

*Evaluation of the  
Healthy Beginnings Enhanced Home Visiting Program*



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*Finding the solution is simple when you know how*

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# Executive Summary

## Introduction

The Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings EHV) is one of four key program areas in Nova Scotia funded through the federal Early Childhood Development Initiative (ECDI). The ECDI was announced in 2001 in response to overwhelming evidence about the importance of early childhood development as a determinant of health.

The Healthy Beginnings EHV Program, encompassing a population health approach, was launched in June 2002 as an enhancement to Public Health Services' pre-existing perinatal programs and services. The Program provides universal screening and in-depth family assessment, and is grounded in evidence and best practice and relevant to the Nova Scotia culture. The objectives of the Program are to:

- Promote the optimal level of physical, cognitive, emotional and social development of all children in Nova Scotia;
- Enhance the capacity of parents to support healthy child development;
- Enhance the capacity of communities to support healthy childhood development; and
- Contribute to a coordinated, effective system of child development services and supports for children and their families.

This evaluation was completed in the Western Shared Service Area of Nova Scotia (South Shore, South West and Annapolis Valley) and focused on answering the following evaluation questions:

- To what extent are the Program's outcomes (parenting capacity) being achieved? If these shorter-term outcomes are not being achieved, why not?
- To what extent are mid-term outcomes (parenting practices) improving as a result of the Program? If the mid-term outcomes are not being achieved, why not?
- Are families experiencing progress towards their goals?

## Methodology

Four data collection methods were used in this evaluation including focus groups and stories with families of the Program, a story sharing session with providers of the Program, a survey with families entitled the *Family Outcomes Survey*, and analysis of existing data collected through the Nursing Child Assessment Satellite Training (NCAST) Feeding Scale. This report provides a compilation of the findings from these four data collection strategies.

# Key Findings and Conclusions

## ❖ Short Term Outcomes

The short term outcome of the Healthy Beginnings EHV Program assessed through this evaluation is *enhanced capacity of families to support healthy child development* which encompasses: increased confidence, knowledge, and skills regarding parenting and care of infants and young children; reduced parental stress; and increased use of available supports.

The findings reveal that the Healthy Beginnings EHV Program has provided a wealth of practical information and hands-on resources and supports to build parenting knowledge and skills, which contributes to the Program's success. The strength-based and family-centered approach recognizes families' abilities and unique contexts, and uses a positive and non-judgmental approach to build capacity. The result has been enhanced knowledge and skills in many areas such as growth and development, using positive discipline, child learning, safety, and healthy eating. In addition, families are more engaged with their children including reading to them, making toys and playing with them, and telling them stories.

In addition to building knowledge and skills, the Healthy Beginnings EHV Program has increased families' confidence to parent their children. The Program recognizes that supporting parents is critical to supporting children, and through a non-judgmental approach and supportive environment, parents become aware of their strengths and gain confidence to parent. The commitment and accessibility of providers, and their respect for each family's strengths and needs helps to build a trusting and safe relationship, which is critical given the extremely challenging circumstances faced by many of the families.

Families have gained confidence not only in parenting and feeling good about raising their children but also in their ability to advocate for their children and themselves. After participation in Healthy Beginnings EHV, parents were more confident and able to seek out information and resources for their children and family in the broader community. The increased confidence in families has also translated into enhanced self esteem and feelings of independence, which has motivated some to further their education and enhance their employment opportunities.

Most of the families in the Healthy Beginnings EHV Program are facing significant life stressors such as poverty, unemployment, lack of education, abusive relationships, children with development delays, etc. Therefore the Healthy Beginnings EHV Program aims to enhance families' abilities to cope with and manage stress. The findings reveal that families are better able to cope with the stress in their lives including enhanced patience in interacting with their children, greater ability to deal with difficult situations, and reduced anxiety about parenting. The Program has helped couples and families to better cope with stress, and interact and communicate in a positive way to build healthier relationships.

The Healthy Beginnings EHV Program has linked families to a variety of community programs and services. Through the Program many families have expanded their social support networks and decreased feelings of isolation. This coordinating and linking has also had

benefits for the greater community as relationships between various organizations and providers have been built. This is the foundation for enhanced collaboration between diverse programs and services, and the building of system level capacity to support healthy child development.

### ❖ **Mid-term Outcomes**

The mid-term outcome assessed through this evaluation is *more supportive parenting practices*. This outcome includes: increased duration of breastfeeding, age-appropriate infant and child feeding, enhanced parent-child interaction, reduced exposure to tobacco smoke, age appropriate discipline, increased home literacy activities, and preventive health practices and services.

The findings reveal that parenting practices have improved as a result of the Healthy Beginnings Enhanced Home Visiting Program. It appears that parents are applying the knowledge and skills they have learned through the Program to provide greater support to their families. Some examples include: enhanced parent-child interaction, using positive and age appropriate discipline strategies, increased home literacy activities such as reading with their children and telling their children stories, ensuring a safe environment for their children including keeping them away from second hand smoke, and increased preventive health practices such as healthy eating. It also appears that some mothers may be breastfeeding their children for longer periods of time.

### ❖ **Progress Towards Goals**

A key feature of the Healthy Beginnings EHV Program is its strength-based and family-centered approach. Part of this approach includes families identifying goals or topic areas to work on through the Program. The findings reveal that families are experiencing progress towards their goals with the majority indicating they were more successful than anticipated at achieving their goals. Families' goals addressed a range of areas including child development, behaviour and discipline, social determinants of health (e.g., parental education, income, housing, employment), emotional issues (e.g., stress, anxiety, self esteem, depression), parenting skills, healthy relationships, child care needs (e.g., toilet training, safety, scheduling), child learning, and feeding.

### ❖ **Additional Findings**

As previously described, the evaluation was focused on specific outcomes, however, the findings revealed additional outcomes of the Program. The Healthy Beginnings EHV Program has not only supported families in achieving short and mid-term outcomes outlined in the evaluation framework, it has also resulted in additional outcomes. These additional/unanticipated outcomes are described below:

- The non-judgmental and supportive environment provided by staff, coupled with the strength-based and family-centered approach, is a model of support that appears to fully engage families. Participants experience not only increased confidence to parent but also growth in all areas of their life and increased motivation to provide optimal care

and support for their children and families. The staff have embraced the model and its principles providing nurturing support that helps to affirm families' experiences, provide reassurance and build capacity.

- Staff of the Program have experienced personal growth through their participation in the Healthy Beginnings EHV Program. Key features of the model such as the family-centered and strength-based approach, being non-judgmental and flexible, goal setting, facilitating linkages, and providing practical and emotional support have been embraced by staff and recognized as valuable in working with and supporting families. Staff have learned from the families they have worked with, and reflected upon and enhanced their practice, particularly in applying a population health approach. Networking and sharing between staff has contributed to building capacity and helps to facilitate effective practice. This reflective practice and enhanced capacity among staff has contributed to their success in addressing the social determinants of health, which can be applied beyond the Healthy Beginnings EHV Program.
- The findings illustrate that the Program is helping to address and improve the mental health of some families. This has included helping families to become more connected to other families and the community, thus decreasing feelings of loneliness and isolation. It has also helped families, and particularly women, with depression – through addressing mental health issues directly and/or referring families and individuals to appropriate services and resources. Some women shared how the Program was instrumental in helping them to improve their mental health which has had a positive impact on the health of their child/children and family.
- In addressing the social determinants of health, a holistic and collaborative approach is required and Healthy Beginnings EHV works with an array of organizations and providers from various government departments and community organizations across sectors (e.g., community services, education, justice). The findings highlight the importance of this system approach and building capacity across organizations to effectively support healthy child development and impact outcomes such as improved physical, cognitive, emotional and social development of children.

## ❖ **The Social Determinants of Health**

As a key determinant of health, early child development and government investment in the early years provides one of the greatest potentials to reduce health inequities and optimize children's social/emotional, cognitive/language and physical development. The Healthy Beginnings EHV Program encompasses a population health approach and considers the determinants of health in working with families including income and social status, education, personal health practices, social support networks, supportive physical and social environments, and gender. The findings illustrate how the Healthy Beginnings EHV Program is both addressing the determinants of health as well as impacting these determinants.

*Income and Social Status:* The Healthy Beginnings EHV Program has supported the building of confidence, knowledge and skills related to parenting among families who face challenges such as having low incomes and social status. In some cases the support provided through the

Program has had direct benefits on participants' income and social status – enabling participants to meet basic needs in terms of accessing nutritious food and income support. Further, through the confidence they have gained, some participants have greater independence and self worth, positively contributing to their social status.

*Social Support Networks:* The Healthy Beginnings EHV Program has helped to build social support networks for families, many of whom face isolation in their communities for a variety of reasons (e.g., lack of transportation, isolation due to living in rural and remote locations, isolation due to a lack of social support, etc.). The Program has connected families to community resources and providers as well as peers, and these extended social networks have been instrumental in building families' parenting capacity.

*Education and Employment:* As previously described, participation in Healthy Beginnings EHV has improved participants' confidence and enhanced their self esteem and self worth. For some, this has translated into furthering their education and enhancing employment opportunities.

*Social Environments:* Through the supportive approach of the Healthy Beginnings EHV Program, families experience positive reinforcement for their interactions with their children as well as within the family unit. Relationships with their children, partners, other family members, and community organizations and providers have been enhanced through the Program.

*Personal Health Practices and Coping Skills:* The Healthy Beginnings EHV Program has helped to improve coping skills of families, particularly the ability to more effectively handle stress and deal with challenging situations that many are facing. In some cases personnel health practices have improved, such as healthy eating and ensuring a safe environment for children.

*Health Services:* The Healthy Beginnings EHV Program has helped to connect families to the broader community, and other organizations and providers. This has resulted in improved access to some programs and services. In addition, through the confidence that families have gained, they are better able to advocate for themselves which further increases their access to health services.

*Gender:* The Healthy Beginnings EHV Program addresses the context of women's lives and the realities they are dealing with in their lives (e.g., fear of child apprehension, the role of mothering and blame, etc.). By addressing such issues and helping to build women's capacity to overcome being marginalized because of these issues, the Program is addressing gender as a determinant of health.

## Recommendations

### ❖ **The Program should continue to be implemented and funded**

The evaluation illustrates that the Program is meeting its outcomes in supporting healthy child development. The Program is effectively supporting families to build their knowledge and skills to care for their children and improve parenting practices. The Program is also effectively reaching families in challenging circumstances and helping to build self esteem, decrease stress, connect families, and address social determinants of health such as education, employment, etc. Therefore, the Program should continue to be implemented and funded.

### ❖ **Maintain the integrity of the Program through implementing and monitoring provincial program standards**

This evaluation reveals that some of the standards that guide the development and implementation of the Healthy Beginnings EHV Program have contributed to its success. These standards are related to: a family-centered, strength-based approach; frequency and intensity of home visits; core training and ongoing professional development; a team approach; and working with partners. Other standards such as ensuring a prenatal component for the Healthy Beginnings EHV Program need to be reviewed and further explored. To maintain the integrity of the Program, it is recommended that provincial program standards be maintained and monitored.

### ❖ **Explore opportunities to expand supports to families**

The evaluation indicates that families are interested in additional supports such as: coming together to network and share; access to longer term support; access to support through a phone-line; more frequent visits for families in greater need; a prenatal component to the Program; and further engagement of fathers. In addition, opportunities to further market the Program and make it available to a wider range of families could be explored.

### ❖ **Support Program staff competencies through professional development and capacity building opportunities**

The evaluation findings reveal that Program staff are providing effective support for families. Staff competencies in the areas of: a family-centered, empathetic, strength-based, non-judgmental approach are critical to the success of the Program. Therefore, it is recommended that all staff receive core training and professional development, and opportunities to share and learn from one another to develop the competencies required for this Program, as identified in the Provincial Program Standards.

### ❖ **Link to existing work and strategies**

Supporting healthy child development requires collaborative action. Organizations and individuals from many sectors must work together to effectively address the range of factors that impact healthy child development (e.g., transportation issues, access to services from multiple providers and organizations such as mental health, justice, community services, etc.). It is recommended that the Program link to ongoing work and strategies (specifically the Nova Scotia Child and Youth Strategy) in order to build system capacity and ensure a coordinated, efficient and effective system of early child development.

### ❖ **Use diverse strategies to communicate and share the results**

Sharing the findings of comprehensive evaluations, such as this one, informs decision-making, builds capacity, and contributes to the body of evidence about effective models and strategies. Therefore, it is recommended that the Steering Committee consider diverse strategies to communicate and share the results of the evaluation to a wide range of audiences such as families, staff of the Program, practitioners, policy and decision makers, elected officials, community organizations, intersectoral government departments, and researchers.

