

# Report

Submitted by:

**Research Power Inc.**

Tel: (902) 463-7661

[www.researchpowerinc.com](http://www.researchpowerinc.com)



## **Evaluation of the Healthy Beginnings Enhanced Home Visiting Program in Capital District Health Authority**

Submitted to:



Date: July 2012

# Table of Contents

<b>ACKNOWLEDGEMENTS .....</b>	<b>IV</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>VI</b>
INTRODUCTION .....	VI
METHODOLOGY .....	VII
FINDINGS.....	VII
▲ <i>Outcomes for Families</i> .....	<i>vii</i>
▲ <i>Outcomes of Partnerships</i> .....	<i>ix</i>
▲ <i>Recommendations</i> .....	<i>x</i>
<b>INTRODUCTION.....</b>	<b>1</b>
BACKGROUND AND CONTEXT.....	1
THE EVALUATION PROCESS .....	4
PURPOSE OF THIS REPORT .....	6
<b>METHODOLOGY .....</b>	<b>7</b>
FAMILY OUTCOMES SURVEY .....	7
STORY SHARING SESSION WITH STAFF .....	8
▲ <i>Overall Approach</i> .....	8
▲ <i>Sample and Recruitment</i> .....	8
▲ <i>Data Collection</i> .....	9
FOCUS GROUPS WITH FAMILIES .....	10
▲ <i>Overall Approach</i> .....	10
▲ <i>Sample and Recruitment</i> .....	10
▲ <i>Data Collection</i> .....	11
KEY INFORMANT INTERVIEWS .....	12
▲ <i>Sample and Recruitment</i> .....	12
▲ <i>Data Collection</i> .....	13
DATA ANALYSIS .....	13
<b>FINDINGS.....</b>	<b>14</b>
SUPPORTS HEALTHY BEGINNINGS HAS PROVIDED FOR FAMILIES .....	14
▲ <i>Helpful Information on Parenting and Child Development</i> .....	14
▲ <i>Listening and Emotional Support</i> .....	17
▲ <i>Linking to Other Resources and Programs</i> .....	18
▲ <i>Support for Healthy Relationships</i> .....	19
▲ <i>Support with Social Determinants of Health</i> .....	20
▲ <i>Help with Setting Goals</i> .....	21

WHY HEALTHY BEGINNINGS WORKS.....	22
▲ <i>Trusting, Non-judgemental and Respectful Environment</i> .....	22
▲ <i>Strength-based and Family-Centred Approach</i> .....	24
▲ <i>Partnerships and Teamwork</i> .....	24
▲ <i>Listening and “Just Being There”</i> .....	25
▲ <i>Community Ownership of the Program</i> .....	26
▲ <i>Caring and Committed Staff</i> .....	27
▲ <i>Family Satisfaction with Healthy Beginnings</i> .....	28
CHALLENGES AND SUGGESTED IMPROVEMENTS FOR THE PROGRAM .....	28
▲ <i>Challenges for Healthy Beginnings</i> .....	28
▲ <i>Suggested Improvements to Healthy Beginnings</i> .....	31
THE DIFFERENCE HEALTHY BEGINNINGS HAS MADE IN FAMILIES’ LIVES .....	32
▲ <i>Improved Parenting Skills and Strong Parenting Practices</i> .....	32
▲ <i>Increased Confidence and Self Esteem within Families</i> .....	33
▲ <i>Improvements in Social Determinants of Health</i> .....	34
▲ <i>Better Self-care</i> .....	35
▲ <i>Improvements in Relationships</i> .....	36
▲ <i>Strengthened Families’ Ability to Advocate for Themselves</i> .....	37
▲ <i>Breastfeeding</i> .....	37
▲ <i>Achievement of Goals</i> .....	38
FACILITATORS TO ORGANIZATIONAL PARTNERSHIPS .....	39
▲ <i>Relationship with Public Health</i> .....	40
▲ <i>Coordinator Role within Public Health</i> .....	40
▲ <i>Communication</i> .....	41
▲ <i>Contracts and Reporting Structures</i> .....	42
CHALLENGES AND SUGGESTED IMPROVEMENTS FOR PARTNERSHIPS .....	42
THE DIFFERENCE HEALTHY BEGINNINGS HAS MADE FOR PARTNERS .....	44
▲ <i>Increased Capacity to Support Child Development</i> .....	44
▲ <i>Increased Coordination of Services</i> .....	45
▲ <i>Increased Awareness of Services and Connection of Families to Services</i> .....	46
▲ <i>Increased Use of Programs Offered at Resource Centres</i> .....	47
▲ <i>Improved Relationship with Public Health</i> .....	47
<b>KEY OBSERVATIONS AND CONCLUSIONS .....</b>	<b>49</b>
OVERVIEW .....	49
TO WHAT EXTENT ARE THE SHORT-TERM OUTCOMES OF HEALTHY BEGINNINGS BEING ACHIEVED? .....	50
▲ <i>Increased Confidence, Knowledge and Skills Regarding Parenting and Care of Infants and Young Children</i> 50	
▲ <i>Reduced Parental Stress</i> .....	51
▲ <i>Increased Use of Available Supports</i> .....	51
TO WHAT EXTENT ARE MID-TERM OUTCOMES IMPROVING AS A RESULT OF HEALTHY BEGINNINGS? .....	52
▲ <i>More Supportive Parenting Practices</i> .....	52
ARE FAMILIES EXPERIENCING PROGRESS TOWARDS THEIR GOALS? .....	53
WHAT PARTNERSHIPS HAVE OCCURRED AND WHAT HAVE BEEN THE RESULTS OF THESE PARTNERSHIPS?.....	54
<b>RECOMMENDATIONS.....</b>	<b>56</b>

▲ Continue to conduct and fund Healthy Beginnings .....	56
▲ Address barriers related to the screening process and access to Healthy Beginnings.....	56
▲ Maintain the integrity of Healthy Beginnings through implementing and monitoring provincial program standards .....	57
▲ Strengthen central coordination of and support for Healthy Beginnings .....	57
▲ Support Healthy Beginnings staff through professional development and networking opportunities .....	57
▲ Link to existing work and strategies.....	58
▲ Continue to support and build on the community- and partnership-based approach for delivering Healthy Beginnings.....	59
▲ Communicate and share evaluation results through knowledge exchange.....	59
<b>REFERENCES.....</b>	<b>60</b>
<b>APPENDIX 1: LOGIC MODEL.....</b>	<b>61</b>
<b>APPENDIX 2: DATA COLLECTION INSTRUMENTS .....</b>	<b>62</b>
▲ Instructions for Conducting the Family Outcomes Survey.....	62
▲ Story Sharing Session: Invitation .....	64
▲ Story Sharing Session: Reflective Questions.....	66
▲ Focus Groups with Families: Instructions for Recruiting Participants .....	68
▲ Focus Groups with Families: Invitation.....	71
▲ Focus Groups with Families: Focus Group Guide.....	72
▲ Key Informant Interviews: Letter of Invitation .....	75
▲ Key Informant Interviews: Interview Guide.....	76
<b>APPENDIX 3: FAMILY OUTCOMES SURVEY FINDINGS .....</b>	<b>78</b>
INTRODUCTION .....	78
METHODOLOGY .....	78
FINDINGS.....	79
▲ Demographics .....	79
▲ Question 1 .....	80
▲ Question 2 .....	82
▲ Question 3 .....	83
▲ Questions 4 and 5.....	87
▲ Question 6 .....	90
▲ Question 7 .....	91
▲ Question 8 .....	92
▲ Question 9 .....	93
▲ Question 10.....	94
▲ Question 11 .....	95
<b>APPENDIX 4: KEY INFORMANT INTERVIEW PARTICIPANTS.....</b>	<b>98</b>

# Acknowledgements

Public Health, Capital Health (Public Health) and the Nova Scotia Department of Health and Wellness (DHW) wish to acknowledge the many individuals who have contributed to this evaluation – it was truly a collective effort. The evaluation was guided by an Evaluation Steering Committee who provided guidance and thoughtful feedback throughout the evaluation process. Members of this Committee include:

- Nicole Druhan-McGinn, Coordinator, Research and Evaluation, Understanding Communities Unit, Public Health, Capital District Health Authority
- Roberta Duchesne, Manager, Cobequid, Chebucto and West Hants, West, Public Health, Capital District Health Authority
- Angela Fitzgerald, Evaluation Consultant, Nova Scotia Department of Health and Wellness
- Cynthia Keeping, Public Health Nurse, Healthy Beginnings, Public Health, Capital District Health Authority
- Susanne Landry, Coordinator, Family Health, Nova Scotia Department of Health and Wellness
- Sarah Melanson, Program Coordinator, Understanding Communities Unit, Public Health, Capital District Health Authority
- Nadine Romaine, Public Health Nutritionist, Understanding Communities Unit, Public Health, Capital District Health Authority

This evaluation was supported by a cadre of dedicated and committed individuals from the Family and Women’s Resource Centres who deliver the Healthy Beginnings Program: Bayers Westwood Family Resource Centre, Chebucto Family Resource Centre, Dartmouth Family Resource Centre, East Preston Family Resource Centre, Eastern Shore Family Resource Centre, Family Resource Centre of West Hants and LEA Place Women’s Resource Centre. Bayers Westwood Family Resource Centre, Dartmouth Family

Resource Centre and Eastern Shore Family Resource Centre provided logistical support for the focus groups. Staff from the Healthy Beginnings Program, including the Community Home Visitors, Community Home Visitor Supervisors, Public Health Nurses and management staff at Public Health, Capital Health all provided invaluable support including helping to administer data collection tools, recruiting families for the focus groups, participating in the story sharing session and sharing their stories and reviewing draft reports.

A special thank you to the Community Home Visitor Supervisors at each Resource Centre (Donna Sutton, Melodie Skeete, Caralee McDaniel, Trina Fraser, Maureen Kirk, Sara Downing and Myrene Keating) who offered substantial time and advice throughout the evaluation process. Finally, Public Health and DHW wish to thank the families who completed surveys, participated in the focus groups and shared their written stories about their participation in the program. Without their contribution and open and honest feedback, this evaluation would not have been possible.

# Executive Summary

## Introduction

The Healthy Beginnings Enhanced Home Visiting Program was launched in Nova Scotia in 2002 as an enhancement to Public Health's pre-existing perinatal programs and services. Through universal screening and in-depth family assessment, Public Health identifies families facing challenges and provides support for up to three years after the birth of a baby. 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 Capital Health (DHA 9) and focused on answering the following evaluation questions:

- To what extent are the program's outcomes (parenting capacity) being achieved? If these short-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?
- What partnerships have occurred and what have been the results of these partnerships?

The Healthy Beginnings Enhanced Home Visiting Program in Capital Health is delivered through seven Family and Women’s Resource Centres in the district. The involvement and support of the staff at the Resource Centres was therefore critical in supporting the data collection process for this evaluation.

## Methodology

Four data collection methods were used in this evaluation including focus groups and stories with families in the program, a story sharing session with providers of the program, a survey with families entitled the Family Outcomes Survey and interviews with key informants from partner organizations working either directly or indirectly with the Healthy Beginnings Program.

## Findings

### ▀ Outcomes for Families

The findings reveal that the Healthy Beginnings Program has provided extensive support in building parenting knowledge and skills. This support was offered in a family-centred manner which recognizes families’ abilities and unique contexts. The strengths-based approach of the program ensured that support was offered in a positive and non-judgemental way. As a result, families participating in Healthy Beginnings have gained skills and confidence in many areas, including growth and development of children, understanding child behaviour, using positive discipline and safety, as well as with other practical issues such as sleeping, eating and toilet training.

Families in Healthy Beginnings were supported in identifying goals or topic areas to work on through the program. Families’ goals addressed a range of areas including parenting, 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), healthy relationships, child care needs (e.g., toilet training, safety, scheduling), child learning and feeding. The findings reveal that families are experiencing progress towards their goals with the majority indicating they were more or much more successful than anticipated at achieving their goals.

The knowledge and skills that families have gained and the positive approach of the program, all contributed to families' increased confidence in their parenting skills. It also appears that parents are applying the knowledge and skills they have learned through the program to provide greater support to their families. Families in Healthy Beginnings reported that they often interact with their children through play, reading, telling stories and singing and that they often use positive parenting practices such as positive discipline, eating together as a family and keeping their children away from second hand smoke. Parents also said that their parenting skills in the areas of safety, supporting their child's learning and using positive behaviour techniques had improved.

It appears that some mothers continue breastfeeding for a longer period of time as a result of the support they received through Healthy Beginnings. The breastfeeding initiation rate for women in the Healthy Beginnings Program (76%) is about the same as the provincial rate of 78% (Statistics Canada, 2010) and slightly below the initiation rate of 85% for the Capital Health District (Nova Scotia Atlee Perinatal Database, 2010). About a third (29%) of women in the Healthy Beginnings Program breastfed for 6 months or longer (this may or may not have been exclusive breastfeeding).

Many families in the Healthy Beginnings Program face significant life stressors such as poverty, unemployment, lack of education, abusive relationships, children with developmental delays or other health concerns, limited family/social networks for support, etc. The Healthy Beginnings Program therefore aims to enhance families' abilities to cope with and manage stress. The findings of the evaluation demonstrate that families received critical emotional support and reassurance as a result of participating in the program. Parents are better able to care for themselves, including taking time for themselves as well as addressing stress, anxiety or other mental health issues. The program has also helped couples and families to better cope with stress and to interact and communicate in a positive way to build healthier

relationships. In addition to confidence in their parenting skills and abilities, families have also gained self-esteem and confidence in themselves overall. As a result of this increased confidence and with the support provided by Healthy Beginnings, many families have been able to improve their situations related to the social determinants of health (e.g., increased education, better employment, improved housing, etc.). These types of changes also help to reduce parental stress.

The Healthy Beginnings Program has also helped to connect families to other community resources and programs, including needed services (e.g., mental health supports) as well as programs to promote recreation and friendship and reduce isolation (e.g., programs offered at Family Resource Centres). Families seem to be more knowledgeable about the available services and supports, as well as being more confident and better equipped to access the programs that they need and advocate for themselves when required. Some partner organizations have also increased their ability to connect families to different services and supports as a result of the knowledge and awareness gained through the partnership with Healthy Beginnings.

### ▀ **Outcomes of Partnerships**

In terms of partnerships, the Healthy Beginnings Program was most successful in building relationships with contract partners (i.e., the Family and Women’s Resource Centres who deliver the program). These organizations have the strongest ties to the Healthy Beginnings Program and as a result, also have strong ties with Public Health more generally. While some non-contract partners did not have a strong partnership with or awareness about Healthy Beginnings, almost all partners indicated that they generally had a good relationship with Public Health.

The main outcomes of the partnerships between other organizations and Healthy Beginnings were connecting families with a needed service (as noted above); increasing the capacity of organizations to support child development among all families that they serve; enhancing the coordination of supports and programs that address issues similar to those addressed in the Healthy Beginnings Program; increasing awareness of services among partners; increased access to and use of programs provided through Resource Centres; and improved relationships with Public Health. Factors such as housing the program within

Resource Centres, pre-existing relationships with Public Health, communication between partners, the coordinator role within Public Health and existing contract and reporting structures all helped to support the successful partnership outcomes that were achieved.

## ▀ Recommendations

Based on the findings of this evaluation, the following are the recommended actions to maintain and enhance the Healthy Beginnings Program:

- **Continue to conduct and fund Healthy Beginnings:** The evaluation illustrates that the Healthy Beginnings Program is meeting its outcomes in supporting healthy child development, so the program should continue to be implemented and funded.
- **Address barriers related to the screening process and access to Healthy Beginnings:** Barriers related to screening and access to the program need to be further examined and addressed. In addition, it may be helpful to conduct a more in depth analysis of the reasons why families choose not to engage with Healthy Beginnings, or why families agree to participate but then disengage from the program.
- **Maintain the integrity of Healthy Beginnings through implementing and monitoring provincial program standards:** To maintain the integrity of the program, it is recommended that provincial program standards continue to be maintained and monitored. Where feasible, standards should be incorporated into other documentation guiding the work of Healthy Beginnings (e.g., contracts with partner organizations to deliver the program).
- **Strengthen central coordination of and support for Healthy Beginnings:** Public Health should to continue to develop the processes and communication mechanisms for the staff involved in the coordination of Healthy Beginnings to ensure that consistent program coordination, leadership and support is available to Healthy Beginnings staff and partners.
- **Support Healthy Beginnings staff through professional development and networking opportunities:** It is recommended that all staff receive consistent core training as well as ongoing professional development. Staff should also be provided with regular opportunities for networking,

sharing, team-building and learning from one another to develop the competencies required for this Program, as identified in the Provincial Program Standards.

- **Link to existing work and strategies:** It is recommended that Healthy Beginnings continue to link to other work and strategies (e.g., provincial work on the early years, work within Public Health on new mandate and stakes, renewed focus on partnerships, Protocols to support achievement of the Nova Scotia Public Health Standards 2001-2016, etc.), as well as other organizations working in the area of child development, both within and outside of government.
- **Continue to support and build on the community- and partnership-based approach for delivering Healthy Beginnings:** The community-based model used in delivering the Healthy Beginnings Program should continue. Public Health should also continue to work to strengthen its partnerships with both contract and non-contract partners.
- **Communicate and share evaluation results through knowledge exchange:** It is recommended that the Steering Committee consider diverse strategies to communicate and share the results of the evaluation with 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.

# Introduction

## Background and Context

The Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings) 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 influence brain development – literally shaping the foundation for later development, learning and behaviour (National Scientific Council on the Developing Child, 2008).

According to McCain, Mustard and McCuaig (2011), 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, economic opportunities; 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 federal, 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 and care; and strengthen community supports. As previously mentioned, the Healthy Beginnings Enhanced Home Visiting Program is one of the Nova Scotia ECD initiatives.

