefits. Unlike similar employment services, PRIDE ensures recipients are assigned to activities that take into account their medical condition. Better outcomes are achieved as a result of a highly specialized assessment process (lasting 60 days in total), which includes tests of adult basic education, medical evaluations, functional assessments as well as other screening and referral tools. As a result, over the course of its trial, PRIDE demonstrated statistically significant increases in employment, which were sustained for at least four years.

FAMILIES FIRST–CANADA

Families First is an intensive case management initiative for sole support families on social assistance in Peel Region, Ontario that provides additional physical, emotional and psychological health supports, as well as employment services, and community recreation options.

- Family First participants are 1.3 times more likely to exit social assistance compared to Ontario Works counterparts over a 24 month period.
- 55 per cent decrease in hospital admissions and days spent in hospital while usage of those in the Ontario Works cluster remains the same.

Parents in Families First report no changes in children’s use of health services, while usage by children of those in the Ontario Works cluster increases by 20 percent from entry to exit.

Treatment Focus Programs

AT HOME/CHEZ SOI–CANADA

At-Home/Chez Soi provides access to both permanent and independent housing through rent subsidies and mental health support services offered by community teams. It provides a range of supports directly to individuals living in the community (e.g. recovery and wellness services; peer support; integrated mental health and addictions supports). Services and crisis coverage are available 24 hours a day, 7 days per week. According to the most recent study results released in August 2012:

- Nation-wide, 86 per cent percent of participants remained in their first or second unit (as of August 2012).
- A year into the program, those in the Housing First intervention had spent an average of 73 per cent of their time in stable housing, while those in the Treatment As Usual group spent 30 per cent of their time in stable housing.
- Early results show that once housed, a number of participants are beginning to pursue education and employment opportunities.

For every dollar spent on the Housing First intervention, there is a savings of 54 cents through reduction in other shelter and health care services. For ‘high-users,’ the net savings accrue to \$1.54.

CRITICAL TIME INTERVENTIONS (CTI)—USA

CTI is a 9-month case management model, designed to prevent homelessness in people with mental illness following discharge from hospitals, shelters, prisons, and other institutions. CTI combines psychosocial supports with timing-specific service delivery, ensuring a continuity of support for individuals transitioning from institutional care to community living. CTI has been identified as a 'Top Tier' intervention by a panel of experts at the *Coalition for Evidence-Based Policy*. Since 1993, when the program was first developed, CTI has been replicated many times across the USA since and has recently been adapted to help serve the needs of homeless families or those facing a risk of homelessness. CTI has been proven to reduce the likelihood of being homeless by 60 per cent in the final weeks of an 18-month follow-up.

INDIVIDUAL PLACEMENT AND SUPPORT (IPS)—USA

Steady, rewarding work is an important part of treatment for those experiencing mental illness. Yet, too often, the willingness of people with severe mental illness to work is overlooked or challenged by false assumptions about their abilities. IPS is a proven method of helping people experiencing severe mental illness enter the competitive labour market. When tested against traditional vocational rehabilitation programs (e.g., group skills training, brokered vocational services, transitional employment programs), it has proven nearly three times as effective in increasing the number of hours worked.¹³ IPS is carefully defined by a 25-point fidelity scale and has been rigorously tested using randomized assignment design in rural, urban and international settings. In a literature review¹⁴ of 11 IPS studies employing randomized control trials in the USA, researchers found that:

- The average competitive employment rate was 61 per cent for IPS compared to 23 per cent for controls.
- Days to first competitive job was on average 50 per cent faster for IPS compared to controls
- Follow-up studies show that those in IPS programs "tend to increase or maintain employment outcomes for 4-12 years."¹⁵

Intergenerational Focus Programs

NURSE FAMILY PARTNERSHIP (NFP)—USA

NFP seeks to break the cycle of poverty by providing intense one-on-one supports to low-income mothers during the critical early years of their child's life.¹⁶ Through the establishment of a therapeutic relationship, nurses provide support and life coaching, review preventive health and prenatal practices, guide clients through system navigation and engage in health education and discussions of child development and parenting.

- 20 per cent less time spent on welfare. 19 per cent fewer subsequent births.
- 61 per cent fewer self-reported arrests. 72 per cent fewer self-reported convictions.
- Girls in the nurse-visited group had fewer children and were less likely to have received Medicaid than girls in the control group

Over the past three decades, the NFP has been tested in three large US-based randomized controlled trials and adopted internationally.¹⁶ It is ranked as a top-tier program by both the *Coalition for Evidence Based-Policy and Blue Prints*. Independent analyses by other institutions also demonstrate that NFP produces a positive return on investment. A recent model estimated a benefit-cost ratio for NFP of 6 to 1.