### ❖ **Continue to invest in program evaluation**

Continue to invest in program evaluation to assess and monitor ongoing work and investments in early childhood development. The findings from this evaluation illustrate that the strength-based and family-centered approach of the Healthy Beginnings EHV Program model is working in terms of engaging families and improving knowledge, skills and parenting practices among families living in challenging circumstances. As planned, further evaluation is required to assess other aspects, and longer term outcomes related to child health, and how the collective action of intersectoral partners (both system and community level) impacts child health outcomes. In addition, there is the intent to evaluate the Healthy Beginnings EHV Program in other areas of the province, and the learnings from this evaluation should be used to inform these future evaluations.

# Introduction

## Overview

The Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings EHV) is one of four key Program areas in Nova Scotia funded through the federal Early Childhood Development Initiative (ECDI). The ECDI was announced in 2001 in response to overwhelming evidence about the importance of early childhood development as a determinant of health.

Evidence shows that brain development is highly sensitive to external influences in early childhood starting in utero, and proceeds at a faster pace between conception and the first day of elementary school than during any other life stage. No matter the socioeconomic or ethnic background, a child's early interactions and experiences and the environments in which those experiences occur can influence brain development - literally shaping neural connections that can last a life time. (*Equity from the Start: WHO 2008*).

According to Mustard and McCain (1999 & 2007) **the early years set the trajectories for:**

- **Health** - coping, emotional control, habitual ways of responding, behaviours;
- **Future health concerns** - chronic disease, addictions, mental health;
- **Educational attainment** - remediation efforts and costs; and
- Potential later **involvement with crime** and the justice system.

The First Ministers' communiqué on early childhood development dated September 11, 2000 affirms the importance of supporting families and communities in their efforts to ensure the best possible future for their children. The communiqué asserts that every child should be valued and have opportunities to develop his or her unique physical, emotional, intellectual, spiritual and creative potential. First Ministers affirmed their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. While it is acknowledged that parents play the primary role in raising children, governments and communities can also help by supporting families during the early years. That is why the Government of Canada, provincial and territorial governments reached an important agreement on early childhood development....to work together to improve and expand early childhood programs and services.

In response to overwhelming evidence, and First Ministers' leadership, in 2001 the federal government announced the Early Childhood Development Initiative (ECDI). The objectives of the ECDI are:

- To promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe, and secure, ready to learn, and socially engaged and responsible; and

- To help children reach their full potential to help families support their children within strong communities.

Four key pillars for action were established and include: promote healthy pregnancy, birth and infancy; improve parenting and family supports; strengthen early childhood development, learning & care; and strengthen community supports. As previously mentioned, Healthy Beginnings Enhanced Home Visiting is one of the Nova Scotia ECDI initiatives.

The Nova Scotia Department of Health Promotion and Protection (NSHPP) and Public Health Services (PHS) use a population health approach to guide program development and implementation. A population health approach strives to maintain and improve the health of the entire population and reduce inequalities in health between population groups. This approach recognizes that there are complex interactions among factors that impact health including early child development, income, access to education, social environment and support, gender and individual health practices – these are termed the determinants of health. Daily conditions in which people live and social experiences also have a strong influence on health.

The Healthy Beginnings EHV Program, encompassing a population health approach, was launched in June 2002 as an enhancement to PHS pre-existing perinatal programs and services. The Program provides universal screening and in-depth family assessment, and is grounded in evidence and best practice and relevant to the Nova Scotia culture. The objectives of the Program are to:

- Promote the optimal level of physical, cognitive, emotional and social development of all children in Nova Scotia;
- Enhance the capacity of parents to support healthy child development;
- Enhance the capacity of communities to support healthy childhood development; and
- Contribute to a coordinated, effective system of child development services and supports for children and their families.

The Program is voluntary and referrals to other services may also be initiated to support individual family needs. A peer-led model based on validated curriculum, standardized training, and strong supervisory components is utilized. Families facing challenges are identified and provided with support through a comprehensive home visiting program for up to three years after the birth of a baby. Families identify individual goals which guide the visits, discussions, and activities.

The Program is managed and delivered in the nine District Health Authorities (DHAs) through three shared Public Health Service areas and Capital District Health Authority. The Program is delivered primarily by Community Home Visitors (CHV) as well as Public Health Nurses (PHN) and Community Outreach Workers (CORW). Provincial program standards have been developed to support local delivery.

## Purpose of the Evaluation

An evaluation framework was developed for the Healthy Beginnings EHV Program in December 2004 and includes a logic model, evaluation strategy outlining the three phases of the evaluation (implementation, quality assurance and outcomes for families), and an evaluation matrix where indicators, information sources and methods are mapped to evaluation questions. Phase I of the evaluation was completed in March 2005 and Phase II was conducted between September 2006 and January 2007.

The Western Shared Service Area (South Shore, South West and Annapolis Valley) identified themselves as being ready for Phase III of the evaluation which is focusing on answering the following evaluation questions:

- To what extent are the Program's outcomes (parenting capacity) being achieved? If these shorter-term outcomes are not being achieved, why not?
- To what extent are mid-term outcomes (parenting practices) improving as a result of the Program? If the mid-term outcomes are not being achieved, why not?
- Are families experiencing progress towards their goals?

The Evaluation Framework outlines four data collection methods for Phase III including focus groups/stories with families, a story sharing session with providers, a family outcomes survey, and analysis of the Nursing Child Assessment Satellite Training (NCAST) Feeding Scale.

The purpose of this report is to present the findings of the outcome evaluation of the Healthy Beginnings EHV Program in the Western Shared Service area of Nova Scotia. The report includes a synthesis of the results from the four data collection methods.

# Methodology

Four data collection methods were used in this Phase III evaluation including:

- Focus groups and stories with families of the Program
- A story sharing session with providers of the Program
- A survey with families entitled the *Family Outcomes Survey*
- Analysis of existing data collected through the Nursing Child Assessment Satellite Training (NCAST) Feeding Scale

A separate report was produced for the focus groups with families, the story sharing with providers, and the family outcomes survey, which are available through Nova Scotia Health Promotion and Protection. This report provides a compilation of the findings from the three reports and the NCAST analysis. A detailed description of each data collection method is provided in Appendix 1, and a summary is provided below.

## Story Sharing/Focus Groups with the Families

The focus groups and written stories explored how the Healthy Beginnings EHV Program had made a difference in the lives of families. Three focus groups were held with 30 families and 23 written stories were received. An interview guide was used by the evaluation consultant to help guide the discussion during the focus groups and hand written notes were taken.

The hand written notes and the written stories from the families formed the raw data for analysis. The data were reviewed and thematic analysis was used to identify emerging themes and categories. Verbatim excerpts from the stories and quotations from the notes are used to substantiate the findings.

## Story Sharing with Providers of the Program

Two Community Home Visitor Coordinators, 12 Community Home Visitors, six Community Outreach Workers, three Public Health Nurses, two Nutritionists and the Manager of the Healthy Beginnings EHV Team participated in the story sharing session, and 15 written stories were received.

Meeting participants worked in small facilitated groups to share and reflect upon their stories, specifically, how the Healthy Beginnings EHV Program has made a difference in the lives of families. At the conclusion of the small group discussion, participants were asked to reflect on insights (e.g., key lessons learned, “aha” moments, etc.). Following the small group work, meeting participants worked as a large group to categorize the insights into themes and describe them.

Following the story sharing session, the consultant reviewed the written stories to ensure that all themes had been captured. Verbatim excerpts from the stories are used to illustrate and substantiate the themes/findings. The hand written notes from the facilitators were also reviewed and verbatim quotations from these notes are also used to illustrate the themes/findings.

## **Family Outcomes Survey**

The family outcomes survey was distributed to every family who had been in the Healthy Beginnings EHV Program for 12 months or more at the time of the survey. A total of 108 surveys were distributed and 83 were returned (78% return rate).

The survey was pilot tested with a sample of families and reviewed by key Program stakeholders with adaptations made based on the feedback. The survey was administered by the CHVs between March and May 2009 and returned to the Evaluation Consultant in a self addressed stamped envelope.

Descriptive statistics were calculated for closed-ended questions with missing responses removed, and thematic analysis was completed for the qualitative data from open-ended questions.

## **The NCAST Feeding Scale**

The NCAST Feeding Scale is used with families in the Healthy Beginnings EHV Program during the initial visit and again at the 9 to 12- month assessment (a pre- and post-measure). The scale is used by the Healthy Beginnings EHV Program, in conjunction with three Personal Environment Assessment Tools, to identify the family's strengths, as well as challenges. This validated tool gives a pre and post assessment of four care-giver subscales, two infant subscales, and total scores.

The sample included families who had participated in the Healthy Beginnings EHV Program for 12 months at the time of the evaluation, and had completed both a pre- and post-assessment. Data was available for a total of 149 families.

The NCAST Feeding Scale score for each individual consists of a mean for each subscale and for the total scales, which is then used to calculate a standard deviation above and below the mean of a reference population (based on age and education). Descriptive statistics were calculated, specifically, the percentage of families less than or equal to one standard deviation below the mean pre and post participation in the Program. One standard deviation below the mean was used as a marker of a family at risk for poor outcomes related to healthy child development.

# Findings

The findings present a synthesis of the data from the four data collection methods (e.g., focus groups with families, story sharing with providers, family outcomes survey and NCAST analysis). The findings present data related to both process and outcome measures and begin with a description of how the Program has supported families (process measure), followed by an assessment of why the Program works (process measure), and challenges and suggested improvements for the Program (process measures). The findings conclude with the difference the Program has made in the lives of families (outcome measures). Following is an overview of the content of each of the sections.

- 1. How Healthy Beginnings Enhanced Home Visiting has Supported Families**
  - 1.1. Helpful information on parenting
  - 1.2. Support for healthy relationships
  - 1.3. Support for care for self
  - 1.4. Support for social determinants of health
  - 1.5. Support to link to community resources
  
- 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works**
  - 2.1. Non-judgmental approach
  - 2.2. Strength-based and family-centered approach
  - 2.3. Committed and accessible staff
  - 2.4. Confidentiality and trust
  - 2.5. Good resources and practical
  - 2.6. Supportive environment and team
  - 2.7. Satisfaction with the Program
  
- 3. Challenges & Suggested Improvements to Healthy Beginnings Enhanced Home Visiting**
  
- 4. The Difference Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives**
  - 4.1. Increased confidence, knowledge and skills to parent
  - 4.2. Increased parenting practices
  - 4.3. Increased confidence to advocate and seek help
  - 4.4. Increased ability to cope with stress
  - 4.5. Enhanced self-esteem and empowerment
  - 4.6. Enhanced communication and relationship building
  - 4.7. Breastfeeding
  - 4.8. Achievement of goals
  - 4.9. Enhanced community linkages

# 1. How Healthy Beginnings Enhanced Home Visiting has Supported Families

This section presents how the Program has helped families including a description of how the Program provided: helpful information on parenting, support for healthy relationships, support for care for self, support for social determinants of health and support to link to community resources.

## 1.1 Helpful Information on Parenting

The family outcomes survey revealed that Healthy Beginnings EHV has ‘helped a lot’ in providing information in several areas of parenting including:

Area	% Families Indicating Helped A Lot
Information on parenting and development	94%
Positive ways to teach their child	91%
Understanding child’s behaviour and feelings	89%
Positive ways to help their child behave	85%

Consistently noted by families in the focus groups was that the Program has provided information that has helped them with parenting (the child in the Healthy Beginnings EHV Program and other children they have) including providing information on:

- How to cope with a new baby when everything was overwhelming
- How to establish a routine and ensuring consistency
- The growth and development of a child and milestones, and how to facilitate their child’s development
- How to ensure a safe environment for their children including providing contacts and referrals if needed (e.g., fire marshal, electricians, etc.)
- How to effectively communicate with their child/children
- The importance of and how to recognize their children’s feelings and behaviour
- How to discipline their child/children
- How to deal with sibling rivalry
- How to make toys for their children and choosing toys that are developmentally appropriate
- How to do crafts and play age appropriate games with their children
- How to make healthy food choices and their own baby food
- Ideas on feeding (e.g. teaching how much milk and food the baby needed, transition from formula to milk)
- How to make baby supplies such as wipes which helped to decrease costs associated with purchased products

# 1. How Healthy Beginnings Enhanced Home Visiting has Supported Families

“ I think that the Healthy Parenting Program is the best thing ever! All new mothers should be taking this Program. It is so beneficial and so informative. I’ve learned about things that I had no idea about.... To know that all of this stimulation and interaction with your child will make your child have a higher self esteem, be interested in school, interested in activities among so many other things are absolutely amazing. You learn about the different stages that your child is going through and what to expect. I just love this Program... So glad that the Healthy Parenting Program exists and that I am part of it! It has made a HUGE difference! (Focus Group with Families) ”

“ I have received vital information on the different growth stages of my son and what things we can do to help him learn as he grows and explore new things. Tips on how to keep him safe and games to play with him. (Focus Group with Families) ”

Participants also consistently described how the Program provides tools to help reduce the stress with raising children and normalizing issues that some thought were unique challenges they were facing.