The Healthy Beginnings Enhanced Home Visiting Program was launched in Nova Scotia in June 2002 as an enhancement to Public Health's pre-existing perinatal programs and services. Through universal screening and in-depth family assessment, Public Health identifies families facing challenges and provides support for up to three years after the birth of a baby.

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 used. Families identify individual goals which guide the visits, discussions and activities. The program is delivered primarily by Community Home Visitors (CHVs) as well as Public Health Nurses (PHNs).

The Healthy Beginnings Enhanced Home Visiting Program is managed and delivered by the nine District Health Authorities (DHAs). Provincial program standards have been developed to support local delivery. The objectives of the Healthy Beginnings Enhanced Home Visiting 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.

Since the initial launch of Healthy Beginnings in 2002, the public health system in Nova Scotia has gone through a period of transition and renewal. Public Health has adopted a new mandate (“Public health works with others to understand the health of our communities and acts together to improve health”) and a new set of public health standards. This new approach reflects changes not just in what Public Health does, but in how it works, requiring whole-system thinking and innovation. It is in this context that the evaluation of the Healthy Beginnings Program in Capital Health was conducted.

# The Evaluation Process

An evaluation framework was developed for the Healthy Beginnings Enhanced Home Visiting Program in December 2004 through a participatory and consultative process. The framework includes a logic model (provided in Appendix 1), an 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. A Phase III evaluation (focused on outcomes for families) was conducted in DHAs 1, 2 and 3 in 2009.

In late 2011, Capital Health (DHA 9) identified themselves as being ready for Phase III of the evaluation of the Healthy Beginnings Program in their district. Capital Health and DHW engaged a consultant, Research Power Inc. (RPI), to conduct the evaluation. The objectives of the evaluation are:

- To assess what difference the Healthy Beginnings program has made for families in Capital District Health Authority.
- To assess to what extent the program has enhanced parenting capacity and parenting skills among families facing challenges.
- To assess Public Health Healthy Beginnings partnership development with community based organizations and services involved with the Healthy Beginnings Program.

The assessment of partnership development with external stakeholders as part of the evaluation of the Healthy Beginnings Program was a new component (i.e., this focus was not part of the 2009 evaluation in DHAs 1, 2 and 3). The changes outlined above that have taken place in Public Health over the last few years led to an increased interest in learning more about partnerships as part of the evaluation in Capital Health as there is now a greater focus in Public Health across the province on working in partnership, developing a deeper understanding of the health of communities and acting together to improve the health of Nova Scotians.

The evaluation focuses on answering the following evaluation questions:

- To what extent are the program's outcomes (parenting capacity) being achieved? If these short-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?
- What partnerships have occurred and what have been the results of these partnerships?

This evaluation used four data collection methods:

- Family Outcomes Survey: This survey looked at outcomes for families currently in the Healthy Beginnings Enhanced Home Visiting Program and was offered to every family who was in the program for 12 months or longer at the time of the survey.
- Story Sharing Session with Providers of the Program: This full day session gathered the feedback and experiences of those working with the program, including Community Home Visitors (CHVs), Public Health Nurses (PHNs) and CHV Supervisors based in the Resource Centres.
- Focus Groups with Families in the Program: Three focus groups were held with families currently in the program who were in the program for 12 months or longer to hear about their experiences.
- Key Informant Interviews: Interviews with key informants were carried out to help assess progress related to partnerships as a result of the program.

Delivery of the Healthy Beginnings Enhanced Home Visiting Program is the responsibility of the district health authorities through the Public Health Services. Each area has approached staffing it in a distinct way. In Capital Health, public health nurses are all responsible for screening families in their districts. Beyond

that, a team of Enhanced Home Visiting nurses conduct assessments and follow the families in the program.

Home visiting is delivered by 11.6 full-time equivalent (FTE) CHVs, through contractual agreements with seven Family and Women’s Resource Centres in the district. The Resource Centres are responsible for hiring, supervising and supporting the CHVs, who are distributed according to community health board boundaries. CHVs are therefore integrated into and supported by the Resource Centre teams. CHVs are hired for their personal attributes and experiences and many have related post-secondary education.

The involvement and support of the staff at the Resource Centres was critical in supporting the data collection process for this evaluation.

## Purpose of this Report

This report presents the findings of the evaluation of the Healthy Beginnings Program in the Capital District Health Authority of Nova Scotia. The report provides a synthesis of the results from the four data collection methods (family outcomes survey, story sharing session, focus groups with families and key informant interviews).

# Methodology

This section describes the methodology used for each of the four data collection approaches.

## Family Outcomes Survey

The Family Outcomes Survey (FOS) used in this evaluation was adapted from the survey that was used in the evaluation conducted in DHAs 1, 2 and 3 in 2009. When initially developed, the survey was pilot tested and then used successfully in the evaluation. That survey was then adapted for this evaluation based on feedback about the local context in Capital Health. It was not pilot tested again.

The survey was administered by Research Power Inc. via the CHV Supervisor for each of the Family and Women's Resource Centres that deliver the Healthy Beginnings Program in Capital Health. Each CHV Supervisor was provided with an instruction sheet (see Appendix 2 for all data collection instruments except the survey questions, which are provided in Appendix 3) describing the purpose of the survey and logistics on how it would be conducted and was asked to share that information with CHVs for distribution to families. The survey was administered between February and April 2012, with surveys returned directly to Research Power Inc. in a self-addressed stamped envelope. Families had an option to complete the survey verbally by phone if literacy or language barriers were a concern, but no families used this option.

Only families currently in the program, who had been in the program at least 12 months, were eligible to complete the survey. As the focus of the evaluation was on outcomes for families, the 12 month cut off was used in order to ensure that families had had an opportunity to actually experience change as a result of their participation in Healthy Beginnings.

A total of 61 surveys were distributed and 42 were returned (69% return rate). The table below shows the response rate by geographic area.

Geographic Health Team Area	Number of Surveys Returned	Response Rate
Dartmouth, Southeastern and Eastern Shore Public Health Geographic Team	29	81%
Cobequid West Hants Public Health Geographic Team	4	80%
Halifax Chebucto West Public Health Geographic Team	9	45%

Descriptive statistics (including frequencies and means) were calculated for closed-ended questions on the survey. For these calculations, missing responses were removed. Thematic analysis was completed for the qualitative data from open-ended questions on the survey. Appendix 3 presents the qualitative and quantitative findings from each question in the survey and the survey findings are also integrated where appropriate into the findings section of this report.

## Story Sharing Session with Staff

### Overall Approach

A story sharing session with staff working with the Healthy Beginnings Program was identified as one of the data collection methods for the outcome evaluation (Phase III) in the Evaluation Framework. The story-dialogue method consists of participants sharing written stories in small groups, followed by the analysis of two or more case stories using reflective circles, dialogue, generation of insight cards and formation of theory descriptions. A detailed description of the story sharing session conducted with the staff of the Healthy Beginnings Program is provided below.

### Sample and Recruitment

As indicated in the introduction, the Healthy Beginnings Program in Capital Health is delivered through seven Family and Women’s Resource Centres. Each Resource Centre has one or more CHV, one or more PHN and a CHV Supervisor associated with it. All CHVs, PHNs and CHV Supervisors were invited to attend

the story sharing session. Invitations as well as guidelines for writing a story were sent to potential participants (Appendix 2).

In total, 17 participants attended the session, as outlined in the table below. In addition, three representatives from Public Health involved in managing the program and one representative from DHW also attended the session as observers/note-takers.

	Total Staff in Program	Total that Attended the Story Sharing Session
Community Home Visitors	12	9
Public Health Nurses	10	7
CHV Supervisors	7	1
<b>Total</b>	<b>29</b>	<b>17</b>

### ▀ Data Collection

Meeting participants worked in two small groups of approximately eight participants to share and reflect upon their stories. Each small group had a facilitator (a consultant from Research Power Inc.) 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 (see Appendix 2). The focus of the written stories and discussion was on how the Healthy Beginnings Program has made a difference in the lives of families. Facilitating factors and challenges of the program were also explored during the discussion.

During the group discussion a note taker (representatives from DHW and from Public Health) and the facilitator took hand written notes 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 (i.e., 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).

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 or four to develop a description of each theme. The descriptions were then shared with 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. Once completed, a summary of the findings was provided to all CHVs and PHNs, who validated the findings.

## Focus Groups with Families

### Overall Approach

Three focus groups with families were carried out as part of this evaluation. The focus groups were modeled on the story sharing dialogue method described above. The process for families was adapted to a focus group format but also included written stories provided by families.

### Sample and Recruitment

Focus groups were held in three different locations in order to ensure participation from families throughout the Capital Health District. Each Resource Centre was asked to recruit participants for a specific focus group. This is outlined in the following table:

Focus Group Location	Resource Centres Recruiting Participants
Bayers Westwood FRC	Bayers Westwood FRC, Chebucto Family Centre and Family Resource Centre of West Hants
Dartmouth Family Centre	Dartmouth Family Centre and East Preston FRC
Eastern Shore FRC	Eastern Shore FRC and LEA Place Women’s Resource Centre

The Community Home Visitors (CHVs) and CHV Supervisors helped to recruit families for the focus group sessions. They were provided with instructions for recruiting families (Appendix 2) as well as an invitation for them to share with families (Appendix 2 provides a generic copy of the invitation, which was adapted

with specific details such as time and date for each of the sessions). The CHVs were asked to recruit up to 10 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 parents participating in the focus groups were asked to write a story to share how the Healthy Beginnings 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. In some cases, families that were not able to participate in the focus group still submitted stories. The table below provides the number of families that participated in each session and the number of stories that were received.

Focus Group	Number of Families	Number of Stories
Bayers Westwood FRC	6 Families	6 Stories
Dartmouth Family Centre	7 Families	6 Stories
Eastern Shore FRC	3 Families (5 participants)	10 Stories
<b>Total</b>	<b>16 families (18 participants)</b>	<b>22 Stories</b>

### ▀ Data Collection

The focus groups were facilitated by a consultant from Research Power Inc. The parents that brought written stories with them were asked if they wanted to verbally share their stories at the beginning of the session. At each session two to five participants volunteered to share their story. Stories from all focus group participants were provided to the consultant at the end of the focus group. Some families who could not attend the focus groups also submitted stories and these were included in the analysis as well. The consultant used a focus group guide to help guide and facilitate the discussion (Appendix 2). Each focus group lasted approximately 75-90 minutes. All focus groups were audio-recorded (with participants' permission) and transcribed verbatim.

# Key Informant Interviews

## ▀ Sample and Recruitment

Telephone interviews with both contract and non-contract partners of the Healthy Beginnings Program were conducted in February and March 2012. Contract partners are the Resource Centres who are contracted by Capital Health to deliver the Healthy Beginnings Program. Non-contract partners are organizations that do not have a formal relationship with the Healthy Beginnings Program but may work with clients who are part of Healthy Beginnings, or come into contact with the program in other ways.

A list of potential key informants was developed by Public Health. Contract Partners (i.e., Resource Centres involved in delivering the program) also had the opportunity to review the list of potential key informants and provide input. Potential key informants were then sent a letter of invitation to participate in an interview (Appendix 2) and the consultant followed up and arranged interview logistics. If required, a minimum of three follow-up attempts were made per key informant. In cases where the key informants declined participation or were not reached with follow-up attempts, Public Health was asked to supply replacement names.

It is important to note that all key informants interviewed were external to Public Health. Public Health therefore did not provide their own feedback on the partnership outcomes. In retrospect, it would have been valuable to also include feedback on these outcomes from Public Health staff who had been engaged in partnership development. The table below provides a breakdown of the key informants interviewed by type. A list of key informants interviewed is included in Appendix 4.

Type of Key Informant	#
Contract Partners	7
Non-Contract Partners	12
<b>Total</b>	<b>19</b>

## ▀ Data Collection

The telephone interviews were conducted by a consultant from Research Power Inc. The consultant used an interview guide to help guide and facilitate the discussion (Appendix 2). Each telephone interview lasted approximately 30-45 minutes. All interviews were audio-recorded (with participants' permission) and transcribed verbatim.

# Data Analysis

The transcribed focus groups and interviews, the written stories from the families and Healthy Beginnings staff and the notes from the story sharing session with staff formed the raw data for qualitative analysis. The data was then coded, that is, broken into meaningful pieces related to emerging themes and categories. Coding was done using the qualitative software package NVivo (version 7).

The findings from the focus groups, the story sharing session with staff, the key informant interviews and the family outcomes survey were synthesized and compiled into this report. Excerpts from the stories and quotations from the focus groups, interviews and story sharing session are used to substantiate the findings. Please note, strength of response is reflected in the order the themes are presented as well as through the use of descriptors such as “many”, “some” and “a few”. Quantitative findings from the survey are integrated into the body of the report where they fit with the theme being described. The detailed findings of the survey, presented by question, are available in Appendix 3.

Qualitative methods, including focus groups and written stories, are exploratory in nature and thus provide rich and valuable insights into people's views and feelings, but are not intended to be generalized or quantified.

# Findings

The findings present a synthesis of the data from the four data collection methods (i.e., focus groups with families, story sharing with staff, key informant interviews and family outcomes survey). The findings present data related to both process and outcome measures and begin with a description of the supports the program has provided for families (process measures), followed by an assessment of why the program works (process measures), challenges and suggested improvements for the program (process measures) and the difference the program has made in the lives of families (outcome measures). The report then presents facilitators to the organizational partnerships (process measures), challenges and suggested improvements for partnerships (process measures) and the difference the program has made for partners (outcome measures).

## Supports Healthy Beginnings has Provided for Families

This section presents how the program has helped families including a description of how the program provided helpful information on parenting, listening and emotional support, linking to other resources and programs, support for healthy relationships, support for social determinants of health and help with setting goals.

### ▲ Helpful Information on Parenting and Child Development

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

Area	% of Families Indicating Healthy Beginnings Helped A Lot
Learning new ways to respond to their child's needs	98%* (n=41 of 42)
Positive ways to teach their child	95% (n=39 of 41)
Information on parenting and development	93% (n=37 of 40)
Playing with their child	92% (n=33 of 36)
Understanding child's behaviour and feelings	88% (n=37 of 42)
Using positive discipline	88% (n=35 of 40)
Starting solid foods	86% (n=30 of 35)
Positive ways to help their child behave	79% (n=31 of 39)
Helping with breastfeeding	72% (n=18 of 25)
Reading books to their child	70% (n=23 of 33)

\* This area was addressed in a separate question where respondents indicated that they agreed or strongly agreed with this statement.

In the focus groups with families, participants also consistently mentioned that providing helpful information, advice and support with parenting and child development issues and concerns were important supports, described by almost all respondents. This type of support included the following:

- Information about the growth and development of a child and how to support and encourage their child's development, particularly through different activities, games and toys (especially how to make homemade toys);
- Learning how to recognize and respond to children's emotional expressions and needs (e.g., anger, frustration, fear, etc.);
- The importance of establishing a routine and how to do so;
- Information and advice on a range of parenting issues such as feeding (e.g., healthy foods, when to give solids, breastfeeding support), sleep (e.g., help with sleep disturbances and sleeping through the night) and toilet training;
- How to use positive discipline with their child/children;
- Helping to ensure that the environment was safe for their children (e.g., baby proofing, identifying hazards, etc.);
- Better ways of communicating effectively with their child/children.

*From ideas for fun and interactive play, to help with discipline and potty training, I am constantly amazed and immensely grateful for the assistance that they have freely given.*

Family Focus Groups Participant

*One of the main focuses of our Enhanced Home Visits was parenting. My Enhanced Home Visitor provided me with information and guidance in areas of [my child's] development as I needed it. We did activities and made toys on our visits as well. Some areas we talked about were discipline, toilet training, positive ways to teach my child, behaviour, how children grow, coping with stress, how to make my home safe for my child, healthy foods to feed my child and help me to understand my child. I found all of this helpful with my family and my ability to parent my daughter.*

Family Focus Groups Participant

*Through [my home visitor's] help I was slowly able to appreciate my [child]. Each time she visited she would bring age appropriate curriculum which laid out exactly what to expect and what I should be doing with [my child] at each stage. I followed everything she told me and soon I too had the happy little [child] I had hoped for.*

Family Focus Groups Participant

Participants in the focus groups also consistently described how Healthy Beginnings has helped to reassure them about their parenting skills and normalize issues that some thought were unique challenges they were facing.

*It's just having somebody to kind of reassure that you're doing a good job with your kid or kids and that you're not a bad parent.*

Family Focus Groups Participant

*With me, it's just constant reassurance I needed and I mean I never even changed a diaper before really or anything like that. I have no family here and no friends, so it was just, am I doing this right, am I doing that right? If I'm doing it right, why is [the baby] crying so much?*

Family Focus Groups Participant

*They also tell you that, you're not just crazy, you're okay, you're just stressed out. It's just parenting.*

Family Focus Groups Participant

### ▀ Listening and Emotional Support

Many participants in the focus groups described the CHVs as an important source of emotional support in their lives – someone they could talk to who would listen and support them. This was mentioned not just for parenting and family concerns, but for any issue that the parent(s) were dealing with. Eighty-two percent (82%, n=31 of 38) of survey respondents also said that Healthy Beginnings had helped them a lot with their emotions. Partner organizations also indicated that Healthy Beginnings provided important emotional support for families.