GETTING IT RIGHT FOR EVERY CHILD (GIRFEC)—SCOTLAND

Scotland's GIRFEC policy is based on a standardized framework and common assessment tools, which all child services agencies, including schools and community non-profits, are using to build a comprehensive view of the needs of a child. Because of the standardized nature of the tools, the process ensures that no matter where children or families are first received (e.g. a hospital, the school or police), they will obtain consistent service that gets them the help they need as quickly and efficiently as possible. Through GIRFEC, each child is also assigned a dedicated "lead professional" at birth, who is responsible for ensuring the child receives appropriate help tailored to his or her particular circumstances. This ambitious policy, which began as a pilot in 2004 and is now being scaled across the country, is showing reduced demand for social work services and a reduction in cases of children slipping through cracks of a previously siloed system.¹⁷

FUNCTIONAL FAMILY THERAPY (FFT)—CANADA

FFT is a short-term, family-based therapeutic intervention for delinquent youth at risk for institutionalization and their families. FFT is designed to improve within-family attributions, family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behaviour. Parenting skills, youth compliance, and the complete range of behaviour change (cognitive, emotional, and behavioural) domains are individualized and targeted for change based on the specific risk and protective factor profile of each family. Over 38 years, FFT has demonstrated improvements with difficult-to-treat adolescents and their families in a range of settings and delivery sites:

- Re-offense: FFT families show significant improvement compared to no treatment and alternative treatment groups in rates of re-offense and recidivism, juvenile court records of siblings of targeted youth, and recidivism among serious delinquent youth.
- Behaviour modification: Youth show improvement in life domain functioning, behavioural/emotional needs, and child risk behaviours (suicide risk, self-mutilation, sexual aggression, running away, delinquency, fire setting).

EVIDENCE2SUCCESS (E2S)–USA

E2S is a framework, currently in testing in two communities in the UK and USA, for engaging local authorities and community members in selecting and implementing evidence-based programs that lead to better developmental outcomes for children and youth. As start-up funding is collected through a social finance process (in the US test site of Rhode Island, it totalled \$300K¹⁸), stakeholders are brought together to build a shared vision of how improvements will be achieved. At the same time, a fund-mapping process is initiated to assess local expenditure and determine what resources could be further diverted to prevention activities. In Rhode Island, 1 per cent of the \$55 million in public expenditure will be shifted to investments in preventative programs.¹⁹ Evidence-based programs with strong histories of success, and particularly those that focus on early interventions and prevention, are then selected for implementation. Results and gains from these programs are tracked through a separate 'Bank' mechanism, and finally reinvested in other preventative services. Through this 'positive re-investment cycle', E2S communities are expected to become self-sustaining within a five-year period.

COMMUNITIES THAT CARE (CTC)–USA

CTC employs a public health approach to implement a community-led prevention strategy addressing problem behaviours in youth. It has been replicated in over 600 communities world-wide since its inception in the mid-1990s.²⁰ CTC is an approach for adopting a selection of evidence-based programs, rather than an example of a discreet program for intergenerational poverty alleviation. The approach sets up a community coalition made up of local leaders and residents and delivers six training workshops to its members to support critical project points, including data collection, needs assessment, program selection and evaluation. The most significant CTC analysis tracked grade five students over a period of four years in 24 communities across seven US states and demonstrated:

- a significant decline in problem behaviour (smoking, drinking, violence etc.) and a \$5.30 ROI per participant.
- for an investment of \$991 per participant over the five year period, total benefits accrued to \$5250, with \$671 accruing to each participant, \$2173 to taxpayers and \$2405 to general public.²¹

CHILDREN'S GROUND–AUSTRALIA

Children's Ground, currently under development in two communities, is a place-based approach, guided by significant evidence to deliver high-quality well-being and learning services to children in disadvantaged aboriginal communities. The initiative is guided by evidence and leading practice for improving children's outcomes, but also acknowledges the value of each community's unique perspective and experience that ought to contribute to developing locally-tailored solutions. Children's Ground places significant emphasis on financial independence. Using a collective social investment model, the initiative has collected 50 per cent of its funding from the community through the Gundjeihmi Aboriginal Corporation, which itself acts as a vehicle to collect, disburse and invest funds on behalf of the local residents. The remaining required funds are being generated through social investment of roughly 20 to 30 philanthropists, social investor syndicates, and corporations, with state and national governments together contributing around 22 per cent.²²

Endnotes

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The Mowat Centre is an independent public policy research centre located at the School of Public Policy & Governance at the University of Toronto. The Mowat Centre is Ontario's non-partisan, evidence-based voice on public policy. It undertakes collaborative applied policy research, proposes innovative research-driven recommendations, and engages in public dialogue on Canada's most important national issues.

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