“ Healthy Beginnings has made a difference in my family by giving me the tools to help make my parenting more in tune with what I want for my family. I started Healthy Beginnings as a worked up, stressed out, 35 year old, first time mother of a 3 month old. I was doing everything by the skin of my teeth and praying that I was doing okay. I personally did not know how much work I had to do to raise a child from birth. Healthy Beginnings has shown me that being a positive parent can make my family more rewarding in the long run. (Focus Group with Families) ”

## 1.2 Support for Healthy Relationships

In the focus groups, some of the families discussed how their CHV provides support to build a healthy relationship with their partner by listening, referring them to counseling and other services, and for a few of the women, helping them deal with challenging circumstances (e.g., emotional and physical abuse).

“ Most important of all, [my CHV] acted like a sounding board for me. Someone to talk about my relationship and voice some of my concerns...She let me know that I wasn’t crazy and yes, there were some things not quite right [in my relationship]. She gave me lots of support and patience as I was adjusting to my new mother role, and as I started to question my relationship... [When I decided to leave the relationship my CHV] was there to help. She was always able to point me in the right direction. (Focus Group with Families) ”

# 1. How Healthy Beginnings Enhanced Home Visiting has Supported Families

## 1.3 Support for Caring for Self

The focus groups revealed that, for some women, the Healthy Beginnings EHV Program was also instrumental in providing support to help them better care for themselves including:

- Helping women recognize signs of depression and helping them to cope with these issues including providing referrals to other organizations or health care providers;
- Dealing with loneliness and connecting with other families and women (e.g., play groups), particularly for those with a lack of other supports (e.g., other family members, friends, etc.);
- Recognizing the importance of taking time for oneself; and
- Coping with grief after the loss of a loved one.

“ *Having the regular contact with someone outside my house and family has been a great help with my depression. As a single parent it is lonely sometimes and it is nice to have someone else to say hey see what my child can do. It feels good to hear that what I am doing with my children is well done.*

(Focus Group with Families)

”

## 1.4 Support for the Social Determinants of Health

Some of the focus group participants described how the Healthy Beginnings EHV Program has provided support for social determinants of health issues including:

- Providing assistance with finding daycare;
- Providing information on how to budget and manage a household;
- Providing assistance with applying for social assistance;
- Providing assistance with finding housing;
- Providing assistance with accessing food; and
- Helping find support for custody issues.

“ *When [my child] was a month old, [the CHV] came for her first visit...We talked about the baby and she taught me lots of things about how he would grow and develop. I learned games to play and how to prepare baby food. She also taught me about budgeting and managing a home with a child.*

(Focus Group with Families)

”

# 1. How Healthy Beginnings Enhanced Home Visiting has Supported Families

“ Being new parents learning the ropes it was such a great support to have someone to be there when we had questions or concerns. There was also times where we had a struggle with money and finding enough money to purchase healthy groceries, with my husband being the only one working. We are very thankful for this Program because it helped us by providing us with healthy foods like fruits, veggies and dairy that are expensive... ”  
 (Focus Group with Families)

The family outcomes survey also illustrates that Healthy Beginnings EHV has provided support for the social determinants of health. The following table illustrates how much the Program helped families with various social determinants of health issues, (please note, some families indicated that they did not need help in these areas).

Area	% Indicating Helped A Lot	% Indicating Helped a Little
Getting basic household needs	46%	48%
Money problems	43%	51%
More support from families or friends	39%	58%
Helping with addiction(s)	33%	42%
Getting basic child needs	28%	47%

## 1.5 Linking with Resources

Over half of respondents on the family outcome survey (58%) felt that Healthy Beginnings EHV had ‘helped a lot’ with linking them to helpful resources in the community. Further, almost all participants strongly agreed or agreed that Healthy Beginnings EHV staff helped to connect them with services that were helpful to them or their family. In all focus group sessions, participants described how the Program has helped them by providing information and connecting them to resources in the community such as:

- Information and support for breastfeeding;
- Programs and services at the IWK Health Centre (e.g., Mental Health, Hearing and Speech, etc.);
- Recreation programs (e.g., pool passes and recreational facilities);
- Community supports to help with financial challenges and/or crises (e.g., help to cover the cost of special formula that is expensive, resources for oil to heat the house, food banks, etc.);

# 1. How Healthy Beginnings Enhanced Home Visiting has Supported Families

- Information on programs to complete high school;
- Day cares and parenting programs; and
- Sites for internet access.

“ I have a child who suffers from anxiety and depression. My home care worker has helped me find and look for alternative resources for that child. There is a possible diagnosis for my child's issues and she has found some great information on that diagnosis. I am looking to take a course to better enhance my work situation. She helped me in finding resources and encouraging me.

(Focus Group with Families)

”

“ When I had problems with my older son I got the help he needed, getting him into Family & Children's Services care. I have six kids and with visits I was able to keep this baby... My visitor got me help with diapers and some formula and programs at the Family Resource Centre... I'm doing the Family Literacy in my home too.

(Focus Group with Families)

”

## 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works

The following section provides an analysis of why the Healthy Beginnings EHV Program works. The key themes identified include: the non-judgmental approach, the strength-based and family-centered approach, the commitment and accessibility of staff, the Program is confidential and participants trust staff, the Program is practical and offers good resources, and the supportive environment and team. The section concludes with families' satisfaction with the Program.

### 2.1 Non-Judgmental Approach

The focus groups with families and the story sharing with providers as well as findings from the family outcomes survey reveal that the non-judgmental approach of the Program are key to why the Healthy Beginnings EHV Program works. All families on the family outcomes survey either agreed (7%) or strongly agreed (93%) that the Healthy Beginnings EHV staff treated their family with respect. Further, close to three quarters (74%) strongly agreed that the Healthy Beginnings EHV staff were respectful of their cultural beliefs and practices.

Consistently noted by the families during the focus groups was the fact that the CHVs are non-judgmental and unbiased. Families described how their CHV was supportive and accepting and did not “judge us” compared to other programs some had participated in, where they felt like they were in the wrong and not doing a good job with caring for their children. Families feel comfortable talking and sharing with their CHVs who were described as encouraging, caring, reassuring and respectful. They were also described as having a positive and non-threatening approach, and offered advice in a respectful manner versus “telling me what to do”.

“ [The CHV] is not there to judge you and tell you, you're doing this wrong, you're doing this wrong... and you're doing all these things wrong. She's there to support you and encourage you and you know, if I needed help with anything, if it was something she couldn't answer, she'd find me the answer or she'd direct me...she'd get me a direct contact with somebody she knew had the answer for me. ”  
(Focus Group with Families)

“ Support and a friend that listens, these all were sadly lacking in [my partner's] life before [the CHV] began her visits. My wife had personal/family issues she was trying to deal with when our child arrived. With time however, [my wife] was able to confide, open up, and get on with life's issues – in no small part due to [the CHV's] visits. I highly recommend the Healthy Beginnings Program and it helps to fill a need not normally met by society. ”  
(Focus Group with Families)

## 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works

“ *When I had my child my life was a mess. I didn't have positive family upbringing as a child. So when the Public Health Nurse came by to weigh my baby, I just broke down. I was a mess. So she mentioned Healthy Beginnings would help me, they're not here to judge you or look at your house (mess); they're not going to take your children away. They are here to help you. So I prayed to my God to pick a person who will help me. I must say he sent me an ANGEL.* ”

(Focus Group with Families)

The attitudes and values of the Healthy Beginnings EHV Team were identified as a key to the Program's success by providers. Participants of the story sharing with providers indicated that they believe the right people are doing the job recognizing that “practicing what we preach” is important to families. The Team was described as giving hope to families by praising; modeling; and providing resources, opportunities, options and possibilities.

“ *I feel that my support truly made a difference for [the Mom] and that I was there waiting when she was ready [to leave a challenging relationship]. It took a few times but I hope this is the last time. [The Mom] has taught me to step back and follow her lead. I wanted her to leave the first time she told me she was having doubts but I had to be patient and give her the support to make this happen on her terms. And [the Mom] also knows that should she ever return to [the partner] for whatever reason Healthy Beginnings will be right there beside her, giving her the skills she needs to raise a healthy happy [child], as she has given me the skills to sit back, respect and support her and other families.* ”

(Story Sharing with Providers)

“ *This family has taught me so much about how I can work better with other families. I think the biggest thing is not judging a book by its cover, because this family, even though they don't have much in a monetary way, sure make up for it with love and integrity. I don't think you can see that about families by the first initial snapshot you get of them.... Sometimes in our work families are judged by their socio-economic status and this family has taught me how important it is to be non-judgmental.* ”

(Story Sharing with Providers)

### 2.2 Strength-Based & Family-Centered Approach

#### *Strength-Based Approach*

During the story sharing with providers it was noted that the Healthy Beginnings EHV Program uses a strength-based approach to empower families, which was validated by the family outcomes survey where 98% of families agreed or strongly agreed that the staff saw strengths in them they did not know they had.

## 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works

“ Mom sometimes got frustrated with speaking and not being able to find the right words to reflect how she was feeling. Recognizing her strengths helped her feel empowered as a mother and she would often use her resources and strengths well to complete the small goal she set with herself on a weekly basis.

(Story Sharing with Providers)

“ The strength-based beliefs that we work under within the framework for our curriculum reminded me that I wasn't embellishing on things that weren't there, but instead was focusing on the abilities this mom did have to make a connection with her baby under very difficult circumstances – a connection I hope is still growing stronger today. The story of this mom demonstrates the uniqueness of each family that we are privileged to work with in the Program – there is no 'cookie cutter' family in Healthy Beginnings, but many different families who have a common desire to be a better parent and many life circumstances that may help or hinder them to get there.

(Story Sharing with Providers)

### *Family-Centered*

The Program uses a family-centered approach, and according to providers, by understanding families' values, the Team does not pass judgment, respects families' unique situations and by doing so, they are flexible to meet each family's individual needs. Families indicated that the Program has helped them because it is based on their needs versus being a structured initiative that covers certain topics. The following table, which presents findings from the family outcomes survey, illustrates that families strongly agree the Program is based on their needs and contexts.

Area	% Families Who Strongly Agreed or Agreed
Understood their family's particular needs	100%
Encouraged them to use their own skills and resources to solve problems	100%
Let them decide what goals they wanted to work towards	95%

“ [Mom] learned in many different ways. It reiterates that we all possess different learning styles and our job is to tailor it to their needs as much as we can. [Mom] learned through role modeling and linking it to how she would feel if she were in that position. Parallel process couldn't be any more appropriate in this sense. Encouraging empathy and learning through watching others.

(Story Sharing with Providers)

## 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works

### *Flexible and Home-Based*

Focus group participants indicated that the CHVs were flexible and tried to accommodate work schedules. The fact that the CHVs come to families' home was noted by families as positive as many of the focus group participants indicated that they are unable to access community resources because they have no way of getting to these places (i.e., they do not have their own vehicle and public transportation is not available). Participants also indicated that it can be hard to get away if they have more than one child and therefore having the CHV come to the house was helpful.

“ [My CHV] managed, where I was working ten to seven, she managed to come really early in the morning...she always tried to help, to be there, but it's not easy to get ready and go to work.  
(Focus Group with Families) ”

“ ...it was nice just to look forward to [the CHV] coming on the days that she was scheduled, some days of which we never got to discuss anything that was Healthy Beginnings related due to having other questions: discipline related in regards to both my children, personal problems between me and my husband, etc.  
(Focus Groups with Families) ”

### 2.3 Committed & Accessible

The CHVs were described by families as committed and “willing to help”, no matter what the issue. Further, it was noted that CHVs provided follow up in a timely manner to any questions families had or issues they were facing.

“ [My CHV] has gone so far above her duties for me, going out of her way to dig up all kinds of information for me from ideas to help my five year old sleep through the night, to getting me extra information on healthy food for not only the baby, but all three [children].  
(Focus Group with Families) ”

“ [Our CHV] would go up and beyond the call of duty for us on many occasions when we needed extra information and she also did research on illness, healthy foods and more tips on parenting skills.  
(Focus Group with Families) ”

### 2.4 Confidentiality & Trust

Many of the families shared stories of the challenges they have faced in their lives, which were often very personal and of a sensitive nature. It was very important to the families that their information remain confidential and it was consistently noted by families that the CHVs respected their privacy and that they trusted the CHV. Participants indicated that they were comfortable sharing with their CHV and many indicated that talking with their CHV was like

## 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works

talking with a friend. The stories and insights from providers also revealed the importance of trust in building relationships with families.