*The healthy beginnings program has been a positive thing for me, for starters they have just been an ear for me to use when I was going through a difficult time.*

Family Focus Groups Participant

*I don't have a lot of family support, so I feel like [my CHV] is kind of a family support. Like I know that once a week or now once every two weeks, I'm going to have somebody . . . I remember one visit, I was really down in the dumps . . . and I just cried for the whole hour and a half, just cried. And she just sat there and listened. Didn't say anything, she just let me [talk].*

Family Focus Groups Participant

*I do think it offers emotional support. One of the main problems for newcomer mothers is isolation, so when a good rapport and when trust is built, the service offers emotional support and helps to break the isolation.*

Key Informant

*[My CHV] is willing to listen no matter what I want/need to talk about or get off my chest and I have found I can really count on [her] to be completely up front and honest and knows what she is talking about and always does her best to help me with whatever it is I need.*

Family Focus Groups Participant

## ▀ Linking to Other Resources and Programs

In the focus groups and stories, many participants described how Healthy Beginnings has helped them by providing information about other programs and supports and connecting them to these other resources. Healthy Beginnings staff in the story sharing session also described how they supported families in accessing medical or other therapeutic programs and services for their children.

Some of the programs and resources mentioned by staff and families included:

- Programs and services at the IWK Health Centre (e.g., medical support, mental health programs);
- Recreation programs (e.g., HRM youth funding program, recreational facilities);
- Programs and activities available through the Family Resource Centres or other community resources such as libraries (e.g., parent and tot programs, pre-natal or parenting programs, play groups, etc.);
- Information and support for breast feeding;
- Information on educational programs (e.g., to complete high school).

*My home visitor told me about different children's programs and I actually enrolled my four year into swimming lessons.*

Family Focus Groups Participant

*For example, just putting me in touch with resource centres . . . and the library right by my house, they have a section there of bilingual books and [the CHV] showed me where that was . . . I probably wouldn't have gotten around to going and checking for it on my own. She took me right to it, showed me where they were at and at the library there they also have a play group once a week and she told me about that. It's nice to know about that stuff.*

Family Focus Groups Participant

*The little boy received Speech and Language and other Early Intervention help; and team efforts in the community. [Having the] Healthy Beginnings Home Visitor as the liaison for these services, made all the difference. He is now in Grade 2 and is doing extremely well.*

Story Sharing Session Participant

Respondents to the survey also agreed or strongly agreed that Healthy Beginnings helped to connect them with other helpful services (97%, n=40 of 41). Three-quarters of participants (76%, n=29 of 38) reported that Healthy Beginnings helped them a lot with finding resources in the community.

### ▀ Support for Healthy Relationships

Many families said that participating in Healthy Beginnings had helped support them in understanding and building healthy relationships with the people in their lives (partners, family members and friends). Seventy-nine percent of survey respondents (n=30 of 38) indicated that Healthy Beginnings helped a lot with healthy relationships and many focus group participants spoke about receiving this kind of support.

*My home visitor, she provided me with some anger management information . . . I was looking for some [free] anger management [classes] for my partner and I . . . she e-mailed me some intervention workshop stuff.*

Family Focus Groups Participant

*They teach you about healthy relationships too. So my family was really dysfunctional, there was always fighting and stuff and I didn't really I guess you could say, know how to love anybody. And when I got together with my daughter's father, we got along really well. And then right after we had our daughter, it was pretty bad. We were always fighting and [my CHV] would talk to me and tell me what a healthy relationship is and ours wasn't really healthy, but then we made it, we decided to work on things.*

Family Focus Groups Participant

*In talking to my CHV I have learned that it is okay to have my own thoughts, feelings and opinions and that I should be able to express them without being afraid of what will happen because of them. I spent a lot of time in a relationship where I had to bite my tongue, be under someone else's control in every way. My CHV and I talked about relationships with family, friends and my partner; she gave me information on healthy relationships. I learned that I was in a lot of relationships that weren't good for me, I learned that the way I was being treated wasn't how I was supposed to be treated. In learning that, when the time came I realized that with the supports I had I could leave my partner and start a new life.*

Family Focus Groups Participant

### Support with Social Determinants of Health

Survey respondents said that Healthy Beginnings has ‘helped a lot’ in providing support with many of their practical and daily needs related to the social determinants of health (e.g., education, social networks and supports, financial/economic circumstances, etc.):

Area	% of Families Indicating Healthy Beginnings Helped A Lot
Keeping their child away from second hand smoke	76% (n=16 of 21)
Helped with money problems (e.g., finding work, budgeting, improving education, etc.)	65% (n=20 of 31)
Helped to get basic household needs (e.g., food, housing, clothing, transportation)	59% (n=19 of 32)
Helped to get basic child needs (e.g., crib, diapers, childcare)	52% (n=16 of 31)
Helped them find more support from family and friends	52% (n=17 of 33)
Helped with addictions	43% (n=6 of 14)

Many participants in the focus groups also spoke about how the support they had received from Healthy Beginnings had helped them deal with some of the practical issues in their lives, such as:

- Attending medical appointments with the family and helping the parents to understand medical information and decisions;
- Assisting with financial issues such as applying for Income Assistance, budgeting and filing taxes;
- Providing assistance with access to food, diapers/wipes, transportation, etc.

- Providing assistance with finding housing; and
- Helping to deal with custody or other legal issues.

*[My CHV] attends my son's follow up medical appointments and saw that I was becoming frustrated. She would ask questions that I never thought of. She has looked up and printed info off the internet for me.*

Family Focus Groups Participant

*Since entering the Enhanced Home Visiting Program, the home visitors have helped me in lots of areas. When coming on visits, the home visitors brought things I needed such as food from the cupboard and bread from the food bank. When the Dartmouth Family Centre had children's clothing they helped me a lot with clothes. Through the Enhanced Home Visiting Program I also gained help with diapers, wipes and bus tickets.*

Family Focus Groups Participant

*They helped me out, like recipes, things that'll last throughout the month, budgeting, they've helped me claim bankruptcy; get out of debt and stuff.*

Family Focus Groups Participant

### ▲ Help with Setting Goals

A few focus group participants said that the program had helped them set goals and figure out what they wanted to change in their lives, and then supported them in making those changes (goal setting is something that is done with all families in the program, but only a few focus group participants mentioned this as an important support). All survey respondents (100%, n=42) indicated that the Healthy Beginnings staff had let them decide what goals or topic areas they wanted to work towards.

*[The CHV] just kind of asked me about my goals and what did I want to do for myself, and what was I interested in?*

Family Focus Groups Participant

# Why Healthy Beginnings Works

This section provides an analysis of why the Healthy Beginnings Program works. The key themes identified include the trusting, non-judgmental and respectful environment within the program, the strength-based and family-centered approach, partnerships and teamwork, listening and “just being there”, the community ownership of the program and the caring and commitment of staff. The section concludes with families’ satisfaction with the program.

## ▀ Trusting, Non-judgemental and Respectful Environment

The trusting, non-judgemental and respectful environment in which the program is delivered was described by both focus group participants and Healthy Beginnings staff as an important element in the program’s success.

Healthy Beginnings staff acknowledged that accepting the family and refraining from making judgments or sharing opinions/beliefs unless asked were an important part of building trust. Participants in Healthy Beginnings said that they had a high level of trust in their CHV. They talked about how they felt comfortable telling their CHVs private or personal information about their lives and also about how the CHV was a trusted source of information and support. In some cases, even if there was very little trust when the family started the program, the CHV worked hard over a long period of time to build this trusting relationship with a family.

*I never take anyone's opinion when it comes to my son before checking with my home visitor! I trust that even if she may not know the full answer to my question that she will direct me in the right direction until she can find something out about it and get back to me as soon as possible.*

Family Focus Groups Participant

*[My CHV] gained trust with me thinking of my well-being . . . she put forth a huge effort to get to know me to be able to support me in the ways that I required. And trust me that is a very great task, as I do not take to people very easily.*

Family Focus Groups Participant

*Working with this family has strengthened my belief that it is more effective to show unconditional acceptance of lifestyle, cultural beliefs and religious practices, and work within these parameters.*

Story Sharing Session Participant

*I believe that the young at-risk moms that we are hoping to support with this program are very hard to reach and a lot of them have issues with trust, therefore as home visitors we need to think out of the box and find different ways to engage and retain them in the program. Most of the young moms that I have on my caseload are from either building a strong relationship within the Prenatal Program that I facilitate, encouraging them to continue with the Postnatal Program while promoting the Healthy Beginnings Program.*

Story Sharing Session Participant

Families in Healthy Beginnings consistently said that their CHVs respected them and did not judge them. Families in the focus groups described how the CHV would listen and support them and provide them with information or options in a positive and non-threatening way. Parents felt that the CHVs supported them in making good decisions without judging when they may not have agreed with a particular decision. Survey respondents also strongly agreed that Healthy Beginnings staff treated them and their family with respect (98%, n=41 of 42) and were respectful of their cultural beliefs and practices (87%, n=34 of 39).

*I feel that I can be completely honest with [my CHV] and always tell her exactly what is on my mind, she is so down to earth and non-judgmental whatever I do or say.*

Family Focus Groups Participant

*I learned that it is safe to be me with my CHV. I have cried, yelled, been angry, sad, been silly, happy and many more, I know that no matter how I am my CHV will be herself and let me be me and take me for who I am.*

Family Focus Groups Participant

## ▀ Strength-based and Family-Centred Approach

The insights at the story sharing session consistently revealed that one of the greatest strengths of the Healthy Beginnings Program is the ability of staff to respond to the needs of the family, respecting what the family is ready for and what they identify as their goals. Three-quarters (75%, n=32 of 42) of survey respondents also strongly agreed that Healthy Beginnings staff understood their family's particular needs.

The strength-based approach used by the Healthy Beginnings Program was identified by story sharing participants as an important support for families. This approach uses positive reinforcement to help empower families and build confidence and self-esteem in families. A few participants in the focus groups also talked about the positive approach of the CHVs and survey respondents strongly agreed that Healthy Beginnings staff saw strengths in them they didn't know they had (74%, n=28 of 38) and helped them use their own skills and resources to solve problems (63%, n=26 of 41).

*[Healthy Beginnings] is strength-based . . . families are not used to trying to find something positive to cling to and focus on that.*

Story Sharing Session Participant

*As CHVS we need to follow the family's lead and . . . realize every family is different. It's important to know it is the family's journey and it is our job to help support their decisions.*

Story Sharing Session Participant

*She was my own little cheering section, there for me with no pressure to be something I'm not.*

Family Focus Groups Participant

## ▀ Partnerships and Teamwork

Healthy Beginnings staff identified numerous partnerships and relationships that help support the success of Healthy Beginnings. These include relationships between CHVs, PHNs and CHV Supervisors; relationships between the Healthy Beginnings staff and other Resource Centre staff; the partnerships between Capital

Health and the Resource Centres that deliver Healthy Beginnings; and partnerships with other organizations and services that may also be working with families (e.g., community resources, early intervention services, etc.). The teamwork between and among CHVs and PHNs was highlighted as particularly important.

*The team approach in Healthy Beginnings programming - CHVs, PHNs and supervisors and the greater team in FRC programs are crucial to our success.*

Story Sharing Session Participant

*The support and relationships between CHVs and PHNs the whole team – knowing you can go to your team.*

Story Sharing Session Participant

*The value and importance of relationships between the public health nurse, the home visitor and the resource centre.*

Story Sharing Session Participant

### ▲ **Listening and “Just Being There”**

Some participants in the story sharing session identified both active listening and “just being there” (i.e., not actively doing anything) as important supports for families. For example, “just being there” might include accompanying families to medical appointments, attending court with a family, or observing other important life events (e.g., a birth or death) with the family. Active listening was also an important part of ‘being there’ for families.

*Mom told me that just having someone to listen to her as she shared her feelings was most important.*

Story Sharing Session Participant

*Mom thanked me for being a support to her during this time [loss of a child] . . . She said that it was helpful to have someone that she could talk to or just cry with that was not family . . . I learned from this experience that I helped her by sometimes not doing anything.*

Story Sharing Session Participant

*I would go on visits and families would ask me to accompany them to appointments or meetings. I would go, sit with them, not do or say anything and wondered what I was doing there. I was feeling like I wasn't doing anything to really support the family I was there with. So I started asking what the reason was that the families wanted me to be there. I got answers like, "I just knew someone was in my corner" and "I really don't think I could have done it on my own."*

Story Sharing Session Participant

### ▀ Community Ownership of the Program

As noted in the introductory section of this report, the Healthy Beginnings Program in Capital Health is delivered through seven Family and Women's Resource Centres in the district. Delivering the program this way was seen as an important element of the program by many participants in the interviews and a few participants in the story sharing session. Resource Centres are already well connected within communities, both to families and to other resources, supports and community partners, making it easier to integrate and use these relationships in the Healthy Beginnings Program. Respondents also indicated that the Resource Centres were able to increase participation in Healthy Beginnings in part as a result of their existing relationships with families.

*One of the successes of the program overall is that it's now owned by the community and the Family Resource Centres . . . it's a community-owned program and a family-owned program.*

Story Sharing Session Participant

*I am a strong advocate that these programs should be administered through [Resource Centres], because once the bond is created, it encourages parents . . . if that level of trust is established, which is a huge accomplishment, then they're better prepared to get involved in other programs.*

Key Informant

*We have families who access our services who would never in a million years even imagine having a Public Health nurse come into the home. But through our prenatal program and our home visitors, who participate in prenatal, they're able to bridge that gap and say, you know what, it's not so bad . . . that does happen and I would say it is a big piece that takes place that might otherwise not take place, if the program wasn't in the centre.*

Key Informant

### ▲ Caring and Committed Staff

Families described the CHVs and PHNs working in the Healthy Beginnings Program as being caring and committed and willing to help families no matter what the issue, even going above and beyond what was required of them. As noted earlier in the report, CHVs often supported families by attending meetings or appointments with other service providers with the family (e.g., medical appointments, court appearances). Parents said that the CHVs were accessible when the family needed them and were committed to helping the family. A few key informants also described the skills and commitment of the CHVs as an important factor that contributes to the program's success.

*I learned that I could call my first home visitor at the drop of a hat and say, I need an appointment today. Is there any way you can fit me in? I'm losing it. And she would either have time, or drop something and she'd come right out. She'd be there within a couple of hours.*

Family Focus Groups Participant

*They're like a real family to us. It's not like it's just outside help, it's actually family, like I can call her and . . . she'll obviously just come and help me, regardless of what time it is.*

Family Focus Groups Participant

*I think it's a passion and a commitment and seeing number one, where our community lets people down and the systems that are there that do not support them or support families during this time. I just feel there's this huge commitment from the people who are doing the work. They're very passionate about it.*

Key Informant

## ▀ Family Satisfaction with Healthy Beginnings

On the family outcomes survey, when asked if they would recommend Healthy Beginnings to a friend if they needed support, 100% of families (42 of 42) said yes (93% (n=39 of 42) said ‘yes, definitely’ and 7% (n=3 of 42) said ‘yes, probably’). Further, an overwhelming majority of participants (98%, n=41 of 42) indicated that they were very satisfied with the Healthy Beginnings Program.

*This is a wonderful program that has made a big difference in my life and I am sure it has for many others.*

Survey Respondent

*I would recommend this program to any new mothers because there are times I don't know what I would have done without their support.*

Survey Respondent

## Challenges and Suggested Improvements for the Program

This section presents the challenges identified by families, staff and both contract and non-contract partner organizations related to the implementation of Healthy Beginnings. Suggested improvements to address these challenges are also presented.

### ▀ Challenges for Healthy Beginnings

Both Healthy Beginnings staff and participating families were asked to identify any challenges with the program. Partners (key informants) were asked to identify challenges related to their partnership with Healthy Beginnings, but they did also identify challenges related to the Healthy Beginnings Program. In the family focus groups, 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 by families.

The identified challenges are described in the following table. Most were identified by Healthy Beginnings staff and partners and are grouped separately by challenges for families and challenges for staff (challenges related to partnerships are described later in this report). For each challenge it is noted which group identified that particular challenge (i.e., partners, staff, or families). The challenges in the table are presented in order of strength of response.

### *Challenges for Families*

- The **process of screening families** into the Healthy Beginnings Program using a deficit-based screening tool was seen as a challenge by both staff and partners. Because of the stigma that can be attached to the screening process and because the screening process may be done by someone with whom the families do not have a pre-existing relationship, some families that would benefit from involvement in Healthy Beginnings may not get access to the program because they have not screened in.
- Some partners identified **barriers for families related to language and/or a lack of cultural sensitivity**. For example, some families may not have understood the English language screening tool to have answered appropriately and been screened into the program. Other families may choose not to participate because they did not feel their cultural background was reflected (e.g., African Nova Scotian, Aboriginal). This was noted in relation to immigrant communities as well as in connection with other diverse populations in Nova Scotia.
- Some families talked about **having more than one CHV** during their time participating in Healthy Beginnings and a few indicated that changing to a new CHV was challenging for them. Although most said that they had made this transition successfully, participants also noted that it was very difficult losing the bond they and their children had developed with a CHV.
- Some staff and contract partners expressed **concern about the limited resources** of the program (i.e., additional resources to increase CHV hours or add new staff were not available), noting that this has sometimes resulted in waiting lists for families to access services. Specific details of this challenge (i.e., the length of waiting lists, whether this was the case across the Resource Centres providing the program, etc.) were not provided by respondents.
- A few families mentioned some **challenges around scheduling** visits with the CHVs. Families noted that this was most often due to their own schedules (e.g., busy with work or school) rather than to a lack of availability by the CHV.

- A few families indicated that they initially had **concerns about participating in Healthy Beginnings**. They did not know what to expect and were fearful of someone becoming too involved in their lives and potentially criticizing them or even reporting them to authorities. This concern was also noted by partner organizations, who indicated that lack of an existing relationship with the program or Healthy Beginnings staff may mean that families have fears about participating (e.g., they think it is a way to “check-up” on them) and decline to participate for that reason even if they do screen in to the program.

### *Challenges for Staff*

- The **loss of a single, dedicated individual at Capital Health to coordinate** the Healthy Beginnings Program was seen as a challenge by program staff and partners (all of the contract partners and a few of the non-contract partners). This role was seen as providing necessary leadership and support to the program, and although staff acknowledged that the new Public Health staff responsible for Healthy Beginnings are doing their best, they do not have the same time to dedicate to managing and supporting the program.
- Staff noted that recently there **have not been as many opportunities for CHVs and PHNs based at different Resource Centres to connect** with one another. Some people felt that this led to reduced teambuilding across the whole Healthy Beginnings team.
- Contract partners and staff working in more rural communities noted that the **geography and the greater travelling distances** involved in working with families could sometimes be a challenge, as this takes additional time and resources.
- A few contract partners described **challenges with the funding provided for Healthy Beginnings** related to the lack of flexibility in being able to move the funding provided from one budget line item to another and to the limits placed on the salary for CHVs.
- The **concern about the limited resources** of the program (limitations on available staff) noted above by staff and contract partners can also result in heavy caseloads for CHVs and PHNs, which could contribute to burn out.

## ▀ Suggested Improvements to Healthy Beginnings

During the focus groups with families, the interviews with partners and the story sharing with staff, participants made suggestions about how to overcome the identified challenges. The suggested improvements are outlined in the table below and are organized according to the area they address: screening and access, program delivery and program coordination and administration.

### *Suggestions for Screening and Access*

- Healthy Beginnings staff and partners suggested that the challenges associated with the current use of a deficit-based screening tool to assess need for the Healthy Beginnings Program should be addressed. Two suggestions made by staff for addressing this were to provide universal access to the program, or to change the screening process used to access the program.
- In every focus group, families noted that they would like to see the program last longer, until children are school-aged. This was also noted by Healthy Beginnings staff and partners, who suggested that there be continuity of the program into the school system. Partners and a couple of families also indicated that they would like to see Healthy Beginnings offered more widely (e.g., to all new parents) as they felt it was the kind of support that every family could benefit from receiving.
- Partners suggested making changes to how families access the program, including allowing staff who know the family to refer them to the program if they feel it would be beneficial and enhancing the screening process by making sure it takes place within an existing trusting relationship.

### *Suggestions for Program Delivery*

- Some families mentioned that they would like to be able to see their CHV more frequently. A few people spoke of the transition from weekly to bi-weekly or monthly visits as a challenge.
- A couple of parents suggested that CHVs should be able to transport clients when necessary (e.g., to appointments, etc.), especially in urgent situations.

### *Suggestions for Program Coordination and Administration*

- Contract partners and Healthy Beginnings staff noted that there should be more regular opportunities for networking and teambuilding among all members of the Healthy Beginnings team (Public Health staff, CHVs, PHNs and CHV Supervisors). It was noted that this would help to enhance collaboration and

partnership-building between contract partners and Public Health.

- Partners and Healthy Beginnings staff suggested that the coordination and program management taking place centrally through Capital Health should be enhanced (e.g., by bringing back a single individual in the Coordinator role).
- Healthy Beginnings staff suggested that increased professional development and education be provided for them, including a consistent orientation for all new staff and further education on specific topic areas (e.g., mental health issues, motivational interviewing).

## The Difference Healthy Beginnings has Made in Families' Lives

This section of the findings presents the outcomes achieved by families as a result of participating in the Healthy Beginnings Program, including improved parenting skills and strong parenting practices, increased confidence and self-esteem within families, improvements in the social determinants of health, better self-care, improvements in relationships, the ability to advocate, breastfeeding and achievement of goals.

### ▀ Improved Parenting Skills and Strong Parenting Practices

Many parents in the focus groups and in their stories talked about how their parenting knowledge and abilities have improved as a result of participating in Healthy Beginnings. Many felt that they were better parents as a result of participating in the program and they were better able to support their children's growth and development. In the family outcomes survey, families also indicated that their parenting skills had improved in the following areas:

Area	% of Respondents who Improved from Needing Help to Doing Well
Making the home safe for their child	100% (n=11)
Knowing how children grow and develop	96% (n=22 of 23)
Helping their child learn	95% (n=19 of 20)
Knowing positive ways to help their child behave	65% (n=15 of 23)

*The Healthy Beginnings program has been an invaluable resource to my family. It has made my husband and I better parents through all of the information they have provided.*

Family Focus Groups Participant

*One of the main focuses of our Enhanced Home Visits was parenting. My Enhanced Home Visitor provided me with information and guidance in areas of [my child's] development as I needed it . . . I found all of this helpful with my family and my ability to parent my daughter.*

Family Focus Groups Participant

Families in Healthy Beginnings also indicated in the survey that they have strong parenting practices, reporting that they often interact with their children through play, reading, telling stories and singing, and that they often use positive parenting practices such as positive discipline, eating together as a family and keeping their children away from second hand smoke.

Activity	% of Respondents Who Do This Activity a Few Times a Week or More
Played with their child	98% (n=41 of 42)
Used positive discipline	95% (n=40 of 42)
Kept their child away from second hand smoke	95% (n=37 of 39)
Ate together as a family	90% (n=38 of 42)
Sang songs to their child	86% (n=36 of 42)
Read to their child	79% (n=33 of 42)
Told their child stories	74% (n=31 of 42)

### ▲ Increased Confidence and Self Esteem within Families

Many families in the focus groups and stories spoke of the confidence they have gained as a result of participating in Healthy Beginnings, in both their parenting and in themselves more generally. Participants spoke of learning to value and accept themselves. They also spoke of being more confident as parents and knowing they were making the best choices that they could for their families. When asked to consider how they felt about their parenting at the beginning of the program compared to now, 81% (n=21 of 26) of survey respondents who rated themselves as needing help to feel good about parenting (a score of 1, 2, or 3 on a 7-point likert scale) at the beginning of their participation in the program moved to rating themselves as doing well in that area (a score of 5, 6, or 7 on the scale).

*They have helped me learn how to adapt to my whole situation. They tried to show me, whether there's two parents or whether there's only one parent, whether you have one kid or whether you have five, you can do it.*

Family Focus Groups Participant

*I think with the Healthy Beginnings Program, they showed me that I am a strong woman, I can do this on my own, I've been doing it on my own. Yes, it would be nice to have the extra support of my family, but in reality I don't need them because I'm doing the best job that I can.*

Family Focus Groups Participant

*The Healthy Beginnings Program has made a difference in my family's life by giving us self-confidence as parents.*

Family Focus Groups Participant

*[I have learned to] appreciate myself. Have self-confidence.*

Family Focus Groups Participant

## ▀ Improvements in Social Determinants of Health

The support provided by Healthy Beginnings and the increased self-confidence that participants gained often resulted in family members going back to school or improving their employment situation. These types of changes were described in many of the stories shared by both staff and families. In the focus groups, some families spoke about how the program helped to connect them to resources and supports that would help them go back to school (e.g., flexible programs, financial assistance) and the CHVs acted as a sounding board in encouraging decisions about pursuing education as well as dealing with the many demands of going to school and raising a family at the same time.

*[The CHV] encouraged me all the time to stay in school and finish high school, which I did but it was really hard.*

Family Focus Groups Participant

*She helped me accomplish my school, because I didn't want to do it . . . me and school never really got along. So I couldn't go to an actual school. She found a program for me . . . I did grade 10, 11 and 12. And she helped me so that I could [pay the tuition] in payments . . . It took me a year to get it, but I did it and she helped me with it. At least I can say, yes, I'm still on assistance. I have two kids, I'm 20, but hey, I've got my grade 12 diploma.*

Family Focus Groups Participant

*Through time, lots of support and many discussions this Mom is now going out on her own and is attending school to better prepare her for getting back in the workforce.*

Story Sharing Session Participant

*When discharged from program mom had her driver's license, GED and was accepted to NSCC. A year or two later she has a new home, full time work and a new car.*

Story Sharing Session Participant

## ▀ Better Self-care

Some of the parents in the focus groups expressed that the Healthy Beginnings Program helped them learn to take better care of themselves. A few people said that they had learned through the program that they were more than just parents and that they had to take care of their own needs as well as those of their children. Some of the changes participants discussed included recognizing signs of mental health issues (e.g., depression, anxiety) and seeking treatment and recognizing the importance of having time alone and taking time for yourself.

*A happy mom makes for a happy kid. So if you're not happy, your kids are going to see that.*

Family Focus Groups Participant

*You've got to take care of yourself so that you can take care of your kids. It can't just be all your kids, your kids, your kids.*

Family Focus Groups Participant

*Assistance in recognizing I had serious anxiety (essentially a bit post-partum depression) and helping me through it and supporting me enough to make the decision myself to get medical help*

Family Focus Groups Participant

### ▀ Improvements in Relationships

Healthy Beginnings helped to support healthy relationships both within and outside the family. A few of the stories shared by staff reflected positive changes in family relationships such as leaving an abusive partner, or helping to support the family in cases where Child Protection (Department of Community Services) had become involved. Families in the focus groups also spoke about improvements in relationships with their partners, as well as with other friends or family members (e.g., with parents, roommates, among siblings, etc.). 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.

*[I have] seen a lot of moms who left negative relationships. Once they have the extra support person [from Healthy Beginnings], they feel they can do these things.*

Story Sharing Session Participant

*We have been able to build on the success of the program by encouraging HB families (when they are ready) to take the next step out of the isolation of their rural homes and regularly attend interactive New Parent groups and Early Child Development playgroups. In this way, they meet other young parents and their children and form friendships and bonds which help to reinforce and support their parenting . . . and help them to realize that "they are not alone" in the everyday challenges and joys of being a Mom or a Dad . . . As their children reach the age of 3 years and "age - out" of HB, the bonds families have formed with each other and with other [Family Resource Centre] staff, enable them to continue the parenting work started so wonderfully within the HB program.*

Story Sharing Session Participant

## ▀ Strengthened Families' Ability to Advocate for Themselves

The discussion and stories from the story sharing session with staff demonstrated that the Healthy Beginnings Program builds and supports family capacity to advocate for themselves. This includes parents advocating for their children and individuals (particularly women) advocating for themselves, as well as accessing needed services. When asked to consider how they felt about knowing where to go for help when it's needed at the beginning of the program compared to now, 78% (n=21 of 27) of survey respondents who rated themselves as needing help in this area (a score of 1, 2, or 3 on a 7-point likert scale) at the beginning of their participation in the program moved to rating themselves as doing well (a score of 5, 6, or 7 on the scale).

*In the beginning our role is to support and advocate for our families. Over time we give them information and support, but what really amazes me is when all of a sudden that family feels confident enough that they have their own voice. They say "guess what I did?" and they did it on their own . . . and did it better than you could ever possibly imagine.*

Story Sharing Session Participant

*I supported the family at every appointment encouraging mom to interact with the multitude of professionals. As a result of this support, mom became an excellent advocate for her child and learned who to contact, what to ask and how to get answers.*

Story Sharing Session Participant

## ▀ Breastfeeding

As reflected in the table below, the family outcomes survey revealed that 55% (n=23 of 42) of parents breastfed their child for a month or more.

Length of Time	n	%
Never	10	24%

< 2 weeks	3	7%
2-4 weeks	6	14%
>4 weeks to 3 months	5	12%
>3 months to 6 months	6	14%
> 6 months	12	29%
<b>Total</b>	<b>42</b>	<b>100%</b>

Participants in the focus groups with families indicated that the support they received from Healthy Beginnings helped them initiate and/or continue breastfeeding.

*Breastfeeding is one issue that I've had; it's been a challenge along the way and nobody that I know really has been supportive except for my home visitor. All my friends and my mom have been like, you need to give him a bottle and my home visitor is like, no you don't, you don't have to do that if you don't want to do that.*

Family Focus Groups Participant

*They were supportive [of breastfeeding] in the hospital, but then if I had just gone home with no support after the hospital, I don't think we would have made it through.*

Family Focus Groups Participant

*I didn't know how healthy breastfeeding was, because I knew nothing about it when I was first pregnant with my daughter. And my plan was I wasn't going to breastfeed at all. And then I breastfed her for four months.*

Family Focus Groups Participant

### ▲ 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. Ninety-two percent of families (n=35 of 38) felt they were more or much more successful than they expected at meeting **at least** one of their goals and almost two-thirds of families (58%, n=22 of 38) were more or much more successful than they expected at meeting **all** of their identified goals.

The following table provides a summary of the goals/topics described by participants and the proportion of respondents who met their goal (they were as, more or much more successful than expected in meeting their goal).

Theme	# of goals in this area	% who met their goal
Parenting	24	96% (n=23)
Social Determinants of Health	24	96% (n=23)
Behaviour and Discipline	15	93% (n=14)
Development	13	92% (n=12)
Feeding	13	92% (n=12)
Relationships	11	100% (n=11)
Other (e.g., quit smoking, prenatal education, providing support, adjusting to life in Canada)	7	86% (n=6)
Emotional (e.g., dealing with emotional concerns such as stress or depression)	4	100% (n=4)

## Facilitators to Organizational Partnerships

The next three sections present findings from the key informant interviews related to the partnerships between Healthy Beginnings and other organizations, both contract and non-contract partner organizations. It is important to note that contract partners, as organizations delivering Healthy Beginnings, had a much closer connection to both Public Health and the Healthy Beginnings Program than non-contract partners. In each theme, the type of partner (contract/non-contract) that identified that theme is noted.

This section describes the factors that supported or facilitated partnerships with the Healthy Beginnings Program. Key informants described supports that included their relationship with Public Health, the coordinator role within Public Health, communication and contract and reporting structures.

## ► Relationship with Public Health

Many key informants indicated that their relationship with Public Health (both in the past and currently) helped to support their participation in, and the success of Healthy Beginnings. This was mentioned by both contract partners working directly with Public Health through Healthy Beginnings and by non-contract partners who most often had contact with Public Health Nurses (both those involved in Healthy Beginnings and PHNs doing other work).

*[The Family Resource Centre] historically has had a good relationship with Public Health . . . So I think, from very early on and before EHV, we've had a great relationship with Public Health.*

Key Informant

*Overall the fact that we've been involved with Public Health for several years through our pre- and post-natal program, that relationship has always been there and I hope it continues.*

Key Informant

*One of the things that I always say supports any of the work that we do with respect to community or just business in general, it all boils down to relationships. Whether it's our relationship with our client, with the family, or clinician to clinician, there has to be a rapport and there has to be a relationship.*

Key Informant

## ► Coordinator Role within Public Health

Every contract partner emphasized the importance of the central coordination role carried out by Public Health, particularly when this role was filled by a single, full-time staff person. Respondents indicated that this full-time Coordinator with Public Health was an important source of support, advice, training and information, all of which helped ensure that Healthy Beginnings operated successfully.

*There is one thing that we used to have and that was a designated Healthy Beginnings coordinator at Capital Health. And I do think that it was wonderful for us to have that person at the end of the phone, who understood the program perfectly, who was completely in tune with it, was very much – like at the very beginning [the Coordinator] was absolutely crucial and instrumental in the growth and the evolution of the program for those first years.*

Key Informant

*When you have a coordinator, one main go-to person that understands the program, that knows the program, that has the history of the program, that believes in the program, that definitely strengthened all of those pieces that I've already said.*

Key Informant

*[The Coordinator] certainly is support to the management of the program, but she was also a great support to the enhanced home visiting staff, who she was able to build in training and to meet. So that certainly was helpful.*

Key Informant

## ▀ Communication

Some key informants highlighted regular communication and relationship-building as an important factor for partnership-building. This was noted between the Healthy Beginnings Program and partner organizations (contract and non-contract) and also among contract partner organizations that are responsible for delivering the program. Opportunities to communicate and connect help to build relationships that strengthen the program.

*We had a lot of teambuilding exercises and they were the whole team together with the nurses. It was very important in the beginning as the program was rolling out.*

Key Informant

*I can tell you that some of the greatest moments in the program is where everybody's been able to come together as a whole team. We would have a retreat where all the coordinators, the Public Health nurses and the home visitors and supervisors would all come together and we would have a retreat and it would be teambuilding activities [and educational activities]. I think building and establishing the relationships amongst one another, so you're not just another name or you can actually place faces with names and we'll be able to establish a rapport with one another. That's a key piece in working collaboratively together.*

Key Informant

*I think what continues to work well with that is that we do have open and honest communication [with Public Health]. We may not always agree, but we were able to have an open and honest conversation about that.*

Key Informant

### ▀ Contracts and Reporting Structures

During the interviews, contract partners were asked about the ways in which contracts and reporting structures facilitated collaboration (these questions were not relevant to non-contract partners). Most representatives from the Resource Centres indicated that they currently had no concerns with the contracts and reporting requirements.

*The contracts are quite easy to do and there's never issues about money coming in or anything like that, so it's very helpful that way. They're easy to work with.*

Key Informant

*Very easy, certainly what's expected for the money they give us and I think that it really, when you have to look at it, is very accommodating. They do actually; this contract is the only contract that I deal with that has admin support in there, is the only one.*

Key Informant

## Challenges and Suggested Improvements for Partnerships

This section presents the challenges for partnerships identified by contract and non-contract partner organizations. The challenges are separated into those identified by both contract and non-contract partners and those identified only by contract partners, as contract partners face challenges specific to the delivery of the Healthy Beginnings Program. Suggested improvements to address the challenges are also presented. The information in the table is presented in order of strength of response.

## Challenges for Partners

### Challenges identified by Contract and Non-Contract Partners

- Partners spoke about **changes within Public Health**, such as changes to how the Public Health Nurses (PHNs) are structured and reductions in the level of public health services. Some partners indicated that it was more difficult to form an ongoing relationship with PHNs now that their roles are focused differently. This challenge was noted across Public Health and was not specific to just the Healthy Beginnings Program.
- Some partners noted that there was sometimes a **lack of communication** from Public Health and/or the Healthy Beginnings Program to partner organizations.