“ [My CHV] *has always respected my privacy and reassured me that everything was completely confidential.*  
(Focus Group with Families) ”

“ *By not acting as the “expert” or giving advice, and gently helping mom to discover things on her own, I was able to build a trusting relationship with this family which appears to have made an impact on the baby’s overall development.*  
(Story Sharing with Providers) ”

“ [Mom], *being a shy person, was happy that the visitor would be someone she knew. She had one other concern and that was around confidentiality just because I did know her. She was assured by the outreach worker that confidentiality was very important to the success of the Program. There could be no good, trusting relationship without it....On my first visit to the family home I assured [Mom] that confidentiality was important.*  
(Story Sharing with Providers) ”

### 2.5 Good Resource & Practical

It was noted by some families that the Program is hands-on which is important and more effective than distributing brochures and booklets, and expecting families to go through the material on their own. Families also indicated that the Program provides practical information, tips and tools for raising and caring for children

“ *...at the hospital you got handed all these books and pamphlets, so you just assume that’s it, be on your way. And then you get into this Program and it’s something that’s actually going to teach you something positive...it’s not all textbook...it was really hands-on, and they cared so much.*  
(Focus Group with Families) ”

“ *...the visual effects I think are great. The one that got me was the model of a child’s brain at 2 years old with lots of stimulation as opposed to a 2 year old brain that has not had much stimulation at all. I couldn’t believe it when I saw the difference. I was just blown away!*  
(Focus Group with families) ”

### 2.6 Supportive Environment & Team

During the story sharing with providers, it was noted that a strong core Team enables the CHVs to do the work of the Healthy Beginnings EHV Program. According to providers, assets of the Team include a diverse skill set, strong communication, and support for each other.

## 2. Why the Healthy Beginnings Enhanced Home Visiting Program Works

“ Being able to collaborate and have the support of other Healthy Beginnings Team members, and using a Team approach helped to reinforce the work I was doing with this mom. Being able to put the “expert” role onto other Team members allowed me to address concerns in a way that did not jeopardize the trusting relationship we had formed. ”  
(Story Sharing with Providers)

“ As a Home Visitor I also receive the support and encouragement of the Team. When a challenging situation comes up, I know I can go to anyone of my Team mates and know I will be supported to share. They will listen, problem talk and help me see the positive side even if there isn't a solution. ”  
(Story Sharing with Providers)

### 2.7 Satisfaction with the Program

On the family outcomes survey, when asked if they would recommend Healthy Beginnings EHV to a friend if they needed support, 92% of families said ‘yes, definitely’. Further, an overwhelming majority of participants (98%) indicated that they were very satisfied with Healthy Beginnings EHV.

“ I'm very satisfied with my Healthy Beginnings person because my Healthy Beginnings person is always supportive, helpful and she always answers my questions that I ask her.... ”  
(Survey Comment)

“ They helped my family and I very much with everything. I would recommend Healthy Beginnings to all of the people that could use it. ”  
(Survey Comment)

### 3. Challenges & Suggested Improvements to Healthy Beginnings Enhanced Home Visiting

The following section presents the challenges identified by families and providers at the broader system level as well as challenges at the program level. Suggested improvements to address these challenges are also presented

#### 3.1 Challenges

During the story sharing, providers were asked about challenges for families and for themselves and the following were identified:

<i>Providers</i>	<p>Challenges faced by families:</p> <p><i>System Level</i></p> <ul style="list-style-type: none"><li>• <b>Lack of transportation</b>, which makes it difficult for some families to access services they may be referred to (e.g., Mental Health, play groups, etc.) and isolates some families in the community;</li><li>• The <b>very difficult circumstances</b> faced by many of the families (e.g., poverty, lack of education and employment, isolation, mental and physical abuse, food security, addictions, etc.), and it is therefore important to recognize small successes and also recognize when families are ready to engage; and</li><li>• <b>Lack of consistency</b> or diverse approaches from the various organizations and providers involved with families (although, this was noted as improving with more linkages being made and therefore there is greater opportunity to learn from one another and build capacity about a strength-based approach).</li></ul> <p><i>Program Level</i></p> <ul style="list-style-type: none"><li>• <b>Lack of access</b> to the Healthy Beginnings EHV Program and other programs and services for some; and</li><li>• <b>Lack of a prenatal component</b> in the Program, as it is more effective to begin visits and build the relationship as early as possible.</li></ul>
	<p>Challenges faced by the providers:</p> <ul style="list-style-type: none"><li>• <b>Managing one's expectations</b> when the needs are often high within families and also respecting that some families may not choose to participate;</li><li>• <b>Maintaining a work/life balance</b> and ensuring case loads are fair;</li><li>• <b>Maintaining boundaries</b> with the families and ensuring that families do not become too dependent - it was noted that the strength-based approach helps to address this challenge of creating dependency; and</li><li>• Too much <b>paper work</b> and documentation which some thought could be streamlined.</li></ul>

### 3. Challenges & Suggested Improvements to Healthy Beginnings Enhanced Home Visiting

In the focus groups, when asked about challenges, it was often difficult for families to identify challenges. However, during the discussion and in a couple of the written stories, a few challenges were noted including:

<i>Families</i>	<p><i>Program Level</i></p> <ul style="list-style-type: none"><li>• <b>Length of Program</b> - participants wished the Program was longer and had more frequent visits (particularly for those who are now receiving visits just once a month versus once a week);</li><li>• <b>Initial fear</b> - initially some were cautious with the CHV and somewhat fearful of the Program because they did not know what to expect;</li><li>• <b>Busy schedules</b> - sometimes it challenging to schedule visits due to participants' busy schedules (e.g., going back to work or school) and some suggested it would be helpful if visits could be done in the evening;</li><li>• <b>Maintaining boundaries</b> - the Program maintains confidentiality and participants described how they trusted their CHV with their personal information. However, a few participants indicated that they were not "allowed" to give the CHV cards or gifts, which they wanted to do; and</li><li>• <b>Reaching fathers</b> - Although participants generally felt that the Program did or would include fathers, some noted that the Program reached mainly mothers and it was suggested that more activities should be designed to meet the needs of fathers and that having some CHVs who were men would be beneficial.</li></ul>
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#### 3.2 Suggested Improvements

During the focus groups with families and story sharing with providers, participants were asked about suggestions to overcome the identified challenges at both the system and Program level. The following improvements were suggested:

### 3. Challenges & Suggested Improvements to Healthy Beginnings Enhanced Home Visiting

<i>Providers</i>	<p><i>System Level</i></p> <ul style="list-style-type: none"> <li>• <b>Support for transportation</b> so that families can access community programs and services;</li> <li>• <b>Access to programs</b> and supports such as Mental Health Services, speech and language, legal services, income support, etc. – currently there are wait lists and a lack of support;</li> <li>• <b>Subsidize day care</b> supports for families including men/Dads;</li> <li>• Provide <b>capacity building opportunities</b> for partners such as Family and Community Services, School Boards, etc. to ensure a strength-based approach across organizations;</li> <li>• <b>Disseminate the resources</b> and tools from the Healthy Beginnings EHV Program to other organizations and providers; and</li> <li>• Continue to <b>build and foster partnerships</b> with community organizations and providers to help ensure effective use of resources and reduce duplication of effort.</li> </ul> <p><i>Program Level</i></p> <ul style="list-style-type: none"> <li>• Provide the Program to all families to ensure <b>universal access</b>, which would help to remove the stigma that may be associated with the Program (i.e., that only those in need are offered it);</li> <li>• Start the <b>Program earlier</b> (in the prenatal period), particularly for those identified as anxious and/or stressed;</li> <li>• Extend the <b>length of the Program</b> as it is missing children from three years of age to school entry and for some, this ongoing support is needed;</li> <li>• Ensure there is <b>consistency</b> in how the Program is introduced;</li> <li>• Provide <b>ongoing professional development</b> for staff;</li> <li>• Provide <b>opportunities for sharing and networking</b> among the various Teams from within Public Health such as the School Team; and</li> <li>• Provide <b>sustainable funding</b> for the Program.</li> </ul>
<i>Families</i>	<p><i>Program Level</i></p> <ul style="list-style-type: none"> <li>• Make the Program available for a <b>longer period</b> and provide more frequent visits (i.e., more sessions per family);</li> <li>• Ensure the Program is <b>available for more families</b>;</li> <li>• <b>Market</b> the Program more widely;</li> <li>• Provide opportunities for families in the Program to <b>come together</b> to share; and</li> <li>• Provide support through a <b>phone line</b>, particularly as families move towards completing the Program.</li> </ul>

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

This final section of the findings presents the outcomes achieved by families as a result of participating in the Healthy Beginnings EHV Program including increased confidence, knowledge and skills to parent, increased parenting practices, increased confidence to advocate and seek help, increased ability to cope with stress, enhanced self-esteem and empowerment, enhanced communication and relationship building, breastfeeding, achievement of goals, and enhanced community linkages.

### 4.1 Increased Confidence, Knowledge & Skills to Parent

In all focus group sessions and in their written stories, most of the participants described challenging life circumstances and some openly shared about their difficult upbringings (e.g., being in foster care, being physically, sexually and emotionally abused). Consistently described by families in the focus groups and family outcomes survey was the positive impact that the Healthy Beginnings EHV Program has made in their lives and how the Program has enhanced their confidence to parent. Seventeen percent of respondents to the family outcomes survey indicated that before Healthy Beginnings EHV they felt good about parenting, and this increased to 93% after the Healthy Beginnings EHV Program.

“ They have helped me solve so many problems, they give me someone to vent to and talk to about all my problems and frustrations. They gave me confidence in my self and my parenting skills, They let me know that I am a good parent. Which means the world to me. Letting me know that I am doing well is sometimes all you need to hear!  
(Survey Comment) ”

“ I am a single mother. As such it was, and at times still is, hard for me to be both the mom and dad. I did not know how I was doing at the job. [The CHV] came into my daughter's and my life and showed me all the things I was doing right. She made me realize what a good mom I am. ...The bond that [the Community Home Visitor], my daughter and I have made through our time together will never be forgotten but it will be missed. Healthy Beginnings is an amazing Program for parents of every kind. Thank you for this opportunity!  
(Survey Comment) ”

“ Healthy Beginning has helped me become confident in my parenting skills. My toddler is thriving & happy. I really have learned A LOT!  
(Survey Comment) ”

Families described how the Healthy Beginnings EHV Program has enhanced their knowledge and skills. As previously reported, families consistently noted that the Healthy Beginnings EHV Program has provided helpful information in a number of areas (page 7). During the focus groups, the families also indicated that they had increased their knowledge and skills to parent in all of these areas (e.g., coping with a new baby, establishing a routine, ensuring a safe

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

environment for their children, effectively communicating with their children, recognizing their children's feelings, disciplining their children and dealing with sibling rivalry, making toys and playing with their children, and feeding and preparing healthy food). Increases in parenting knowledge and skills were revealed through the family outcomes survey in the following areas:

Area	% Doing Well Before	% Doing Well After
Helping their child learn	36%	96%
Knowing positive ways to help their child behave	23%	89%
Knowing how children grow and develop	19%	80%
Knowing how to pick healthy food	46%	73%

“ One of the things I do because of the Program is talk to her more about her feelings and my feelings. I talk to her about her feelings like being angry or how what she's done makes other people feel. That wasn't something I would have thought to do before. ”  
(Focus Group with Families)

“ ...We worked through the book and that's how I learned about child development...lots of times I was doing the right thing, but I didn't know I was. I did childcare, talked with my baby, played with her...I let her explore a lot in a safe way...I learned a lot about child development, safety, healthy eating...how to buy and cook good food. ”  
(Focus Group with Families)

### 4.2 Increased Parenting Practices

An indication of enhanced parenting practices is how often families/parents do various activities with their children (e.g., make toys, tell stories, read books, keep their child away from second-hand smoke, use positive discipline, eat together as a family, and play with their child). The family outcomes survey asked families to reflect (in the past month) how often they did these activities with their youngest/Healthy Beginnings EHV child. They were then asked to think back to when their next oldest child was that same age and rate how often they did the same activities. All respondents to this question did the activities more often with their Healthy Beginnings EHV child compared to their next oldest.

“ Before [my CHV] came along I was one stressed out mother trying to deal with three little [children] not knowing how to meet their needs, not only as a whole, but as different little ones on their own. Now I have learned to deal with them on their own as well as all together. My five year old said to me one day, “Mommy I'm glad [the CHV] came over, you don't yell so much now”. That put a smile on my face to know that my [child] has noticed the difference as well. ”  
(Focus Group with Families)

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

“...we learned the difference between discipline and punishment. That was really connected with my mother, how you know, she was the wooden spoon, she learned that, she'd never do that with her granddaughter but you got spanked, but there's other ways of disciplining your children. (Focus Group with Families) ”

### 4.3 Increased Confidence to Advocate & Seek Help

The focus groups with families revealed that the Healthy Beginnings EHV Program has enhanced individuals' confidence to advocate for themselves and their families (e.g., greater confidence to ask questions of providers, greater confidence to connect with community organizations and resources). The family outcomes survey also revealed increased confidence to advocate as a result of the Healthy Beginnings EHV Program. Prior to Healthy Beginnings EHV, approximately half of participants indicated that they needed help in knowing who to ask for advice and emotional support (53%) and knowing where to go for help when they needed it (51%). After Healthy Beginnings EHV, less than 5% of respondents needed help in these areas. The story sharing with providers also revealed that the Healthy Beginnings EHV Program builds and supports family capacity to self advocate.