### Challenges Identified by Contract Partners

- A few contract partners indicated that they had some concerns related to the **contracts and how funding was provided** to the Resource Centres when the project first started, but that these have since been resolved. The concerns were primarily related to a lack of funding for the operational aspects of running the program (e.g., rent, administrative staff salaries, etc.).
- A few contract partners indicated that at the beginning of the Healthy Beginnings Program there were **challenges related to the management of Healthy Beginnings staff**. Initially, staff were seen more as Public Health employees than employees of the Resource Centre and this caused some tensions as the staff were operating out of the Resource Centre. However, it was noted that these challenges seem to have been mostly resolved over time.

## Suggestions for Partnerships

- Partners and story sharing participants suggested that Public Health continue to **build and develop partnerships** with other organizations and service providers working with families (including both current contract partners and non-contract partners). Partnerships should help to ensure that there is a good understanding of the Healthy Beginnings Program among stakeholders and to facilitate sharing of the strength-based approach of the program. Increased engagement between Healthy Beginnings and partner organizations would also help to build relationships and ensure good communication between the program and its partners, both contract and non-contract.

- Partners suggested **making use of partnerships to support access to the program by families**. Partners felt that the existing trusting relationships they have with families could be used to better ensure that families who would benefit from participating in Healthy Beginnings feel comfortable accessing the program.

## The Difference Healthy Beginnings has Made for Partners

This section presents the successes or accomplishments identified by partner organizations and experienced as a result of their partnership with the Healthy Beginnings Program. These successes include increasing capacity to support child development, increased coordination of services, increased awareness of services and connection of families to services, increased use of programs offered at Resource Centres and an improved relationship with Public Health.

### ▀ Increased Capacity to Support Child Development

Many key informants (almost all contract partners and a few non-contract partners) also felt that Healthy Beginnings had helped to increase capacity to support healthy child development. This was noted at the individual/staff level (e.g., improvements in practice) and the organization/community level (e.g., new services or programs), where supports for child development are provided more broadly. An increase in capacity was identified particularly for contract partners (i.e., Resource Centres). They were able to use the training and staff (CHVs) provided through Healthy Beginnings to enhance other areas of their programming, provide training to other staff, offer new programs to families, etc.

*The training for the staff was amazing . . . I'm an early childhood graduate, and certainly there are always new ways of learning to do things, and Great Kids Inc. presented a good model. So I mean education is education and it has to be advantageous.*

Key Informant

*Before this program, the only program that did any direct service work with children was early intervention. So it was non-existent within our community. So [Healthy Beginnings] impacted because it's been able to build support to enhance what's already happening in our community, so increase the service to [all] families.*

Key Informant

### ▲ Increased Coordination of Services

Many key informants (both contract and non-contract partners) indicated that the partnership with Healthy Beginnings helped to increase the coordination of services for families in Healthy Beginnings. Respondents spoke about collaboration that took place between Healthy Beginnings and other services in order to provide comprehensive support to a family. In addition, key informants noted that Healthy Beginnings connected with other service providers to ensure that services were not being duplicated. This was most frequently mentioned in relation to the Family Skills Worker who would work with a family through Child Protection. The Family Skills Worker and CHV may potentially be working on similar issues with a family, so they would connect to ensure they were not providing the same information twice.

*I guess it's just all working together as partners. What I mean by that is, it's not just one organization working with the family, it's a community approach. It's about making connections with other community organizations so we're not duplicating the services. Making sure that we're covering all areas, but we're not all doing the same thing, just making sure that we're all on the same page . . . actually the family benefits more really, because it's not just one organization. They have more support, more tools, more resources, probably more referrals to the services that they require.*

Key Informant

*If you have Social Services involved with the family, you have a family skills worker. And sometimes the family skills worker and the community home visitor will talk to each other, so this way they're not duplicating services in-house. So that's good to just talk to each other, because the family skills worker is a little similar to a community home visitor.*

Key Informant

*It definitely has increased the level of coordination among some organizations, so [Healthy Beginnings] does work quite collaboratively with Child Protection, or extra support for parents and the dual approach.*

Key Informant

### ▲ Increased Awareness of Services and Connection of Families to Services

Some key informants (contract and non-contract partners) said that working with the Healthy Beginnings Program has helped to increase their awareness of different types of services available to all families (not just those in Healthy Beginnings) and has also helped to connect families to different services. This was done mostly through the CHV role; respondents noted that the CHVs were often a wealth of information about other resources and supports in the community and were able to share this with other staff members. A few respondents also spoke about the importance of using this increased awareness to connect families (both those participating in Healthy Beginnings and others) to different services and supports.

*I think we're more aware of Public Health Services than what we would have been without Healthy Beginnings.*

Key Informant

*There's stuff that I was never aware of and when [the CHV] did her research to see what was out there and what was available, it's surprising the amount of services that are out there that can help families.*

Key Informant

*We do a lot of referrals, both formal and informal, so I guess promoting that awareness between services or among services . . . Because the community home visitors and the staff [at the Resource Centre] in general just have a really good knowledge of what's out there.*

Key Informant

## ▀ Increased Use of Programs Offered at Resource Centres

Almost all the contract partners described how Healthy Beginnings helped to bring families into the broader Resource Centre programming. Families participating in Healthy Beginnings who may not otherwise have accessed a Resource Centre were encouraged to participate in or felt more supported to participate in different programs at the Resource Centre.

*Not only are Resource Centres promoting community home visitors out into the community, but they're promoting [the Resource Centre]. We have brought people to the centre, so our numbers have increased because of [Healthy Beginnings]. So it's not only partnering with other organizations, it's bringing community participants of HRM into the centre utilizing our services, that would not have been utilizing our services or not aware of the services before.*

Key Informant

*It's the ability to bring those families into the family resource centre to attend all these other programs, which in themselves are a tremendous support for families . . . and so these families start off in Healthy Beginnings, but they become families within the family resource centre until their child goes to school, after they've left the Healthy Beginnings.*

Key Informant

*I know that we had our Baby Love Program running before, but I think it's much more successful now . . . I think the encouragement that our CHV provides to them to come, is actually a big help to us. We run programs for one to three year olds and then from three to five year olds and those have also increased. And I think that some of those are the Healthy Beginnings families. So definitely accessing the services available.*

Key Informant

## ▀ Improved Relationship with Public Health

A few key informants (mostly contract partners) said that their overall relationship with Public Health had improved as a result of the Healthy Beginnings partnership.

*I think it also bridges a gap between the family resource centres and Public Health. It creates a collaborative community of supports available to the public. So I think that that's worked well. I feel like the centre has a very positive relationship with Public Health now as a result of the Healthy Beginnings enhanced home visiting initiative.*

Key Informant

*I think we work a lot closer with Public Health because they have made themselves available and also see us as valuable. And so we're working much more collaboratively, I would think. And I don't know prior to that, maybe they always worked collaboratively, but I think our relationship has intensified and grown stronger as we've worked with similar families over the years, they really value and trust one another.*

Key Informant

# Key Observations and Conclusions

## Overview

The Healthy Beginnings Program is one of four program areas that make up Nova Scotia's Early Childhood Development Initiative (ECDI), with the goal of promoting the optimal level of physical, cognitive, emotional and social development of all children in Nova Scotia. This evaluation of Healthy Beginnings was conducted in the Capital District Health Authority and focused on answering the following evaluation questions.

1. To what extent are the program's outcomes (parenting capacity) being achieved? If these short-term outcomes are not being achieved, why not?
2. 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?
3. Are families experiencing progress towards their goals?
4. What partnerships have occurred and what have been the results of these partnerships?

A summary of the findings related to the evaluation questions is provided below.

# To What Extent are the Short-term Outcomes of Healthy Beginnings Being Achieved?

The short term outcome of the Healthy Beginnings 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 Program has provided extensive support in building parenting knowledge and skills. This support was offered in a family-centred manner which recognizes families' abilities and unique contexts. The strengths-based approach of the program ensured that support was offered in a positive and non-judgemental way. As a result, families participating in Healthy Beginnings have gained skills and confidence in many areas, including growth and development of children, understanding child behaviour, using positive discipline and safety, as well as with other practical issues such as sleeping, eating and toilet training. The knowledge and skills that families have gained and the positive approach of the program, all contributed to families' increased confidence in their parenting skills.

In addition to confidence in their parenting skills, families have also gained self-esteem and confidence in themselves overall. As a result of this increased confidence and with the support provided by Healthy Beginnings, many families have been able to improve their situations related to the social determinants of health (e.g., increased education, better employment, improved housing, etc.). These types of changes also help to reduce parental stress, as described in the next section.

### ▀ **Reduced Parental Stress**

Many families in the Healthy Beginnings Program face significant life stressors such as poverty, unemployment, lack of education, abusive relationships, children with developmental delays or other health concerns, limited family/social networks for support, etc. The Healthy Beginnings Program therefore aims to enhance families' abilities to cope with and manage stress. The findings of the evaluation demonstrate that families received critical emotional support and reassurance as a result of participating in the program. Parents are better able to care for themselves, including taking time for themselves as well as addressing stress, anxiety or other mental health issues. The program has also helped couples and families to better cope with stress and to interact and communicate in a positive way to build healthier relationships.

### ▀ **Increased Use of Available Supports**

The Healthy Beginnings Program has helped to connect families to other community resources and programs, including needed services (e.g., mental health supports) as well as programs to promote recreation and friendship and reduce isolation (e.g., programs offered at Family Resource Centres). Families seem to be more knowledgeable about the available services and supports, as well as being more confident and better equipped to access the programs that they need and advocate for themselves when required. Some partner organizations have also increased their ability to connect families to different services and supports as a result of the knowledge and awareness gained through the partnership with Healthy Beginnings.

# To What Extent are Mid-term Outcomes Improving as a Result of Healthy Beginnings?

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 parents in the Healthy Beginnings Program received a lot of support with their parenting practices. It appears that parents are applying the knowledge and skills they have learned through the program to provide greater support to their families. Families in Healthy Beginnings reported that they often interact with their children through play, reading, telling stories and singing and that they often use positive parenting practices such as positive discipline, eating together as a family and keeping their children away from second hand smoke. Parents also said that their parenting skills in the areas of safety, supporting their child's learning and using positive behaviour techniques had improved.

It appears that some mothers continue breastfeeding for a longer period of time as a result of the support they received through Healthy Beginnings. The breastfeeding initiation rate for women in the Healthy Beginnings Program (76%) is about the same as the provincial rate of 78% (Statistics Canada, 2010) and slightly below the initiation rate of 85% for the Capital Health District (Nova Scotia Atlee Perinatal Database, 2010). About a third (29%) of women in the Healthy Beginnings Program breastfed for 6 months or longer (this may or may not have been exclusive breastfeeding).

# Are Families Experiencing Progress Towards Their Goals?

A key feature of the Healthy Beginnings 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 or much more successful than anticipated at achieving their goals. The table below demonstrates the wide variety of goals selected by survey respondents, as well as the proportion of respondents who met their goal (families responding to the survey could select that they were much less successful than expected, less successful than expected, about as successful as expected, more successful than expected, or much more successful than expected at meeting a goal).

## Success in Meeting Goals by Goal/Topic/Area of Interest

Theme	Sub-theme	n	% who met their goal*
<i>Parenting</i>	Bed time	8	88% (n=7)
	Toilet training	6	100% (n=6)
	Creative/interactive play	3	100% (n=3)
	General parenting	2	100% (n=2)
	Scheduling	2	100% (n=2)
	Managing more than one child	2	100% (n=2)
	Teething	1	100% (n=1)
	<i>TOTAL</i>	<i>24</i>	<i>96% (n=23)</i>
<i>Social Determinants of Health</i>	Education (of parent)	8	100% (n=8)
	Budgeting/financial issues	4	100% (n=4)
	Housing	4	75% (n=3)
	Other practical concerns (custody, getting to appointments, daycare, filing paperwork)	4	100% (n=4)
	Accessing resources	3	100% (n=3)
	Driving	1	100% (n=1)
	<i>TOTAL</i>	<i>24</i>	<i>96% (n=23)</i>
<i>Behaviour and Discipline</i>	Behaviour	12	92% (n=11)
	Discipline	3	100% (n=4)
	<i>TOTAL</i>	<i>15</i>	<i>93% (n=14)</i>
<i>Development</i>	General baby/child development	7	100% (n=7)
	Speech and language	5	100% (n=5)
	Walking	1	0% (n=0)
	<i>TOTAL</i>	<i>13</i>	<i>92% (n=12)</i>

Theme	Sub-theme	n	% who met their goal*
<i>Feeding</i>	Nutrition/healthy choices	6	100% (n=6)
	Breastfeeding	5	100% (n=5)
	Transition to solid foods	1	0% (n=0)
	Feeding issues	1	100% (n=1)
	<i>TOTAL</i>	<i>13</i>	<i>92% (n=12)</i>
<i>Relationships</i>	Healthy relationships	4	100% (n=4)
	Helping siblings get along	2	100% (n=2)
	Communication	2	100% (n=2)
	Attachment	2	100% (n=2)
	Getting out of bad relationships	1	100% (n=1)
	<i>TOTAL</i>	<i>11</i>	<i>100% (n=11)</i>
<i>Other</i>	Quit Smoking	3	67% (n=2)
	Prenatal education	2	100% (n=2)
	Other support (being there for me to go to 24/7, help me to live in Canada)	2	100% (n=2)
	<i>TOTAL</i>	<i>7</i>	<i>86% (n=6)</i>
<i>Emotional</i>	Stress/anxiety	3	100% (n=3)
	Depression	1	100% (n=1)
	<i>TOTAL</i>	<i>4</i>	<i>100% (n=4)</i>

\* % of goals in a given theme/sub-theme where the respondent was as, more or much more successful than expected in meeting their goal.

## What Partnerships Have Occurred and What Have Been the Results of These Partnerships?

In terms of partnerships, the Healthy Beginnings Program was most successful in building relationships with contract partners (i.e., the Family and Women’s Resource Centres who deliver the program). These organizations have the strongest ties to the Healthy Beginnings Program and as a result, also have strong ties with Public Health more generally. While some non-contract partners did not have a strong partnership with or awareness about Healthy Beginnings, almost all partners indicated that they had a good relationship with Public Health generally.

The main outcomes of the partnerships between other organizations and Healthy Beginnings were connecting families with a needed service (as noted above); increasing the capacity of organizations to support child development among all families that they serve; enhancing the coordination of supports and programs that address issues similar to those addressed in the Healthy Beginnings Program; increasing awareness of services among partners; increased access to and use of programs provided through Resource Centres; and improved relationships with Public Health. Factors such as housing the program within Resource Centres, pre-existing relationships with Public Health, communication between partners, the coordinator role within Public Health and existing contract and reporting structures all helped to support the successful partnership outcomes that were achieved.

# Recommendations

## ▶ **Continue to conduct and fund Healthy Beginnings**

The evaluation illustrates that the Healthy Beginnings Program is meeting its outcomes in supporting healthy child development. The program is effectively supporting families in building 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 to other resources and address social determinants of health such as education and employment. Therefore, the Program should continue to be implemented and funded.

## ▶ **Address barriers related to the screening process and access to Healthy Beginnings**

The evaluation found that there were barriers in accessing the Healthy Beginnings program as a result of the use of a deficit-based screening tool (the Parkyn). This could mean that some families who would benefit from involvement in Healthy Beginnings are not accessing the program. It is therefore recommended that barriers related to screening and access to the program be further examined and addressed. This may include a more in depth analysis of the reasons why families choose not to engage with Healthy Beginnings, or why families agree to participate but then disengage from the program. Potential solutions to barriers related to screening identified through this evaluation include working more closely with partner organizations to conduct screening and identifying families who could benefit from the program through methods other than the Parkyn screening tool (e.g., partner referral).

In addition, work is already ongoing at the provincial level to review the Parkyn and to examine other potential tools that may be used for screening and assessment in the Healthy Beginnings Program in future. The Department of Health and Wellness is currently reviewing work taking place in Ontario to develop, pilot test and validate a revised Parkyn screening tool which better reflects the social determinants of health, rather than a clinical focus. This tool may be incorporated into the Healthy Beginnings Program in future.

### ► **Maintain the integrity of Healthy Beginnings 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 Program have contributed to its success. These standards are related to: a family-centered, strength-based approach; establishing and maintaining effective processes with partners; core training and ongoing professional development for staff; supporting the CHV role in offering families emotional and practical support, parenting and health information, referrals to partner organizations, assistance with family goal setting and achievement and acting as a parent role model; frequency and intensity of home visits; and a team approach. To maintain the integrity of the program, it is recommended that provincial program standards continue to be maintained and monitored. Where feasible, standards should be incorporated into other documentation guiding the work of Healthy Beginnings (e.g., contracts with partner organizations to deliver the program).

### ► **Strengthen central coordination of and support for Healthy Beginnings**

The evaluation found that the Healthy Beginnings Program would benefit from a strengthened central coordination and support role (provided by Public Health). This support was previously provided by a single, dedicated Program Coordinator, but the coordination role is now being carried out collaboratively by several Public Health staff. It is important for Public Health to continue to develop the processes and communication mechanisms for these new roles to ensure that consistent program coordination, leadership and support is available to Healthy Beginnings staff and partners.

### ► **Support Healthy Beginnings staff through professional development and networking opportunities**

The evaluation findings reveal that Healthy Beginnings staff are providing effective support for families. Staff competencies in using a family-centered, empathetic, strength-based and non-judgmental approach are critical to the success of the program. Therefore, it is recommended that all staff receive consistent core training as well as ongoing professional development. The areas identified in the Provincial Program

Standards for core training and professional development are: parenting skills, family goal setting, professional boundaries and limits, family-centred and strengths-based approach, documentation, knowledge of local resources and referral processes, screening/assessment, program evaluation, parent-child attachment, healthy child growth and development, breastfeeding, family planning, mental health, family violence, working knowledge of Children and Family Services Act and addictions.