“ Mom has also started to advocate for her [child] more and recently filled out a referral for hearing and speech. (Story Sharing with Providers) ”

“ [Families] see growth in themselves...mothers are better able to speak up for themselves ...they have better self confidence. (Story Sharing with Providers) ”

“ [Mom] now has confidence to be an advocate for her special needs child...this is huge for her...she is now becoming a voice for her child. (Story Sharing with Providers) ”

### 4.4 Enhanced Ability to Cope with Stress

The findings from the family outcomes survey revealed that prior to Healthy Beginnings EHV, 68% of respondents needed help with coping with the stress in their lives, whereas after Healthy Beginnings EHV only 16% felt they needed help in this area. In the focus groups families described how the Healthy Beginnings EHV Program has helped to:

- Increase individuals' and families' patience and ability to deal with difficult situations;
- Reduce anxiety about parenting with some individuals noting how they are now comfortable to leave their children with someone else whereas previously they were not;
- Enhance families' ability to cope with difficult situations and circumstances (e.g., the fear of “losing” their children to Social Services, feeling depressed or down, challenging relationship issues); and

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

- Decrease the stress in individuals' and families' lives.

“ [After the birth of my child] I was very over tired and stressed. I was unsure of how I was going to raise her and manage to take care of her on my own at home alone...Then the nurse thought I had post partum depression and proceeded to call Family & Children's Services. They came to the hospital to see me. I was so scared and confused. All I could think about was that they were going to take [my child] from me ... [My CHV] showed me ways to cope with stress. She reassured me that I could do this and that I was going to be ok...I have learned to be a more confident parent. [My child] and I have both learned so much from [our CHV] and all the staff involved with Healthy Beginnings... Being in this Program has given me so much support, help, and encouragement that I am very confident that I can be a great parent...I am very much interested in possibly pursuing a career as a Healthy Beginnings home visitor myself. (Focus Group with Families) ”

“ ...our stress level at home right now is huge. [My partner] doesn't have a job, his severance is going to run out, unemployment and the frustration right now and the anxiety is classic for child abuse. But I am calm, and I'm riding out the wave, because it's not worth it... I'm just more peaceful or calm with my personal beliefs as well... it is more like an angel network [the Program]... they're throwing a life ring. And for me it was something I could go by and grow and learn. (Focus Group with Families) ”

### 4.5 Enhanced Self-Esteem & Empowerment

The focus groups with families and open-ended comments on the family outcomes survey revealed that the Healthy Beginnings EHV Program has made a difference in families' lives beyond parenting and helped to empower families. One participant described how, through the help of the CHV, she was able to leave a harmful relationship and start over again on her own with confidence. The Program has:

- Enhanced women's feelings of independence and their belief in themselves;
- Been a catalyst for some to go back to school or re-enter the workforce;
- Improved individual self-esteem; and
- Maximized their personal and parenting potential.

“ Growing up for me was not easy; I had to overcome many obstacles in my life such as being in foster care and being abused emotionally, physically and mentally....I believe the Program is a great thing to have, it not just helps out with children but with the parents also...my Home Visitor has made me realize that I am a good person. With talking to my Home Visitor I hope someday to go back to school and maybe become what I have always wanted to be and that is a counselor....Until then I am going to live day by day and take care of my children and keep practicing what I was taught to do because I am in a Program that puts a smile on your face and warmth in your heart. (Focus Group with Families) ”

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

“ [My CHV] talked with me about going back to school and gave me a little bit of direction about what I wanted to do... Talking to her gave me more ambition to decide to come back. Because I was able to come back to finish grade 12, I'll be able to take some post-secondary courses. ”  
(Focus Group with Families)

“ I've now been in my apartment for almost one month. I've started a pre-employment Program and am looking at going back to school. [My CHV] ... showed me I wasn't alone and being a single mother wasn't as hard or as bad as I thought it would be. ”  
(Focus Group with Families)

In the story sharing session, providers also described how the Program helps build families' self-esteem. This was noted as a positive outcome for families and helps them not only with child care but also other aspects of their lives (e.g., increased motivation to pursue higher education, healthy relationships, etc.).

“ Mom is linked up with an Employment Support Services Worker and has secured funding to attend NSCC for upgrading and enrollment in the LPN Program. She seems much more confident and happy. Having the family support has allowed mom to take some time to invest in herself and take steps to improve the lives of her sons...I expect to see Mom continue to grow and achieve her goals. She is very motivated... ”  
(Story Sharing with Providers)

“ Over the course of the next couple of weeks I watched and supported this mom while she made some life altering decisions. She found an apartment in town close enough to walk to stores; she put her son's name on daycare lists as well as got the papers for subsidized seating. She is planning on going to school ... I have seen big changes with her [child] as well. He had always been extremely small and a little behind but he is starting to catch up fast... I have told her how proud I am of her. I don't think anyone has ever told her this before. ”  
(Story Sharing with Providers)

“ I believe that having a home visitor helped Mom deal with the isolation she was experiencing and normalizing the frustration of, essentially, single-parenting... I think she needed to be reminded of her extraordinary skills and abilities. The focus of the Healthy Beginnings Program on empowering families to make change in their lives through a strengths-based approach, I believe, made the most significant impact on this family's journey to a better life. ”  
(Story Sharing with Providers)

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

### 4.6 Enhanced Communication, Relationships & Interaction

The focus group with families and open-ended comments on the family outcomes survey revealed that the Healthy Beginnings EHV Program has helped to enhance communication between partners and within the family. All of the couples who attended the sessions noted how the CHV had helped them work better together to parent their child/children. Further, 61% of respondents from the family outcomes survey indicated that Healthy Beginnings EHV 'helped a lot with building healthy relationships'.

“ *...some things that have changed in us personally since we started with this Program. My husband noticed that he is more involved in family activities and discussion. He developed a more trusting relationship with [the CHV] and decided to come out of the room for the visits.* (Focus Group with Families) ”

“ *I have to say that without my Home Visitor I would not have made it this far...my partner and I have learned to work together as well as we do now.... Our Home Visitor helped get things rolling for my partner and I to get into counseling (which seems to be going great so far).* (Focus Group with Families) ”

Providers described how Healthy Beginnings EHV offers opportunities to build relationships within the family by exploring their hopes, dreams and strengths. In addition, the Program includes resources to support relationship building. Providers described how the Program raises awareness of how repeated positive interactions help enhance the parent-child relationship.

“ *As our relationship grew, Mom expressed her concern with Dad's gambling problem, his high anxiety and lack of support with parenting. We consequently spent much of our time early on discussing these relationship issues. I brought the GGF curriculum to these visits and we worked through activities that enabled mom to examine her stressors, strengths and goals for herself and her family... Mom and Dad's relationship is still rocky, but mom has taken significant steps in achieving a more equal share of power in decision making.* (Story Sharing with Providers) ”

“ *Mom shared with me during one of our visits that she had noticed that the baby was reaching milestones much more quickly than the other children had. I asked her why she thought that might be and she replied it was because of the time she spent interacting with [the child], and that she hadn't done that with the others because of the drug problem she had at the time before they had been removed from her care... Sitting on the floor with her baby, interacting with [the baby] in ways to stimulate [the baby's] development and showing genuine pride in [the baby's] accomplishments may not seem like a lot to some people, but for this family it was a huge step forward.* (Story Sharing with Providers) ”

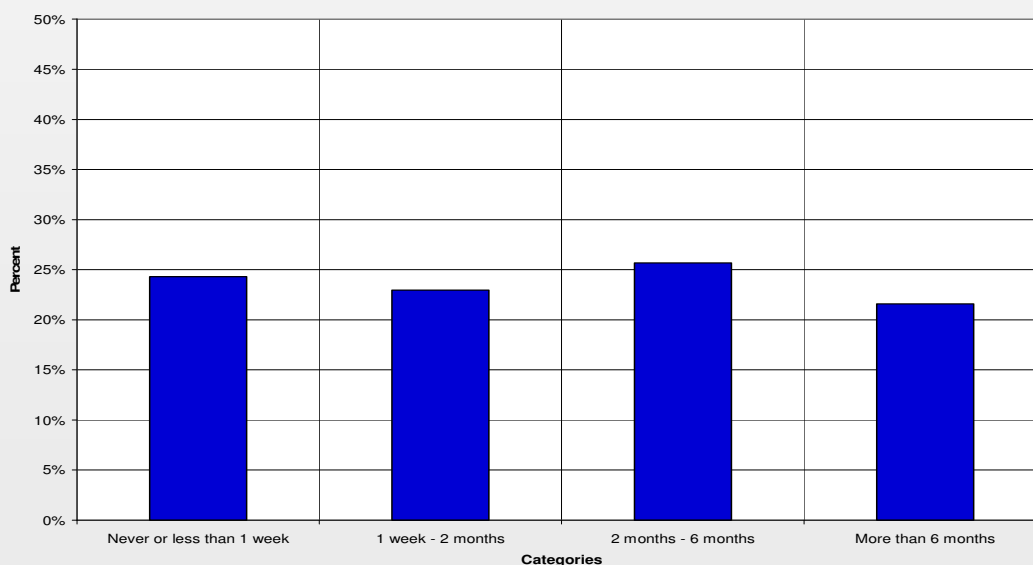
## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

The findings of the NCAST Feeding Scale support the observation of providers that the Program has helped to enhance parent child relationships and interaction. Through the NCAST Feeding Scale, parent-child interaction are assessed on six subscales and three total scales. The following table illustrates that the Program has enhanced parent-child interaction in most areas as it appears fewer families are facing challenges after participating in the Program.

Categories/Areas	Families Facing Challenges	
	Before Program	After Program
Sensitivity to Cues (n=148)	5% (n=8)	6% (n=9)
Response to Child's Distress (n=148)	11% (n=16)	8% (n=12)
Social-Emotional Growth Fostering (n=148)	18% (n=26)	7% (n=11)
Cognitive Growth Fostering (n=148)	12% (n=17)	4% (n=6)
Clarity of Cues (n=148)	12% (n=17)	3% (n=4)
Responsiveness to Caregiver (n=148)	21% (n=31)	6% (n=9)
Caregiver Total (n=148)	9% (n=13)	5% (n=7)
Infant Total (n=148)	12% (n=17)	3% (n=5)
Total (caregiver and infant) (n=148)	10% (n=14)	4% (n=6)

### 4.7 Breastfeeding

The family outcomes survey revealed that 47% of parents breastfed their current (Healthy Beginnings EHV) child for two months or more.



## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

“ If it wasn't for Healthy Beginnings I wouldn't have breastfed my baby. I had 6 babies and only breastfed my last. I was shown how to [make] baby food the healthy way. I wish Healthy Beginnings could be here in my family longer. It's the best thing to have. ”  
(Focus Group with Families)

### 4.8 Achievement of Goals

The family outcomes survey asked families to list three goals, topic areas or areas of interest that they identified and worked on with their CHV. Participants were then tasked with rating their success in working towards each goal. Eighty percent of families felt they were more, or much more successful than they expected at attaining their first goal. The following table provides a summary of the goals/topics described by participants.

Theme	Number*
Child Development	32
Behaviour & Discipline	26
Social determinants of health	24
Emotional	21
Parenting	20
Relationships	17
Other child care (e.g., bed and meal time, toilet training, safety, etc.)	17
Learning (e.g., general learning, playing with baby/child, reading to child, etc.)	9
Feeding (e.g., cooking/healthy choices, breastfeeding, bottle weaning, etc.)	7
Others (e.g., First aid, summer camp, goals, healthy lifestyle choices, speech, and boundaries)	11
<i>TOTAL (number of goals)</i>	<i>184</i>

\*Please note that the number represents the number of goals.

### 4.9 Enhanced Community Linkages

In the story sharing session, providers described how the Program helps to link families with appropriate resources and supports such as Family Resource Centres, mental health programs and services, early intervention speech and language programs, play groups, and Mom and baby groups. Providers also described how the Healthy Beginnings EHV Program helps to “bridge relationships between families and services”. A benefit of these linkages is the development of partnerships between the community and the Healthy Beginnings EHV Program. The process of developing community linkages has helped to raise the awareness of the Healthy Beginnings EHV Program. Providers also described partnerships with other service providers and noted how Healthy Beginnings EHV is helping to foster the development of stronger communities.