In addition to core training, staff should be provided with regular opportunities for networking (particularly across Resource Centres and geographical areas), sharing, team-building and learning from one another to develop the competencies required to effectively deliver the program, as identified in the Provincial Program Standards. This networking and information-sharing could take place as part of training opportunities, or at other times. It will help to enhance collaboration and partnerships, particularly among Healthy Beginnings staff and contract partners and between contract partners and Public Health.

### ▀ **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 Healthy Beginnings continue to link to other work and strategies, as well as other organizations working in the area of child development, both within and outside of government.

The Healthy Beginnings Program should also build on the broader work taking place within Public Health (i.e., new mandate and six stakes, renewed focus on partnerships, etc.) and within the provincial government (e.g., work around the Early Years). As well, it is expected that development of Protocols to support achievement of the Nova Scotia Public Health Standards 2001-2016 will become another key guiding document for the EHV program. The Protocols are expected to be released in December 2012. Linking with other work taking place both within Public Health and with formal and informal partners will help to build system capacity and ensure a coordinated, efficient and effective system of supports for early child development.

### ► **Continue to support and build on the community- and partnership-based approach for delivering Healthy Beginnings**

Working in partnership and from a community-based model was one of the factors identified through this evaluation as a key to the successes achieved by the Healthy Beginnings Program. This model should continue to be used to deliver the program. Public Health should also continue to work to strengthen its partnerships with both contract and non-contract partners. Ongoing communication and opportunities for engagement and information-sharing about the program are important.

### ► **Communicate and share evaluation results through knowledge exchange**

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 to support healthy child development. Therefore, it is recommended that the Steering Committee consider diverse strategies to communicate and share the results of the evaluation with 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. Strategies may include knowledge exchange events, sharing the evaluation report online and in hard copy format, sharing the evaluation results in connection with other provincial work and/or submitting the evaluation findings for publication in peer-reviewed publications. It may also be beneficial to integrate the findings from this evaluation with results from the previous evaluation conducted in DHAs 1, 2 and 3, as both evaluations found similar outcomes.

# References

McCain, M.N., Mustard, J.F., and McCuaig, K. (2011). *Early Years Study 3: Making Decisions, Taking Action*. Toronto: Margaret and Wallace McCain Family Foundation.

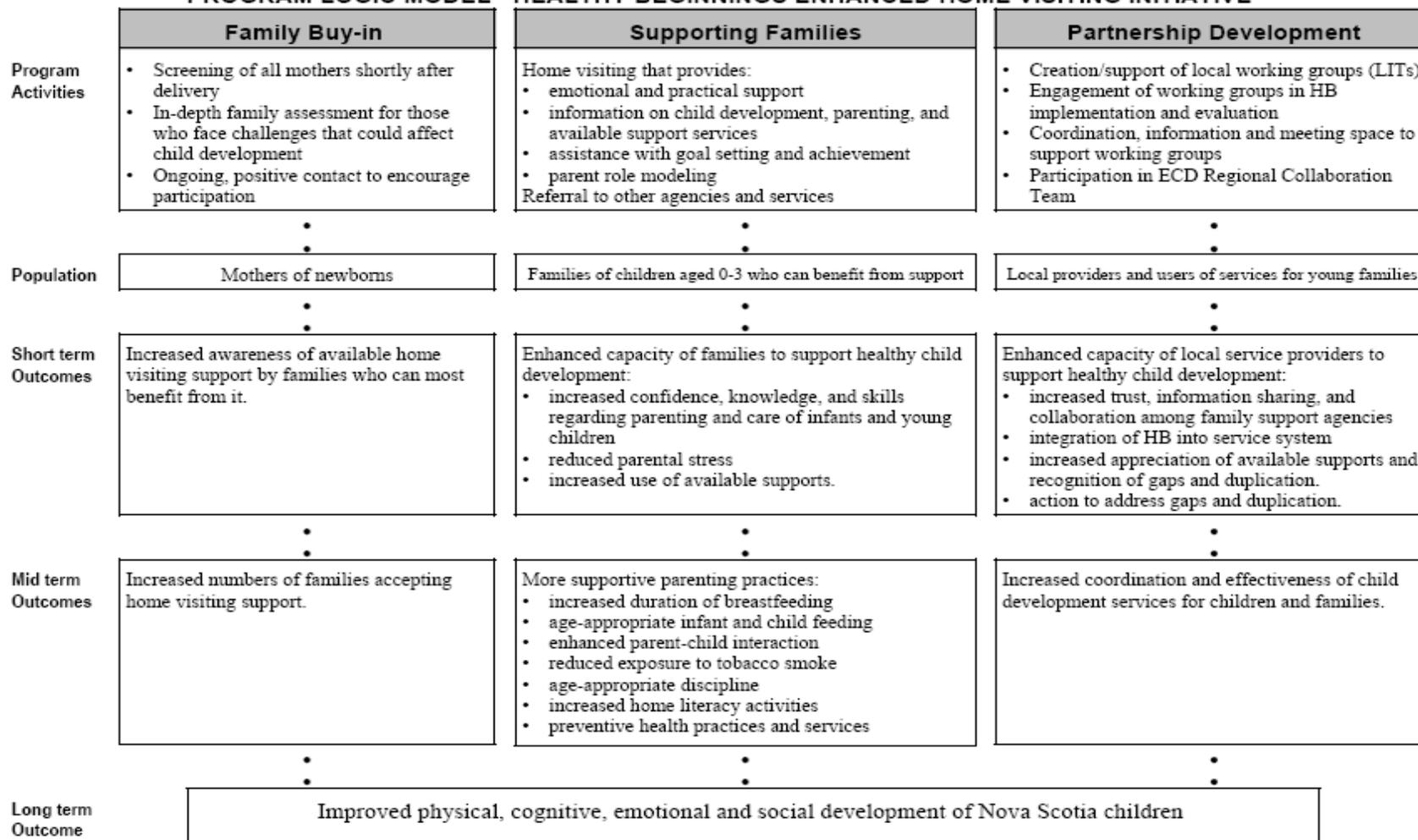
National Scientific Council on the Developing Child (2008). *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture. Working Paper 5*. Center on the Developing Child, Harvard University.

Nova Scotia Atlee Perinatal Database (2010). *Breastfeeding Initiation Rates, Nova Scotia and DHA 9*. Reproductive Care Program of Nova Scotia, retrieved May 2012.

Statistics Canada (2010). Breastfeeding initiation and Exclusive breastfeeding, at least 6 months. *Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups – CANSIM Table 105-0501*. Accessed online at <http://www5.statcan.gc.ca/cansim/a26;jsessionid=5C3208BD603700970F3C7E5CB52A9AB3> (May 31, 2012).

# Appendix 1: Logic Model

**PROGRAM LOGIC MODEL - HEALTHY BEGINNINGS ENHANCED HOME VISITING INITIATIVE**



# Appendix 2: Data Collection Instruments

## ▀ Instructions for Conducting the Family Outcomes Survey

### Healthy Beginnings Enhanced Home Visiting Program Evaluation Instructions for Conducting the Family Outcomes Survey

---

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

The purpose of the family outcomes survey is to help evaluate the Healthy Beginnings 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 Healthy Beginnings 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 **January 31, 2012 and March 23, 2012.**

#### *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 Home Visiting is a program of Public Health Services and Family and Women's Resource Centres 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 Healthy Beginnings Enhanced Home Visiting Program).*
- *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 the company who is doing the evaluation. 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 Enhanced Home Visiting Program. 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.
- If the family currently has more than one child in Healthy Beginnings who has been in the program 12 months or longer, please pay special attention to questions 8 to 10. Explain to families that they should answer these questions for the oldest child in the program. Together, determine who the child is and remind them by using the child's name.
- 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, offer to drop it in the mail yourself.

Thank you for helping us with the survey. **Any Questions?** Please call or email Clare Levin, [clare@researchpowerinc.com](mailto:clare@researchpowerinc.com) or 463-3985.

## ▀ Story Sharing Session: Invitation

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

Thursday, March 1, 2012, 9:30 a.m. to 4:00 p.m.  
Public Health, 7 Mellor Avenue, Unit #5, Dartmouth, NS, Room 203

---

You are invited to a story sharing workshop to share your experiences with the Healthy Beginnings program. This story sharing workshop with providers involved in Healthy Beginnings is part of the evaluation of the program. 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 program and the difference the program has made in the family's life**. 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 March 1<sup>st</sup>!!*

## ▀ Story Sharing Session: Reflective Questions

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

*Thursday, March 1, 2012, 9:30 a.m. to 4:00 p.m.  
Public Health, 7 Mellor Avenue, Unit #5, Dartmouth, NS, Room 203*

---

After the story has been told, each person (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 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 challenges?
- How did we and others involved with Healthy Beginnings 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 Healthy Beginnings made a difference in the lives of families?
- What skills were contributed in the story to make the work successful?
- Who and what supported the work with families through Healthy Beginnings?
- What did we find frustrating or disappointing about the work with families through Healthy Beginnings?

## **“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?
- What have we learned from our work with Healthy Beginnings?
- How have people such as program participants changed through the process?
- How have other organizations and partners 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 the lessons from our experiences and 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 decide where to go from here.

Some questions at this stage could include:

- What would we do differently next time?
- How can we more effectively support families through Healthy Beginnings?
- 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?

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.

## ▀ Focus Groups with Families: Instructions for Recruiting Participants

### Healthy Beginnings Enhanced Home Visiting Program Evaluation Focus Groups with the Families Instructions for Recruiting Families for the Focus Groups

---

#### *What is the purpose of the focus group?*

Three focus groups will be held with families participating in the Healthy Beginnings Enhanced Home Visiting Program. The purpose of the focus groups is to allow participants to share and reflect on stories about families and communities for whom the Healthy Beginnings Enhanced Home Visiting Program has made a difference.

#### *Who will participate?*

Ten to twelve families will be invited to participate in each of the three focus groups and will be provided with an honorarium for their participation.

#### *Where and When will the focus groups happen?*

The three story focus groups will take place as follows:

- **Thursday, March 22, 10:00 am – 12 noon, at (location to be determined):** Families from Eastern Shore FRC and LEA Place Women's Resource Centre
- **Thursday, March 8, 9:30 am – 11:30 am at Bayers Westwood FRC, 3499 McAlpine Avenue, Halifax:** Families from Bayers Westwood FRC, Chebucto Family Centre and Family Resource Centre of West Hants
- **Tuesday, March 20, 1:30 pm – 3:30 pm at Dartmouth Family Centre, 107 Albro Lake Rd., Dartmouth:** Families from Dartmouth Family Centre and East Preston FRC

#### *How will the focus group be conducted?*

The focus groups will be facilitated by the Evaluation Consultant. At the beginning of the session, the facilitator will ask for 2-3 volunteers to share their stories with the group. No participant has to share their story with the group if they do not wish to do so. After the stories have been shared, the facilitator will use the stories as a springboard for further discussion with the group. The facilitator will have questions that she will use to guide the discussion.

#### *Procedure for recruiting families for the focus groups:*

We need your help to recruit families for the focus groups. We are asking the Community Home Visitors at each resource centre to recruit families to the focus groups identified above.

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

- *Healthy Beginnings Home Visiting is a program of Public Health Services and Family and Women's Resource Centres 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 Healthy Beginnings Enhanced Home Visiting Program).*

- *We want to find out how the program is working for parents and how it has made a difference in their lives. We are doing a focus group with some of the families in the program.*
- *The purpose of the focus group is to provide the chance for families who have been part of the program to share their experience with it.*
- *We are asking each family invited to write their story before the focus group and to bring their written story to the focus group. The story can be whatever length you would like it to be, written however you would like (e.g., using pictures, etc.). When writing your story please think about the following - “**how the Healthy Beginnings Enhanced Home Visiting Program has made a difference in your family’s life.**”*
- *We are asking you to bring your story to the focus group. A few families will be asked to share their stories with the group. You do not need to share your story with the group if you don’t want to, but the focus group facilitator would like to keep your story at the end of the session.*
- *Each family that participates will be compensated for their time with an honorarium of \$60.00.*
- Share the invitation with the parent which provides a brief overview of the focus group, the date and location, etc.
- Tell the parent that you can provide support to help them write their story (e.g., perhaps they are uncomfortable writing the story and you could offer help to have it written while they tell it). Participants can also create an audio-recording of the story if they prefer.
- *Are you willing and available to participate in the focus group?*
- If the parent agrees to participate thank them and answer any questions the parent has about writing their story. Also determine if the parent would like any assistance with writing their story and organize a time to provide that support if necessary.
- As you recruit parents/families, please provide their name and contact information to the Community Home Visitor Supervisor at the Centre that is hosting the focus group (i.e., Dartmouth Family Centre, Eastern Shore FRC or Bayers Westwood FRC). She will keep track of the numbers who have agreed to participate and will let the Community Home Visitors know when enough families have been recruited.
- On your next visit, please confirm the parent’s participation in the focus group and find out if their story has been completed. If the story has not been written, please offer support to complete the story and explain the importance of the story for the focus group. Remind the parent to bring their story to the focus group and determine if they are comfortable telling their story during the focus group. If they are not comfortable telling their story, this is OK

as we need a minimum of two parents to tell their story. We would like a copy of a written story from each parent who participates in the focus group.

Thank you for helping us with recruiting parents for the focus groups and supporting them to write their story. **Any Questions?** Please call or email Clare Levin at 463-3985, [clare@researchpowerinc.com](mailto:clare@researchpowerinc.com).

## ▲ Focus Groups with Families: Invitation



We'd like to hear your story...

Dear Parent,

You are invited to a story sharing session to share your experience with the Healthy Beginnings program. We'd like to hear how Healthy Beginnings has made a difference in your life.

Please join us for a story sharing session with other families who are involved with the Healthy Beginnings program.

**When?** *Insert date and time*

**Where?** *Insert place*

**Who?** About 10 families who participate in the Healthy Beginnings program.

**Why?** This session is part of the Healthy Beginnings evaluation. We would like to know how the program has made a difference for families.

**What do I bring?** We'd like you to bring a story about *how Healthy Beginnings 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.

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

- Each family will be provided with \$30.00 to compensate for their 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. If you are unable to attend, please let your Community Home Visitor know right away so we can invite another family.

## ▲ Focus Groups with Families: Focus Group Guide

### *Health Beginnings Home Visiting Program Evaluation Client Focus Group – Focus Group Guide*

---

#### **Prior to the Meeting**

- As participants arrive for the focus group, the moderator will welcome them individually.

#### **Welcome and Introductions**

- The moderator will introduce herself and ask participants to introduce themselves.
- The moderator will explain the purpose of the focus group as follows:

#### **Introduction and Purpose**

*The Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings) was launched in 2002 as a service for families with young children provided by Public Health Services, Capital Health. Capital Health is carrying out an evaluation of Healthy Beginnings, focused on what difference the program has made for families and communities.*

*We are so glad that you could join us today; we really want to acknowledge your wisdom and experiences as parents and participants in the Healthy Beginnings Program. The purpose of this focus group is to hear your stories about how the Healthy Beginnings Program has made a difference in your family's life and then to think about and discuss the stories we hear. I will ask for two volunteers to share the story they have brought with them with the group. You do not have to share your story with the group if you don't want to. At the end of the session, we would like to keep a copy of all of your written stories.*

*Your participation in this focus group is completely voluntary. Any information you share in the session remains confidential, meaning no one in the group has permission to share anything they hear with anyone outside of the group. With your permission, to help with the analysis of the information, I will record this group session. The recording is transcribed and used in the evaluation. The transcript of the recorded session does not include any identifying information such as names. The responses that you provide will only be reported in aggregate (summed together) and although individual responses may be used as quotations in the final evaluation report, you will not be personally connected with the quote. Nothing that you share in this focus group will affect the services that you, your child, or your family, may receive from any other agency or organization, including Healthy Beginnings, Public Health Services, or your Resource Centre.*

*There are no right or wrong answers to questions – all feedback is welcome. It is important for us to hear everyone’s experiences and opinions, both positive and negative. Please be respectful of each other. You may also choose not to answer any question. What you choose to share is up to you.*

*Do you have any questions?*

*Do you consent to participate in the focus group?*

Yes  No

*Do I have your permission to tape record this focus group?*

Yes  No (Ask if you can take notes if permission to tape record is not given)

- The moderator will outline the process for the remainder of the session.
- The moderator will review guidelines for the focus group (e.g., participation is voluntary, what is said in the focus group is confidential and should not be shared outside the group, all views/feedback is welcomed, be respectful of all opinions, “share the air” – everyone gets a chance to speak)

### **Story Sharing**

- The moderator will request two volunteers to share their stories with the group. More than two participants may wish to share their stories and that is ok.
- Each person will read their story.

### **Discussion**

- After the stories have been shared, the moderator will begin the discussion, using the scripts and questions outlined below. Items in italics are scripts for the moderator.

*We will now move into the discussion. Because of our limited time together, I may need to move the discussion along on occasion, just to ensure that we have time to cover all of the questions.*

#### Overall Questions

- 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 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 program?

So What Questions – Reflection

- What have you learned from your participation in the Healthy Beginnings 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 –only ask if not already covered) [Probe, only if time, - How did relationships between your family change through your participation in the Healthy Beginnings program?]
- What were the unexpected spin offs? (i.e., what happened as a result of the Healthy Beginnings 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?

Do you have any other feedback that would be helpful for us to know?

*Thank you for your participation in this session!*

## ▀ Key Informant Interviews: Letter of Invitation

*Healthy Beginnings Enhanced Home Visiting Program: Outcome Evaluation*  
NS Department of Health and Wellness and Capital Health  
Invitation Letter



### Public Health Services

Letter of Invitation – Key Informant Interviews

Dear [NAME],

As you know, the Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings) was launched in 2002 as an enhancement to Public Health Services' pre-existing perinatal programs and services. Through universal screening and in-depth family assessment, Public Health Services identifies families facing challenges and provides support, through Community Home Visitors (CHVs), for up to three years after the birth of a baby.