## 4. Differences Healthy Beginnings Enhanced Home Visiting has Made in Families' Lives

“ *Cooperative visits were done with other agencies throughout the two years, to try to engage the family, and communicate with each other about what each role focused on. One of the challenges was that [the Mom] wasn't comfortable with 'service providers'...After many conversations, joint visits, and linking it to what it will be like for the kids in school, they started accessing services again. They took a beneficial program to increase language development, and started to see progress in their relationships with their children.*

*Because of physiotherapy, [the child] was walking, making him feel more independent and confident.*

(Story Sharing with Providers)

”

“ *This family had a very small support system when I first began visiting...Over the 3 years we worked on building this up. The CORW had first introduced the FRC and I built on this by bringing them books and toys from the toy lending library, bringing them the schedules regularly and inviting them to group sessions...They felt more comfortable being able to attend groups they could go to together. I had also introduced them to the Women's Center by bringing mom information she requested on sexual abuse. Another community partner we got them involved with was the Recreation Department.*

(Story Sharing with Providers)

”

“ *... [we] went over their network survey with them [from the first visit] and had them complete a new one, three years later. The results were just astounding! We showed the parents the first one they had done, which only had two support people identified and compared it to the one they had just done which was full of supports. The family was quite impressed with themselves, as they should be! Seeing the huge difference in this scale showed me how we can make a difference in families lives baby step by baby step. For this family, it was about building trust and building confidence in them and in their parenting abilities, and connecting them with their community.*

(Story Sharing with Providers)

”

# Key Observations and Conclusions

## Overview

The Healthy Beginnings EHV Program is one of four key Program areas that make up Nova Scotia's Early Childhood Development Initiative with the goal of promoting the optimal level of physical, cognitive, emotional and social development of all children in Nova Scotia. The evaluation was conducted in the Western Shared Service Area and focused on answering the following evaluation questions.

- To what extent are the Program's short-term outcomes being achieved?
- To what extent are mid-term outcomes improving as a result of the Program?
- Are families experiencing progress towards their goals?
- What are additional/unanticipated outcomes of the Program?

A summary of the findings related to each of the above evaluation questions is provided below. The *Key Observations and Conclusions* section ends with a synthesis of how the Healthy Beginnings EHV Program is contributing to and impacting the social determinants of health given that an underlying value of the Program is to use a population health approach and support healthy child development of Nova Scotian children.

## To what extent are the Program's short term outcomes being achieved?

The short term outcome of the Healthy Beginnings EHV Program assessed through this evaluation is *enhanced capacity of families to support healthy child development* which encompasses: increased confidence, knowledge, and skills regarding parenting and care of infants and young children; reduced parental stress; and increased use of available supports. The achievement of each of these elements is discussed below.

### ❖ **Increased confidence, knowledge, and skills regarding parenting and care of infants and young children**

The findings reveal that the Healthy Beginnings EHV Program has provided a wealth of practical information and hands-on resources and supports to build parenting knowledge and skills, which contributes to the Program's success. The strength-based and family-centered approach recognizes families' abilities and unique contexts, and uses a positive and non-judgmental approach to build capacity. The result has been enhanced knowledge and skills in many areas such as growth and development, using positive discipline, child learning, safety, and healthy

eating. In addition, families are more engaged with their children including reading to them, making toys and playing with them, and telling them stories.

In addition to building knowledge and skills, the Healthy Beginnings EHV Program has increased families' confidence to parent their children. The Program recognizes that supporting parents is critical to supporting children, and through a non-judgmental approach and supportive environment parents become aware of their strengths and gain confidence to parent. The commitment and accessibility of providers, and their respect for each family's strengths and needs helps to build a trusting and safe relationship, which is critical given the extremely challenging circumstances faced by many of the families.

Families have gained confidence not only in parenting and feeling good about raising their children but also in their ability to advocate for their children and themselves. After participation in Healthy Beginnings EHV parents were more confident and able to seek out information and resources for their children and family in the broader community. The increased confidence in families has also translated into enhanced self esteem and feelings of independence, which has motivated some to further their education and enhance their employment opportunities.

### ❖ **Reduced Parental Stress**

Most of the families in the Healthy Beginnings EHV Program are facing significant life stressors such as poverty, unemployment, lack of education, abusive relationships, children with development delays, etc. Therefore the Healthy Beginnings EHV Program aims to enhance families' abilities to cope with and manage stress. The findings reveal that families are better able to cope with the stress in their lives including enhanced patience in interacting with their children, greater ability to deal with difficult situations, and reduced anxiety about parenting. The Program has helped couples and families to better cope with stress, and interact and communicate in a positive way to build healthier relationships.

### ❖ **Increased Use of Available Supports**

The Healthy Beginnings EHV Program has linked families to a variety of community programs and services. Through the Program many families have expanded their social support networks and decreased feelings of isolation. This coordinating and linking has also had benefits for the greater community as relationships between various organizations and providers have been built. This is the foundation for enhanced collaboration between diverse programs and services, and the building of system level capacity to support healthy child development.

## **To what extent are mid-term outcomes improving as a result of the Program?**

The mid-term outcome assessed through this evaluation is *more supportive parenting practices*. This outcome includes: increased duration of breastfeeding, age-appropriate infant and child feeding, enhanced parent-child interaction, reduced exposure to tobacco smoke, age appropriate discipline, increased home literacy activities, and preventive health practices and services.

## ❖ **More Supportive Parenting Practices**

The findings reveal that parenting practices have improved as a result of the Healthy Beginnings Program. It appears that parents are applying the knowledge and skills they have learned through the Program to provide greater support to their families. Some examples include: enhanced parent-child interaction, using positive and age appropriate discipline strategies, increased home literacy activities such as reading with their children and telling their children stories, ensuring a safe environment for their children including keeping them away from second hand smoke, and increased preventive health practices such as healthy eating. It also appears that some mothers may be breastfeeding their children for longer periods of time.

## **Are families experiencing progress towards their goals?**

A key feature of the Healthy Beginnings EHV Program is its strength-based and family-centered approach. Part of this approach includes families identifying goals or topic areas to work on through the Program. The findings reveal that families are experiencing progress towards their goals with the majority indicating they were more successful than anticipated at achieving their goals. Families' goals addressed a range of areas including child development, behaviour and discipline, social determinants of health (e.g., parental education, income, housing, employment), emotional issues (e.g., stress, anxiety, self esteem, depression), parenting skills, healthy relationships, child care needs (e.g., toilet training, safety, scheduling), child learning, and feeding.

## **What are additional findings of the evaluation?**

As previously described, the evaluation was focused on specific outcomes, however, the findings revealed additional outcomes of the Program. The Healthy Beginnings EHV Program has not only supported families in achieving short and mid-term outcomes outlined in the evaluation framework, it has also resulted in additional outcomes. These additional/unanticipated outcomes are described below.

- The non-judgmental and supportive environment provided by staff, coupled with the strength-based and family-centered approach, is a model of support that appears to fully engage families. Participants experience not only increased confidence to parent but also growth in all areas of their life and increased motivation to provide optimal care and support for their children and families. The staff have embraced the model and its principles providing nurturing support that helps to affirm families' experiences, provide reassurance and build capacity.
- Staff of the Program have experienced personal growth through their participation in the Healthy Beginnings EHV Program. Key features of the model such as the family-centered and strength-based approach, being non-judgmental and flexible, goal setting, facilitating linkages, and providing practical and emotional support have been embraced by staff and recognized as valuable in working with and supporting families. Staff have

learned from the families they have worked with, and reflected upon and enhanced their practice, particularly in applying a population health approach. Networking and sharing between staff has contributed to building capacity and helps to facilitate effective practice. This reflective practice and enhanced capacity among staff has contributed to their success in addressing the social determinants of health, which can be applied beyond the Healthy Beginnings EHV Program.

- The findings illustrate that the Program is helping to address and improve the mental health of some families. This has included helping families to become more connected to other families and the community, thus decreasing feelings of loneliness and isolation. It has also helped families, and particularly women, with depression – through addressing mental health issues directly and/or referring families and individuals to appropriate services and resources. Some women shared how the Program was instrumental in helping them to improve their mental health which has had a positive impact on the health of their child/children and family.
- In addressing the social determinants of health, a holistic and collaborative approach is required and Healthy Beginnings EHV works with an array of organizations and providers from various government departments and community organizations across sectors (e.g., community services, education, justice). The findings highlight the importance of this system approach and building capacity across organizations to effectively support healthy child development and impact outcomes such as improved physical, cognitive, emotional and social development of children.

# Linking the Evaluation Findings to the Social Determinants of Health

As a key determinant of health, early child development and government investment in the early years provides one of the greatest potentials to reduce health inequities and optimize children's social/emotional, cognitive/language and physical development. The Healthy Beginnings EHV Program encompasses a population health approach and considers the determinants of health in working with families including income and social status, education, personal health practices, social support networks, supportive physical and social environments, and gender. The findings illustrate how the Healthy Beginnings EHV Program is both addressing the determinants of health as well as impacting these determinants. Some examples of how Healthy Beginnings EHV is addressing and impacting the determinants of health are provided below:

## *Income and Social Status*

The Healthy Beginnings EHV Program has supported the building of confidence, knowledge and skills related to parenting among families who face challenges such as having low incomes and social status. In some cases the support provided through the Program has had direct benefits on participants' income and social status – enabling participants to meet basic needs in terms of accessing nutritious food and income support. Further, through the confidence they have gained, some participants have greater independence and self worth, positively contributing to their social status.

## *Social Support Networks*

The Healthy Beginnings EHV Program has helped to build social support networks for families, many of whom face isolation in their communities for a variety of reasons (e.g., lack of transportation, isolation due to living in rural and remote locations, isolation due to a lack of social support, etc.). The Program has connected families to community resources and providers as well as peers, and these extended social networks have been instrumental in building families' parenting capacity.

## *Education and Employment*

As previously described, participation in Healthy Beginnings EHV has improved participants' confidence and enhanced their self esteem and self worth. For some, this has translated into furthering their education and enhancing employment opportunities.

### *Social Environments*

Through the supportive approach of the Healthy Beginnings EHV Program, families experience positive reinforcement for their interactions with their children as well as within the family unit. Relationships with their children, partners, other family members, and community organizations and providers have been enhanced through the Program.

### *Personal Health Practices and Coping Skills*

The Healthy Beginnings EHV Program has helped to improve coping skills of families, particularly the ability to more effectively handle stress and deal with challenging situations that many are facing. In some cases personal health practices have improved such as healthy eating and ensuring a safe environment for children.

### *Health Services*

The Healthy Beginnings EHV Program has helped to connect families to the broader community, and other organizations and providers. This has resulted in improved access to some programs and services. In addition, through the confidence that families have gained, they are better able to advocate for themselves which further increases their access to health services.

### *Gender*

The Healthy Beginnings EHV Program addresses the context of women's lives and the realities they are dealing with in their lives (e.g., fear of child apprehension, the role of mothering and blame, etc.). By addressing such issues and helping to build women's capacity to overcome being marginalized because of these issues, the program is addressing gender as a determinant of health.

The long-term outcome of the Healthy Beginnings EHV Program is improved physical, cognitive, emotional and social development of children. Although an assessment of these indicators of this long term outcome such as increased school readiness, fewer behavioral problems in school, and reduced hospitalizations are beyond the scope of this evaluation, it appears that Healthy Beginnings EHV is laying a strong foundation for healthy physical, cognitive, emotional and social development of Nova Scotian children.

# Recommendations

## **The Program should continue to be implemented and funded**

The evaluation illustrates that the Program is meeting its outcomes in supporting healthy child development. The Program is effectively supporting families to build their knowledge and skills to care for their children and improve parenting practices. The Program is also effectively reaching families in challenging circumstances and helping to build self esteem, decrease stress, connect families, and address social determinants of health such as education, employment, etc. Therefore, the Program should continue to be implemented and funded.

## **Maintain the integrity of the Program through implementing and monitoring provincial program standards**

This evaluation reveals that some of the standards that guide the development and implementation of the Healthy Beginnings EHV Program have contributed to its success. These standards are related to: a family-centered, strength-based approach; frequency and intensity of home visits; core training and ongoing professional development; a team approach; and working with partners. Other standards such as ensuring a prenatal component for the Healthy Beginnings EHV Program need to be reviewed and further explored. To maintain the integrity of the Program, it is recommended that provincial program standards be maintained and monitored.

## **Explore opportunities to expand supports to families**

The evaluation indicates that families are interested in additional supports such as: coming together to network and share; access to longer term support; access to support through a phone-line; more frequent visits for families in greater need; a prenatal component to the Program; and further engagement of fathers. In addition, opportunities to further market the Program and make it available to a wider range of families could be explored.

## **Support Program staff competencies through professional development and capacity building opportunities**

The evaluation findings reveal that Program staff are providing effective support for families. Staff competencies in the areas of: a family-centered, empathetic, strength-based, non-judgmental approach are critical to the success of the Program. Therefore, it is recommended that all staff receive core training and professional development, and opportunities to share and learn from one another to develop the competencies required for this Program, as identified in the Provincial Program Standards.

## **Link to existing work and strategies**

Supporting healthy child development requires collaborative action. Organizations and individuals from many sectors must work together to effectively address the range of factors that impact healthy child development (e.g., transportation issues, access to services from multiple providers and organizations such as mental health, justice, community services, etc.). It is recommended that the Program link to ongoing work and strategies (specifically the Nova Scotia Child and Youth Strategy) in order to build system capacity and ensure a coordinated, efficient and effective system of early child development.

## **Use diverse strategies to communicate and share the results**

Sharing the findings of comprehensive evaluations, such as this one, informs decision-making, builds capacity, and contributes to the body of evidence about effective models and strategies. Therefore, it is recommended that the Steering Committee consider diverse strategies to communicate and share the results of the evaluation to a wide range of audiences such as families, staff of the Program, practitioners, policy and decision makers, elected officials, community organizations, intersectoral government departments, and researchers.

## **Continue to invest in program evaluation**

Continue to invest in program evaluation to assess and monitor ongoing work and investments in early childhood development. The findings from this evaluation illustrate that the strength-based and family-centered approach of the Healthy Beginnings EHV Program model is working in terms of engaging families and improving knowledge, skills and parenting practices among families living in challenging circumstances. As planned, further evaluation is required to assess other aspects, and longer term outcomes related to child health, and how the collective action of intersectoral partners (both system and community level) impacts child health outcomes. In addition, there is the intent to evaluate the Healthy Beginnings EHV Program in other areas of the province, and the learnings from this evaluation should be used to inform these future evaluations.

# Appendix 1 - Methodology

## Story Sharing/Focus Groups with the Families

In designing the story sharing session with families, the Working Group struck to guide the evaluation recognized that families may not be comfortable with several aspects of the story sharing process and therefore the process was adapted to a focus group format but also included written stories provided by families.

### ❖ Sample and Recruitment

A focus group was held in each of the three DHAs participating in the evaluation. The Community Home Visitor Coordinators and the Community Home Visitors helped to recruit families for the focus group sessions. An invitation was developed, which was then distributed by the Community Home Visitors to their families (a copy of the invitation is attached). The Community Home Visitors were asked to recruit 10 to 12 families for each focus group. Participants were provided with an honorarium to compensate them for their time and travel. Child care was also provided to facilitate participation.

The families/parents were also asked to write a story to share how the Healthy Beginnings EHV Program had made a difference in their lives. The writing of a story was voluntary and participants were asked to bring their written story to the session. The following table provides the number of families that participated in each session and the number of stories that were received.

Bridgewater	9 Families	3 Stories
Kentville	11 Families	10 Stories
Yarmouth	10 Families	10 Stories

### ❖ Data Collection

The focus groups were facilitated by the evaluation consultant hired to assist with the evaluation and the evaluation consultant from NSHPP (who took notes during the session). The families/parents that brought written stories with them were asked if they wanted to verbally share their stories. At each session two to four participants volunteered to share their story. Following the sharing of the stories, the evaluation consultant used an interview guide to help guide and facilitate the discussion (the interview guide is attached). Each focus group lasted approximately 90 minutes. One of the focus groups was tape recorded and then transcribed verbatim, as the note taker was unavailable.

## ❖ Data Analysis

The hand written notes from two of the sessions, the interview transcript from one session and the written stories from the families were the raw data for analysis. The data was reviewed and thematic analysis was used to identify emerging themes and categories. Verbatim excerpts from the stories and quotations from the notes/transcript are used to substantiate the findings.

## Story Sharing with Providers of the Program

The story sharing session with providers consisted of participants sharing written stories in small groups about how the Healthy Beginnings EHV Program has made a difference in the lives of families followed by the analysis of two or more case stories using reflective circles, dialogue, generation of insight cards and formation of theory descriptions.

## ❖ Sample and Recruitment

The table below provides the number of providers involved in the Healthy Beginnings EHV Program in each DHA.

	CHVs	CORW	PHN
DHA 1	4	2	5
DHA 2	4	2	6
DHA 3	5	2	6

The focus of the story sharing session was on the experience of the CHVs and therefore these providers were the primary participants of the session. The three Community Home Visitor Coordinators, all of the Community Home Visitors, and three Public Health Nurses were invited to the session. An invitation was sent to potential meeting participants as well as guidelines for writing a story (attached).

Two Community Home Visitor Coordinators, 12 Community Home Visitors, six Community Outreach Workers, three Public Health Nurses, two Nutritionists (who helped to facilitate the small groups) and the Manager of the Healthy Beginnings EHV Team participated in the session, and 15 stories were received.

## ❖ Data Collection

Meeting participants worked in small groups of approximately six participants to share and reflect upon their stories. Each small group had a facilitator to help guide the reflective discussion.

The story sharing process began with two to three people in each small group sharing their story. Following the sharing of the stories, the facilitator used a set of questions to guide the discussion (the reflective questions are attached). The focus of the written stories and discussion was on

how the Healthy Beginnings EHV Program has made a difference in the lives of families. Challenges and facilitators of the Program were also explored during the discussion.

The facilitators took hand written notes during the group discussion and these notes, along with the written stories formed the raw data for analysis. At the conclusion of the small group discussion, participants were asked to reflect on insights (e.g., key lessons learned, “aha” moments, etc.). These insights also became part of the raw data (along with the written stories and notes from the small group facilitators).

### ❖ **Data Analysis**

Following the small group work, meeting participants worked as a large group to categorize the insights into themes. The themes were named by the large group and participants then worked in groups of three to develop a description of each theme. The descriptions were shared within the large group to ensure they encompassed the insights and nothing was forgotten.

Following the story sharing session, the consultant reviewed the written stories to ensure that all themes had been captured. Excerpts from the stories are used to illustrate and substantiate the themes/findings. The hand written notes from the facilitators were also reviewed and quotations from these notes are also used to illustrate the themes/findings.

## **Family Outcomes Survey**

### ❖ **Sample**

The family outcomes survey was distributed to every family who had been in the Healthy Beginnings EHV Program for 12 months or more at the time of the survey. A total of 108 surveys were distributed and 83 were returned (78% return rate). The survey distribution was generally equal across DHAs (DHA 1 30%, n=25; DHA 2 34%, n=28; and DHA 3 36%, n=30).

### ❖ **Data Collection**

The survey was developed as part of the Evaluation Framework and prior to administration was pilot tested with a sample of families. In addition, the survey was reviewed by both the CHVs and the Coordinators of the Community Health Visitors. Based on the feedback from the pilot test, slight modifications were made to the survey and it was finalized (a copy of the survey is attached). The survey was administered by the evaluation consultant hired to support the Healthy Beginnings EHV Program evaluation via the CHVs. The CHVs were provided with an instruction sheet (attached) describing the purpose of the survey and logistics on how it would be conducted.

The survey was administered between March and May 2009 with surveys returned in a self addressed stamped envelope. Due to issues such as literacy, the CHV Coordinators (there is a CHV Coordinator in each DHA) administered the survey via telephone with four families. To help maintain confidentiality and ensure these families felt comfortable expressing their views, a CHV Coordinator from another DHA conducted the survey with these families.

## ❖ **Data Analysis**

Descriptive statistics (including frequencies and means) were calculated for closed-ended questions on the survey. For these calculations, missing responses were removed. The results from the close-ended questions are presented as frequencies (percents and n-values) along with supporting graphs. Thematic analysis was completed for the qualitative data from open-ended questions on the survey. The qualitative data from open-ended questions are presented to help illustrate the quantitative data.

## **The NCAST Feeding Scale**

The NCAST Feeding Scale is used with families in the Healthy Beginnings EHV Program during the initial visit and again at the 9 to 12- month assessment. The scale is used by the Healthy Beginnings EHV Program, in conjunction with three Personal Environment Assessment Tools, to identify the family's strengths, as well as challenges. The NCAST Feeding Scale helps to measure mother-child interaction, which has been identified as critical for healthy child growth and development. For the purposes of the current evaluation NCAST data was used to help provide data/evidence related to the outcome of enhanced parenting practices, specifically, parent-child interaction.

## ❖ **Sample**

The sample included families who had participated in the Healthy Beginnings EHV Program for 12 months and had and completed both a pre and post assessment. Data was available for a total of 149 families.

## ❖ **Data Collection**

The NCAST Feeding Scale contains a set of observable behaviours that describe parent-child communication and interaction during the feeding situation throughout the first twelve months of life. This validated tool gives a pre and post assessment of four care-giver sub-scales (sensitivity to infant cues, response to distress, socio-emotional growth fostering, and cognitive growth fostering), and two infant subscales (clarity of cues, responsiveness to caregiver). The pre and post assessment also provides a total caregiver score, a total infant score, and combined total caregiver and infant score.

A Public Health Nurse or Community Outreach Worker certified in NCAST assessment observed the families in their homes upon entry to the Healthy Beginnings EHV Program using the NCAST Feeding Scale. (usually when the child was less than two months old) and again at approximately 12 months (generally after about a year of participation in the Program). The data was collected between May 2008 and May 2009 and subsequently entered into a database in May 2009 for the current evaluation.

## ❖ Data Analysis

The NCAST Feeding Scale score for each individual consists of a mean for each of the subscales and total scales, which is then used to calculate a standard deviation above and below the mean of a reference population. There are three reference populations that include:

- Adolescents (less than 19 years of age at the child's birth with an educational level less than expected based on the mother's age);
- Low Education Adults (19-25 years of age with less than 12 years of education)
- High Education Adults (19-25 years of age with at least 12 years or more of education)

For the purpose of this evaluation, descriptive statistics were used to illustrate interactions between mother and child at the first and second assessment. Specifically, the percentage of families less than or equal to one standard deviation below the mean was calculated (the first NCAST assessment serving as the pre measure and the second NCAST assessment serving as the post measure). One standard deviation below the mean was used as a marker of a family at risk for poor outcomes related to healthy child development.

## ❖ Families' Invitation

### Healthy Beginnings Program Sharing Your Story Session

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Thank you for agreeing to be part of the story sharing session!!

#### **What is a story sharing session?**

The purpose of the story sharing session is to provide the chance for families who have been part of the Program to come together to share their experiences with it and tell how it has made a difference in their lives. We are bringing together about 12 families. We want everyone who comes to write their story and we are asking two people to share their stories with others and together everyone will discuss the stories. There will be someone to help guide the session and questions to think about.

#### **How do I write my story?**

Please "tell a story about how the Healthy Beginnings EHV Program has made a difference in your family's life". Write the story down in your own words. It can be as long or short as you like. You can use pictures, words or whatever you like to tell your story.

#### **Where and when is the story sharing session?**

The story sharing session will be held on **April 23, 2009 from 9:00 a.m. to 12:00 p.m. at the Family Support Centre at 156 York Street in Bridgewater.**

#### **What should I bring?**

Please dress comfortably and all you need to bring is your story!!

#### **What else do I need to know?**

Each family will be given \$60.00 to compensate you for your time and travel. Child care will be provided so please let your Community Home Visitor know if you need child care. The child care will be provided at the Support Centre in a separate room from the story sharing session. A snack and beverage will be provided during the session.

*Thanks again and we look forward to seeing you at the session*

## ❖ Interview Guide

### ***Healthy Beginnings Enhanced Home Visiting Program Story Sharing Workshop***

#### ***Reflective Questions***

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##### **OVERALL**

- Is there anything in the story that you can relate to? Do you share any of the same feelings or experiences? If so, which ones?
- How are your experiences the same as those shared in the story? How are they different?

##### **WHAT QUESTIONS – Description**

- What did the Program do to support you and your family? How were you supported?
- What were the successes or accomplishments for your family as a result of participating in the Program?
- What were the challenges that you and your family faced in participating in the Program?

##### **WHY QUESTIONS – Explanation**

- Why do you think the Healthy Beginnings EHV Program helped you and your family? What was most helpful? [Why did (do you think) you achieved the successes or accomplishments you identified? - ask only as a probe]
- Who and what supported your participation and/or successes?
- What did you find frustrating or disappointing about your participation in the Healthy Beginnings EHV Program?

##### **SO WHAT QUESTIONS – Reflection**

- What have you learned from your participation in the Healthy Beginnings EHV Program?
- How has the Program made a difference in your family's life? (or helped your family). This overlaps somewhat with the second question under the "WHAT" questions – I will only ask if not already covered) [Probe, only if time, - How did relationships between your family change through your participation in the Healthy Beginnings EHV Program?]
- What were the unexpected spin offs? (i.e., what happened as a result of the Healthy Beginnings EHV Program that you were not expecting?)

##### **NOW WHAT QUESTIONS - Action**

- What strengths have you and your family gained to help you in the future?
- What would you suggest be done differently with the Program if you were participating in it again? What could be done to improve the support/Program?
- What other supports does your family need?