We are undertaking an evaluation of Healthy Beginnings, focused on what difference the program has made for families and communities. The evaluation will also assess Public Health EHV partnership development with community based organizations and services involved with Healthy Beginnings.

As an important partner in this project, I am writing to invite you to participate in an interview. The interview will gather feedback from key stakeholders in support of this evaluation. We would like to schedule an interview with you to take place as soon as possible and no later than February 24, 2012. The interviews will take place by telephone and will take approximately 45 minutes.

A consulting firm, Research Power Incorporated (RPI) has been contracted by the Nova Scotia Department of Health and Wellness to carry out this evaluation. Please advise me as soon as possible if you are willing to participate. If you agree, Dawne Cruickshank, RPI's Administrator, will follow up with you to schedule the interview.

If you have any questions, please don't hesitate to ask. Thank you in advance for your participation.

Thank you,

[signature]

**Valarie Campbell and Roberta Duchesne**  
**Program Managers, Public Health Services, Capital Health**

## ▀ Key Informant Interviews: Interview Guide

### *Key Informant Interview Guide*

*Healthy Beginnings Home Visiting Outcome Evaluation  
NS Department of Health and Wellness and Capital Health*

---

#### **Introduction and Purpose**

*The Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings) was launched in 2002 as an enhancement to Public Health Services' pre-existing perinatal programs and services. Through universal screening and in-depth family assessment, Public Health Services identifies families facing challenges and provides support, through Community Home Visitors (CHVs), for up to three years after the birth of a baby.*

*Capital Health is undertaking an evaluation of Healthy Beginnings, focused on what difference the program has made for families and communities. The evaluation will also assess Public Health EHV partnership development with community based organizations and services involved with Healthy Beginnings. The purpose of this interview is to gather feedback from key stakeholders in support of this evaluation. Information is also being gathered from staff involved in delivering Healthy Beginnings as well as participants in the program.*

*To help with the analysis of the information, I would like to tape record and transcribe this interview. The responses that you provide will only be reported in aggregate (summed together) and although individual responses may be used as quotations, you will not be personally identified. Do you have any questions?*

*Do you consent to participate in the interview?*

Yes  No

*Do I have your permission to tape record this interview?*

Yes  No (Ask if you can take notes if permission to tape record is not given)

#### **Questions**

- Please tell me about you/your organization's role in the Healthy Beginnings Enhanced Home Visiting Program (Healthy Beginnings).

*Probes:*

- Do you refer families to Healthy Beginnings? Do you receive referrals from Healthy Beginnings?
- How does your organization support and contribute to the program (e.g., resources, in-kind support, investment of time, personnel, materials, etc.)?
- What resources are required for your organization to participate in the program?

- In your opinion, what are the key accomplishments or greatest successes of your work in partnership with the Healthy Beginnings Enhanced Home Visiting Program?

*Probes:*

- How has the program impacted the capacity of local service providers to support healthy child development?
- How has the program impacted the coordination of services and supports for families with young children?
- What do you think helped or facilitated the accomplishments you've described?
- In your opinion, what are the overall challenges of your work in partnership with the Healthy Beginnings Enhanced Home Visiting Program?

*Probes:*

- What is needed to overcome or address the challenges you've described?
- What supports or facilitates the collaboration and partnership that takes place as part of the Healthy Beginnings Enhanced Home Visiting Program?

*Probes (\*\*For contract partners only):*

- How have contracts/agreements supported or facilitated collaboration and partnership?
- How have reporting structures and processes facilitated collaboration and partnership?
- How could collaboration and partnership be improved?
- How, if at all, has the Healthy Beginnings partnership increased your awareness of services available in the community?
- How, if at all, has Healthy Beginnings increased the level of coordination and information sharing among organizations providing services and supports for families with young children?
- How, if at all, has the partnership with Healthy Beginnings helped to identify gaps in available services or duplication of services?

*Probes*

- Have you made any changes to your own services as a result of the identification of gaps or duplication? Please describe.
- Do you have any additional feedback you think would be helpful for us to know?

*Thank you very much for your participation in this interview.*

# Appendix 3: Family Outcomes Survey Findings

## Introduction

This appendix presents the results of the Family Outcomes Survey, which focuses on the extent of the achievement of the Healthy Beginnings Program’s outcomes related to parenting capacity. The indicators of success include:

- Increased confidence with parenting;
- Increased knowledge and skills regarding parenting and care of young children; and
- Increased ability to handle stress.

## Methodology

Descriptive statistics (including frequencies and means) were calculated for closed-ended questions on the survey. For these calculations, missing responses were removed. Thematic analysis was completed for the qualitative data from open-ended questions on the survey. Quantitative findings from each closed-ended question are presented in figures and/or tables following each question. The qualitative data from open-ended questions are presented to help illustrate the quantitative data.

Only families currently in the program, who had been in the program at least 12 months were eligible to complete the survey. A total of 61 surveys were distributed and 42 were returned (69% return rate). The table below shows the response rate by geographic area.

Geographic Health Team Area	Number of Surveys	Response
	Returned	Rate
Dartmouth, Southeastern and Eastern Shore Public Health Geographic Team	29	81%
Cobequid West Hants Public Health Geographic Team	4	80%
Halifax Chebucto West Public Health Geographic Team	9	45%

Note that not every survey respondent answered every question. The total number of respondents answering a specific question is noted in the text or graphics.

## Findings

### ▀ Demographics

The average number of months families completing the survey had been in the Healthy Beginnings program was 25 months (range from 12 – 72 months).

The table below shows the level of program intensity of the survey respondents at the time they completed survey.

The levels of intensity are non-linear (i.e., a family could move from level 1 to level 3 and then back to level 1 again) and depend on the family’s needs and context.

**Table 1: Levels of Program Intensity of Participants**

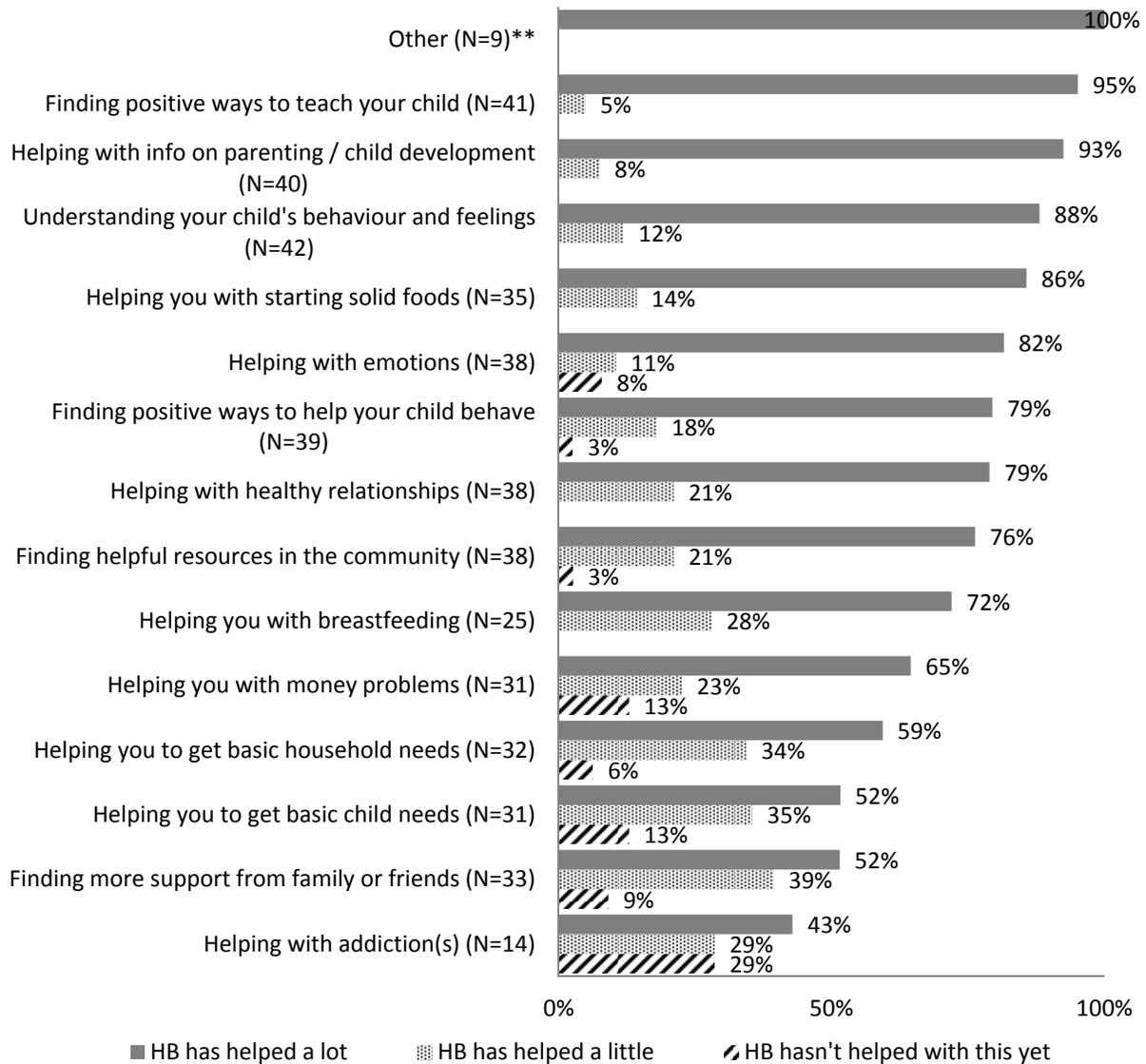
Level of Program Intensity		# of participants	%
Level 1	The Home Visitor will attempt to make at least one home visit per week to the family. The Home Visitor attempts to engage the family in the program and begins to build a trusting relationship. The process of “goal setting” is started.	11	26%
Level 2	The Home Visitor will attempt to make at least one home visit every other week.	17	40%

Level of Program Intensity		# of participants	%
Level 3	The Home Visitor will attempt to make at least one home visit per month.	7	17%
Level 4	The Home Visitor will attempt to make at least one home visit every three months and record observations until target child is three years old.	5	12%
Missing responses		2	5%
<b>Total</b>		<b>42</b>	<b>100%</b>

### ▀ Question 1

Please tell us how much the Healthy Beginnings Enhanced Home Visiting Program has helped your family with the following statements by placing a check  in the box for one of the following categories: 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.

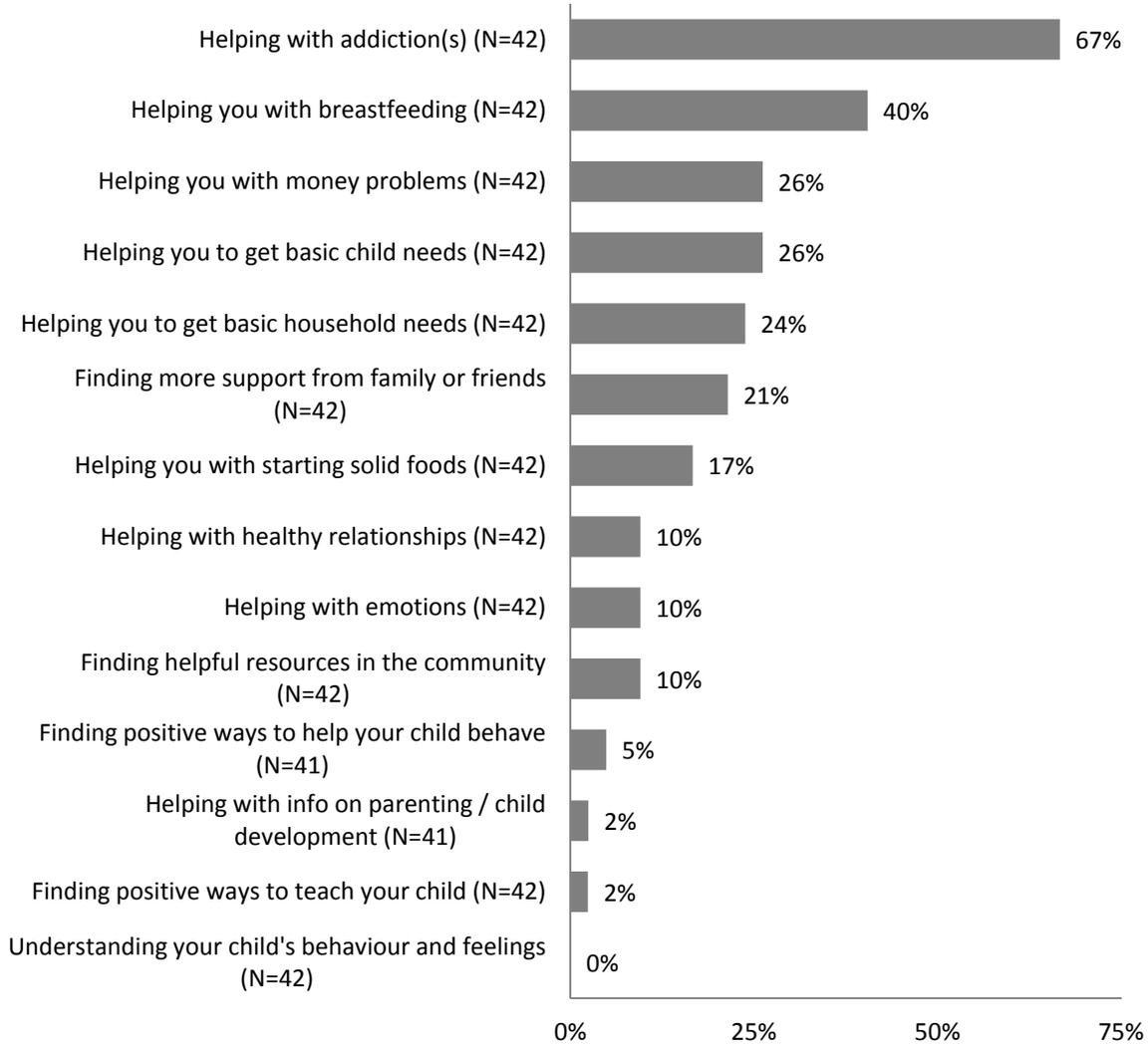
**Figure 1: Responses to Question 1 – How Healthy Beginnings has Helped Families\***



\* The N for each statement is the number of participants who selected one of the three options (i.e., Healthy Beginnings has helped a lot, helped a little or hasn't helped with this yet). Survey respondents who selected "We don't need this help from Healthy Beginnings" or did not answer the question were excluded (presented in the following figure).

\*\* Responses in the "other" category included the following (all said by one respondent except where noted): legal support, age appropriate toys and activities, moral/emotional support (said by 2 respondents), help with finding myself, appointments/prenatal care (said by 2 respondents), child protection.

**Figure 2: Responses to Question 1 – Respondents Who did not need Help from Healthy Beginnings on an Issue**



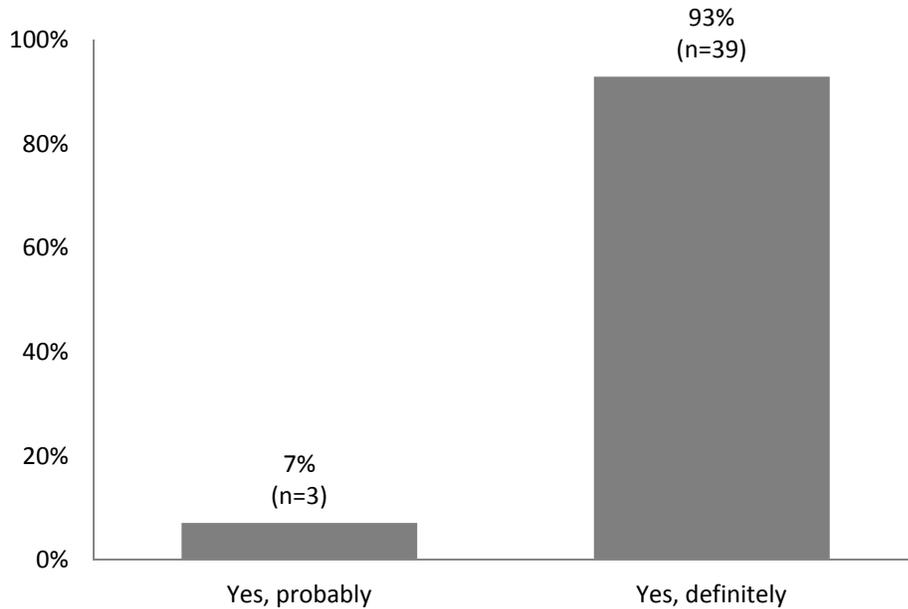
**Question 2**

Would you recommend the Healthy Beginnings Enhanced Home Visiting Program to a friend if they needed support? (Please check one response only)

- No, definitely not    
  No, probably not    
  Yes, probably    
  Yes, definitely



**Figure 3: Responses to Question 2 – Recommend Healthy Beginnings**



No participants said that they would not recommend Healthy Beginnings.

### ▀ Question 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 to rate your success at working towards each goal (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). If you have had many goals, please list the three that have been most meaningful for you.