## ❖ Providers' Invitation

### Story Sharing Workshop for Healthy Beginnings Enhanced Home Visiting

May 4, 2009, 9:30 a.m. to 3:00 p.m.  
Cornwallis, Nova Scotia

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You are invited to a story sharing workshop to share your experiences with the Healthy Beginnings Enhanced Home Visiting (EHV) Program. This Story Sharing workshop with providers involved in Healthy Beginnings EHV is part of the evaluation of the Initiative. We would like to know how the Program has made a difference for families. Specifically, we would like to hear **your story about a family you have worked with through the Healthy Beginnings EHV Program**. Please don't worry about the format of your story (e.g., bullets are fine, don't worry about things like punctuation and grammar, etc. – we are interested in the content of your story!!!).

Below are a few pointers or guidelines for writing your story.

***A good story is one that, relative to the workshop theme, does one or more of the following:***

- Demonstrates a “success”
- Demonstrates the challenge(s) and/or barrier(s)
- Was particularly stimulating for you or others
- Offers some beneficial lessons for you and your colleagues about working with families

***Assume that your story-listener knows nothing about the context, setting or circumstances surrounding your story. Provide a lot of description, e.g.:***

- Who was involved
- What actions you and others did
- When and where the actions took place
- What actions went smoothly
- What actions were problematic

***Explain some of the reasons why you chose your actions:***

- How your actions helped families achieve their goals
- How your organization's structure and relationships affected what actions you chose
- How the community context affected what actions you chose
- How your organization (colleagues, superiors) and families viewed your work (the feedback you received)

***Offer some reflection on your own story:***

- From your experience, what you would do differently next time
- Why you would do it differently
- What strengths you have gained that will help you in your work with families
- What you have learned from this family that helps you with your work

*Thank you and we look forward to seeing you on May 4<sup>th</sup>!!*

## ❖ Reflective Questions

### Story Sharing Workshop Healthy Beginnings Enhanced Home Visiting Questions for Reflection

May 1, 2009

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After the story has been told, each person in the small group (in turn) should think back over the story and comment on:

- Is there anything about the story that I can relate to? Do I share any of the same feelings or experiences? If so, which ones?
- How are my experiences the same as those who shared the story?

**\*\*The following questions are meant as a guide only\*\***

#### **“What” (Description) Questions**

These will help us better understand the story that was just shared. Examples of what questions could be:

- What did we want to accomplish when Healthy Beginnings Enhanced Home Visiting (EHV) first got started?
- How did this change over time?
- What steps have we taken to accomplish what we set out to do with the Healthy Beginnings Initiative?
- What were our successes?
- What were our problems?
- How did we and others involved with Healthy Beginnings EHV work together to accomplish what we set out to do?

#### **“Why” (Explanation) Questions**

The next step is to move deeper in the story and ask “why” things happened the way they did. “Why” questions invite a discussion on causes and help clarify the story that has just been told.

Some of the questions asked at this stage should include:

- Why did we do what we did?
- Why do we think it made a difference in the lives of families through Healthy Beginnings EHV?

- Why do you think it made the Healthy Beginnings Initiative more successful?
- What skills were contributed in the story to make the work successful?
- Who and what supported your work with families through Healthy Beginnings EHV?
- What did we find frustrating or disappointing about the work with families through Healthy Beginnings EHV?

## **So What” (Synthesis) Questions**

To further understand each other’s stories, we need to question each other’s way of thinking. We also need to ask questions to help clarify the assumptions that each person has.

Some of the questions that could help us to do that are:

- What is not clear about our work with families through Healthy Beginnings EHV?
- What have we learned?
- How have people changed through the process?
- How have other organizations changed through the process?
- How did relationships between people and organizations change in the process?
- What were the unexpected spin-offs?

## **“Now What” (Action) Questions**

The purpose of the next stage of the discussion is to get from the story what are the lessons from our experiences, to look at what we have learned about building partnerships and strengthening our community. The purpose of telling our stories is to help those involved in Healthy Beginnings EHV decide where to go from here.

Some questions at this stage could include:

- What would we do differently next time?
- What will we do next?
- What strengths have we gained that will help us do things more effectively in the future?
- What areas do we need to build on?
- What other supports are needed so we can support families more effectively through Healthy Beginnings EHV?

This level of questioning takes what we think was important about the story and allows us to think about what we would do the same or differently next time.

## ❖ Family Outcomes Survey

<b>Information to be completed by Healthy Beginnings staff:</b>	
Date: ____ Year ____ Month ____ Day	DHA of residence: ____
Level of program intensity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
How many months the family has been in the Healthy Beginnings program: ____ months	
Is the survey being filled out for a family member by Healthy Beginnings staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Healthy Beginnings (HB) Family Survey

Please help us make Healthy Beginnings (HB) better by telling us what difference the program has made for you and your family. Your responses will be anonymous and confidential, so try to answer the questions as honestly as you can, even though some of them may feel a little personal. We have provided a stamped envelope for you to send the survey back to us as soon as you are done. We hope to hear from you soon!

1. Please tell us how much Healthy Beginnings has helped your family with the following by placing a check ✓ in the box on the right: (Please check one response only for each)

	HB hasn't helped with this yet	HB has helped a little	HB has helped a lot	We don't need this help from HB
a. Helping you to get basic household needs: food, clothing, housing or transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helping you to get basic child needs: crib, diapers, child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Helping you with money problems (e.g., finding work, budgeting, improving education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helping you to get information on parenting and child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Understanding your child's behaviour and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Finding positive ways to teach your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Finding positive ways to help your child behave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Finding more support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Finding helpful resources in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Helping with addiction(s) (e.g., tobacco, alcohol, drugs, gambling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping with emotions such as: feeling depressed, stressed, angry, isolated, or alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Helping with healthy relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Would you recommend Healthy Beginnings to a friend if they needed support? (Please check one response only)

- No, definitely not ☹️     
  No, probably not     
  Yes, probably     
  Yes, definitely ☺️

If no, could you please tell us why not?

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3. In the spaces below, list up to three goals, topic areas or areas of interest that you identified and worked on with your home visitor. Then check one of the boxes on the right to rate your success at working towards each goal. If you have had many goals, please list the three that have been most meaningful for you.

List your goals/topic areas below:	Much less successful than I expected	Less successful than I expected	About as successful as I expected	More successful than I expected	Much more successful than I expected
Goal/Topic Area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal/Topic Area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal/Topic Area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. Circle the number that shows where you are NOW when it comes to: (Please circle one response only for each)

	Need Some Help!						Doing Great!
a. Feeling good about your parenting?	1	2	3	4	5	6	7
b. Knowing how children grow and develop?	1	2	3	4	5	6	7
c. Knowing how to pick healthy foods?	1	2	3	4	5	6	7
d. Helping your child learn?	1	2	3	4	5	6	7
e. Knowing positive ways to help your child behave?	1	2	3	4	5	6	7
f. Coping with the stress in your life?	1	2	3	4	5	6	7
g. Knowing who to ask for advice and emotional support?	1	2	3	4	5	6	7
h. Knowing where to go for help when you need it?	1	2	3	4	5	6	7
i. Knowing how to make your home safe for your child?	1	2	3	4	5	6	7



5. Now THINK BACK to when the Healthy Beginnings home visitor first began coming to your home. Where were you THEN, regarding: (Please circle one response only for each)

	Need Some Help!						Doing Great!
a. Feeling good about your parenting?	1	2	3	4	5	6	7
b. Knowing how children grow and develop?	1	2	3	4	5	6	7
c. Knowing how to pick healthy foods?	1	2	3	4	5	6	7
d. Helping your child learn?	1	2	3	4	5	6	7
e. Knowing positive ways to help your child behave?	1	2	3	4	5	6	7
f. Coping with the stress in your life?	1	2	3	4	5	6	7
g. Knowing who to ask for advice and emotional support?	1	2	3	4	5	6	7
h. Knowing where to go for help when you need it?	1	2	3	4	5	6	7
i. Knowing how to make your home safe for your child?	1	2	3	4	5	6	7

6. Please indicate how much you agree or disagree with each statement: (Please check one response only for each)

<i>Overall, Healthy Beginnings staff:</i>	 Disagree strongly	Disagree	Agree	 Agree Strongly	Note Sure
a. Treat me and my family with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understand my family's particular needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. See strengths in me that I didn't know I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help me use my own skills and resources to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Let me decide what goals or topic areas I want to work toward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Give me information I need to make decisions about myself and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Connect me with services that are helpful for me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are respectful of my cultural beliefs and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help me to learn new ways to respond to my baby's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Overall, taking everything into consideration, how satisfied are you with Healthy Beginnings? (Please check one response only)

- Very dissatisfied 
     
  Not satisfied
     
  Somewhat satisfied
     
  Very satisfied 

If you would like, please explain your answer:

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The next two questions are for families who have older children, born before they became involved in the Healthy Beginnings program.  
 If this is your first child, please go to question 10 (i.e., do not answer question 8 and 9).

(Questions 8 and 9 are for families with older children)

8. In the past MONTH, how often have you done the following with your Healthy Beginnings child/youngest child? (Please check one response only for each)

	Never	Rarely	A few times a month	A few times a week	Every day
a. Told my child stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read books to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Played with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made toys with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ate together as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kept my child away from second hand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Used positive discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Now thinking back to when your NEXT OLDEST CHILD (i.e., the child that is closest in age to your Healthy Beginnings child) was the same age, how often did you do the same activities with that OLDER CHILD? (Please check one response only for each)

	Never	Rarely	A few times a month	A few times a week	Every day
a. Told my child stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read books to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Played with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made toys with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ate together as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kept my child away from second hand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Used positive discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How long did you breastfeed your children?

	Never	Less than 1 week	1 to 4 weeks	More than 4 weeks to 2 months	More than 2 months to 4 months	More than 4 months to 6 months	More than 6 months	Don't know
a. This (Healthy Beginnings) child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Next oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Next oldest child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Next oldest child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you very much for helping with the Healthy Beginnings evaluation!*

## ❖ Community Home Visitors' Survey Instruction Sheet

### Healthy Beginnings Enhanced Home Visiting (EHV) Evaluation Instructions for Conducting the Family Outcomes Survey

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#### *What is the purpose of the survey?*

The purpose of the family outcomes survey is help to evaluate the Enhanced Home Visiting Program (i.e., assessing how the Program has helped participants).

#### *Who will be involved?*

The family outcomes survey is to be completed by every family who has been in the Enhanced Home Visiting Program for 12 months or more at the time of the survey. It should be completed by the parent or caregiver who is most involved with the home visitor. If two parents are actively involved, they can complete a single survey together.

#### *When will the survey be conducted?*

The survey will be conducted between **March 18, 2009 and April 30, 2009.**

#### *How will the survey be conducted?*

For most families, the home visitor will introduce the survey during a regularly scheduled visit. The parent will later complete the survey in writing, anonymously, and return it in a provided stamped envelope. The process is described in detail below.

For families where literacy may be an issue, the survey is to be conducted by telephone, by someone in the district who is not directly working with the family. Home visitors are to facilitate the process by telling families to expect the call. In these cases, parents' comments must be treated as highly confidential and parents must be advised of this fact at the time of the survey.

#### *Procedure for introducing the survey to parents:*

Fill out the section at the top of the survey before entering the home. **This information is absolutely essential.**

Introduce the survey to your main family contact during a regular visit, covering the following points, in your own words if you wish:

- *Healthy Beginnings Enhanced Home Visiting is a Program of Public Health Services that provides support for families with young children. I am part of this Program, as are (name any others that have worked with this family as part of EHV, to make sure they know what we mean by the HB team, which is the term used in the survey).*
- *We want to find out how the Program is working for parents and how to make it better, so we have a survey that we would like every family to fill out.*
- *What I'd like to do today is go over the questions with you and then leave the survey here so you can fill it out and send it in after I leave. You don't need to put your name on the survey. It will go straight to someone in Halifax. I won't see your answers and no one will know you wrote them, so you can feel free to tell us what you really think about the Healthy Beginnings Home Visiting. Would you be willing to fill out the survey for us?*

- If the parent agrees to participate, tell her/him you will go over the questions with her/him to find out whether they are clear. Please read every question out loud and explain how to check the answer in the boxes provided. As you review each question, ask whether the question is clear. The purpose of reading through the questions is primarily to overcome any reading issues. It also is a chance for you to address any uncertainty they have about any question. If any question is unclear, please explain the meaning to the best of your ability.
- Ask the parent to complete the survey after you are gone and drop it in the mail in the next week.
- *On your next visit*, please enquire whether the survey was completed and sent off. If this has not been done, take whatever steps you can to make it happen. For example, provide another copy, offer a phone survey as an alternative, or offer to drop it in the mail yourself.

Thank *you* for helping us with the survey. **Any Questions?** Please call or email Stephanie Heath, 463-7661 extension 1, [Stephanie@researchpowerinc.com](mailto:Stephanie@researchpowerinc.com).