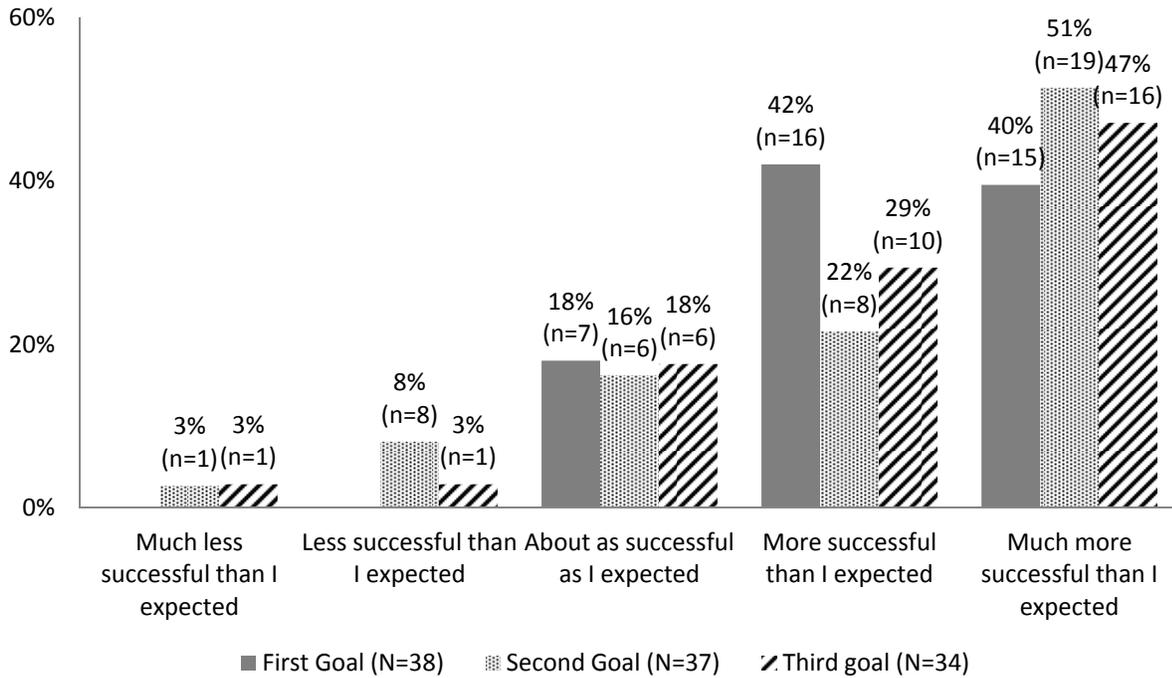
**Table 2: Success in Meeting Goals by Goals/Topics/Areas of Interest Identified by Survey Respondents**

Theme	Sub-theme	n	% who met their goal*
<i>Parenting</i>	Bed time	8	88% (n=7)
	Toilet training	6	100% (n=6)
	Creative/interactive play	3	100% (n=3)
	General parenting	2	100% (n=2)
	Scheduling	2	100% (n=2)
	Managing more than one child	2	100% (n=2)
	Teething	1	100% (n=1)
	<i>TOTAL</i>	<i>24</i>	<i>96% (n=23)</i>
<i>Social Determinants of Health</i>	Education (of parent)	8	100% (n=8)
	Budgeting/financial issues	4	100% (n=4)
	Housing	4	75% (n=3)
	Other practical concerns (custody, getting to appointments, daycare, filing paperwork)	4	100% (n=4)
	Accessing resources	3	100% (n=3)
	Driving	1	100% (n=1)
	<i>TOTAL</i>	<i>24</i>	<i>96% (n=23)</i>
<i>Behaviour and Discipline</i>	Behaviour	12	92% (n=11)
	Discipline	3	100% (n=4)
	<i>TOTAL</i>	<i>15</i>	<i>93% (n=14)</i>
<i>Development</i>	General baby/child development	7	100% (n=7)
	Speech and language	5	100% (n=5)
	Walking	1	0% (n=0)
	<i>TOTAL</i>	<i>13</i>	<i>92% (n=12)</i>
<i>Feeding</i>	Nutrition/healthy choices	6	100% (n=6)
	Breastfeeding	5	100% (n=5)
	Transition to solid foods	1	0% (n=0)
	Feeding issues	1	100% (n=1)
	<i>TOTAL</i>	<i>13</i>	<i>92% (n=12)</i>

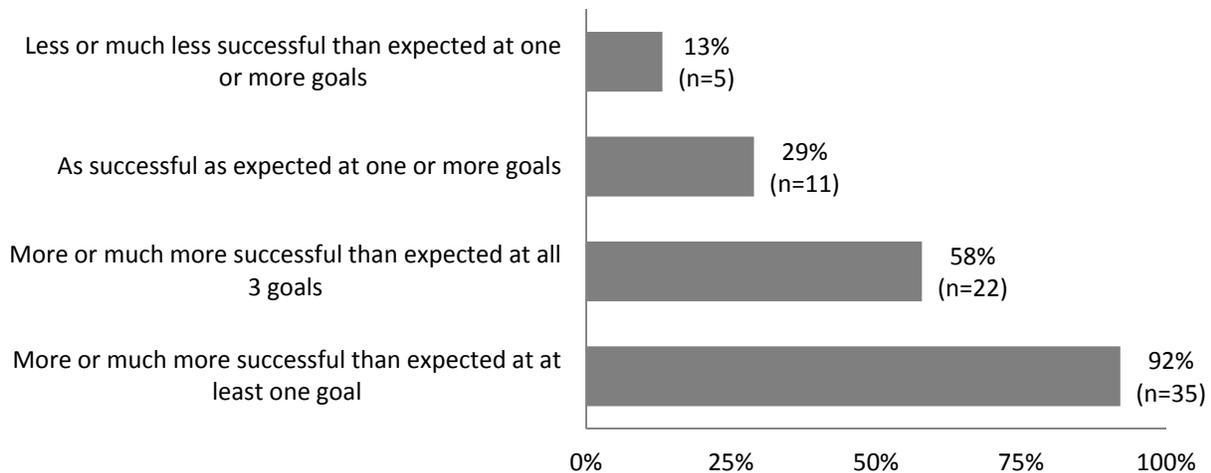
Theme	Sub-theme	n	% who met their goal*
<i>Relationships</i>	Healthy relationships	4	100% (n=4)
	Helping siblings get along	2	100% (n=2)
	Communication	2	100% (n=2)
	Attachment	2	100% (n=2)
	Getting out of bad relationships	1	100% (n=1)
	<i>TOTAL</i>	<i>11</i>	<i>100% (n=11)</i>
<i>Other</i>	Quit Smoking	3	67% (n=2)
	Prenatal education	2	100% (n=2)
	Other support (being there for me to go to 24/7, help me to live in Canada)	2	100% (n=2)
	<i>TOTAL</i>	<i>7</i>	<i>86% (n=6)</i>
<i>Emotional</i>	Stress/anxiety	3	100% (n=3)
	Depression	1	100% (n=1)
	<i>TOTAL</i>	<i>4</i>	<i>100% (n=4)</i>

\* % of goals in a given theme/sub-theme where the respondent was as, more or much more successful than expected in meeting their goal.

**Figure 4: Responses to Question 3 – Respondent Success in Meeting Goals by First, Second and Third Goal**



**Figure 5: Responses to Question 3 – Respondent Success in Meeting Goals by Respondent\***



\* N= 38

▀ **Questions 4 and 5**

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

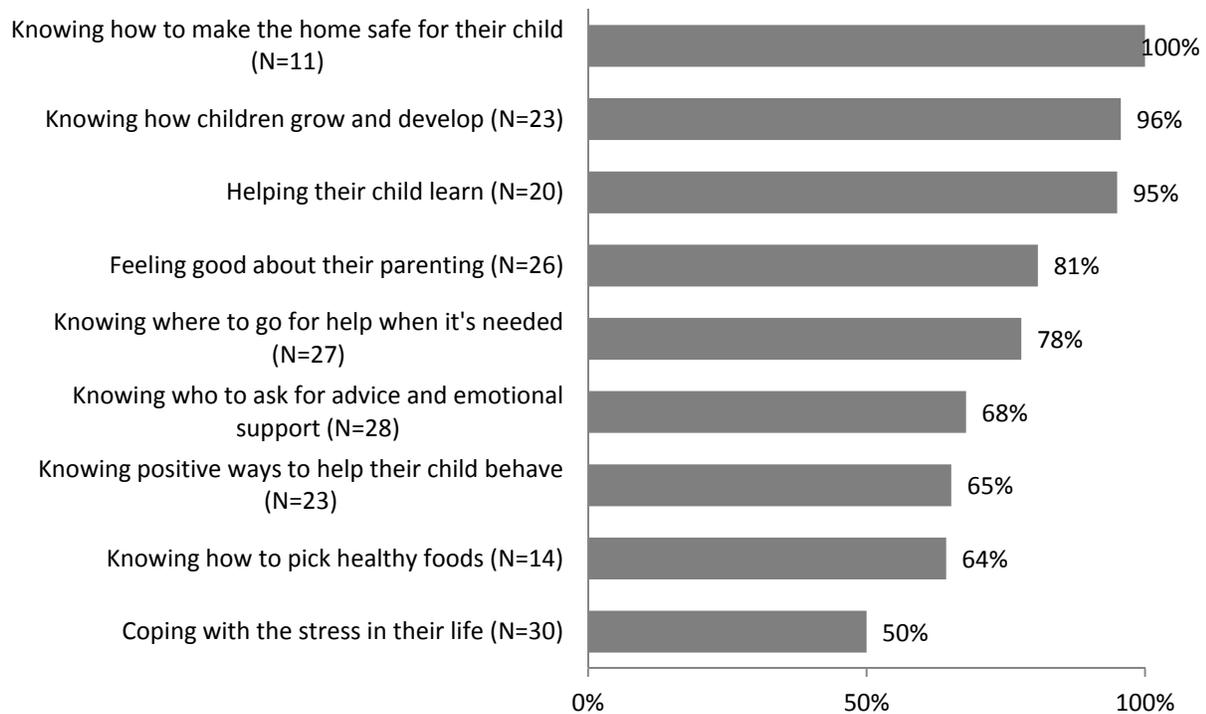
	Need Some Help!						Doing Great!
a. Feeling good about your parenting?	1	2	3	4	5	6	7
b. Knowing how children grow and develop?	1	2	3	4	5	6	7
c. Knowing how to pick healthy foods?	1	2	3	4	5	6	7
d. Helping your child learn?	1	2	3	4	5	6	7
e. Knowing positive ways to help your child behave?	1	2	3	4	5	6	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 Enhanced Home Visiting Program 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

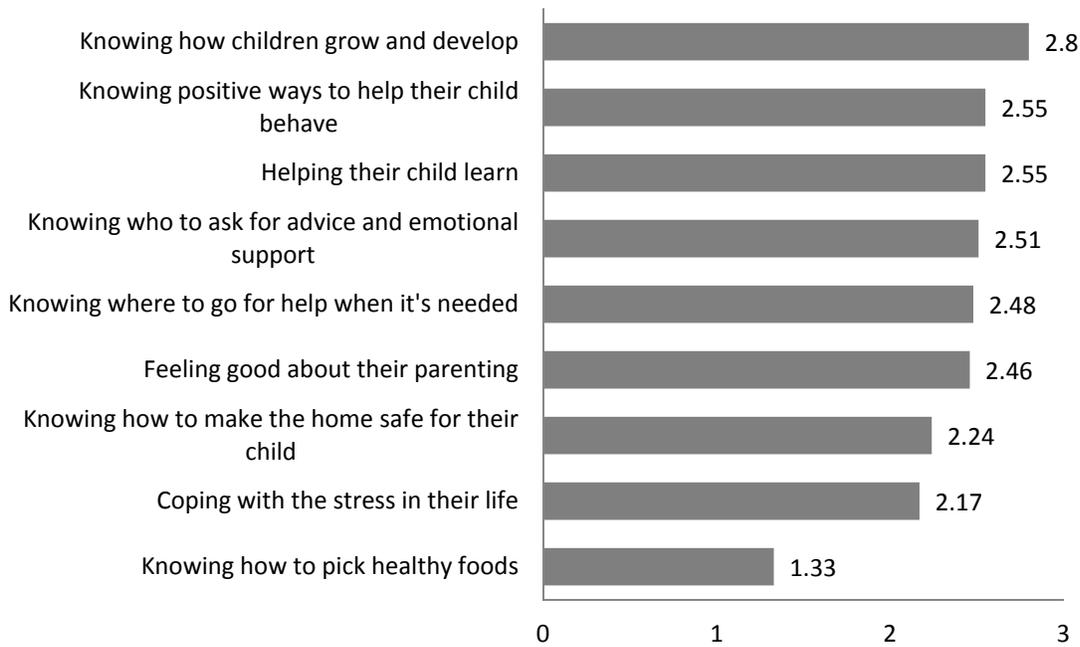
e. Knowing positive ways to help your child behave?	1	2	3	4	5	6	7
f. Coping with the stress in your life?	1	2	3	4	5	6	7
g. Knowing who to ask for advice and emotional support?	1	2	3	4	5	6	7
h. Knowing where to go for help when you need it?	1	2	3	4	5	6	7
i. Knowing how to make your home safe for your child?	1	2	3	4	5	6	7

**Figure 6: Responses to Questions 4 and 5 – Respondent Improvements as a Result of Participating in Healthy Beginnings\***



\* An improvement was defined as moving from needing help (score of 1, 2 or 3 on the scale) to doing well (score of 5, 6, or 7 on the scale).

**Figure 7: Responses to Questions 4 and 5 – Average Change in each Area\***



\* The size of the average change indicates the degree of improvement in that area for all survey respondents, so statements where there was a greater average change suggest that survey respondents were able to make larger improvements in that area compared to others.

As illustrated in Table 3 below, most of those participants who did not see a change in their ratings for the statements now compared to before participating in Healthy Beginnings already felt comfortable in those areas (i.e., they already rated themselves between 5-7 on the scale before Healthy Beginnings).

**Table 3: Responses to Questions 4 and 5 – Respondents who Did Not see a Change as a Result of Participating in Healthy Beginnings**

	n	Average Score before HB
Knowing how children grow and develop	1	7
Knowing how to make the home safe for their child	8	6.9
Feeling good about their parenting	3	6.3
Knowing who to ask for advice and emotional support	6	5.8

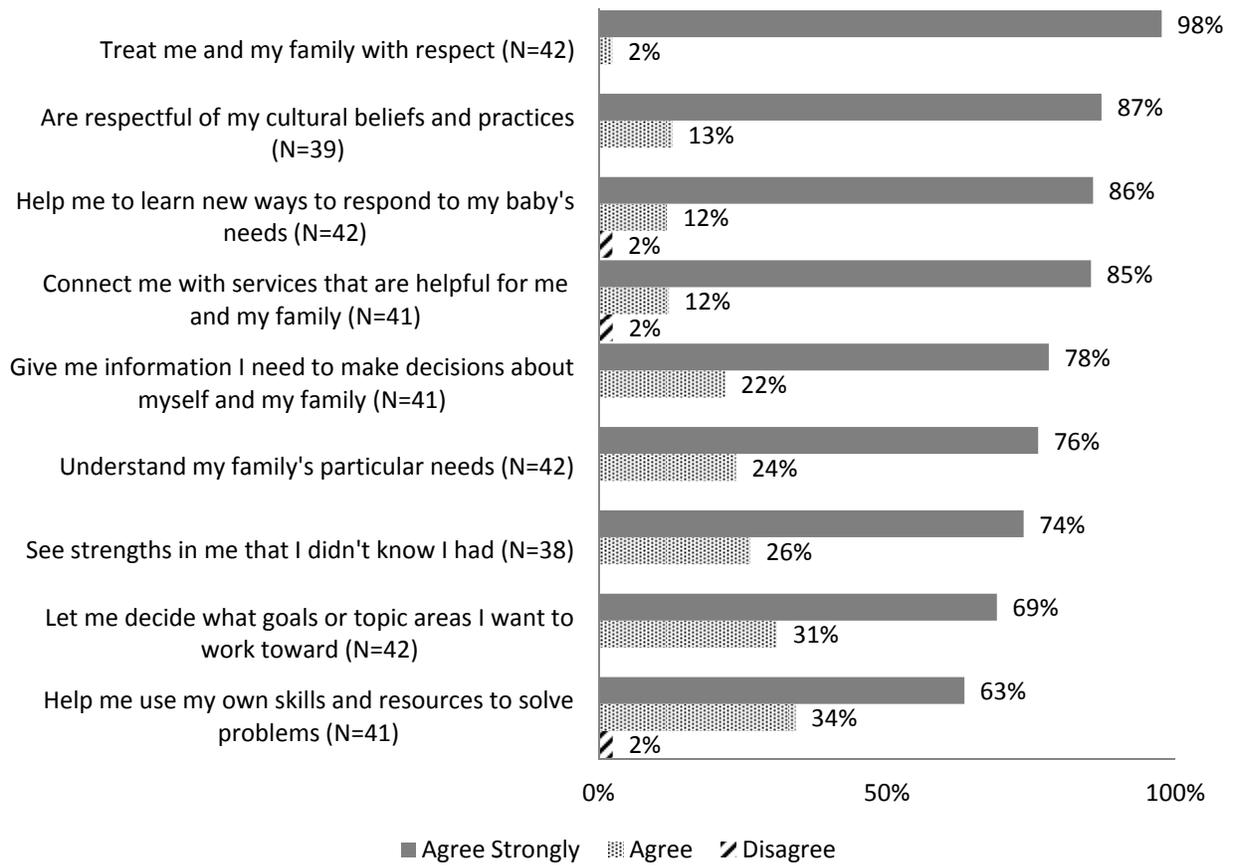
	n	Average Score before HB
Helping their child learn	5	5.8
Knowing positive ways to help their child behave	6	5.7
Knowing how to pick healthy foods	15	5.6
Coping with the stress in their life	7	4.4
Knowing where to go for help when it's needed	9	4.3

In only four categories did a respondent move from either doing well (1 category) or neutral (3 categories) to needing more help than they did before participating in Healthy Beginnings.

### ▀ Question 6

Please indicate how much you agree or disagree with each statement (disagree strongly, disagree, agree, agree strongly, not sure).

**Figure 8: Responses to Question 6 – Agreement with Statements about Healthy Beginnings\***

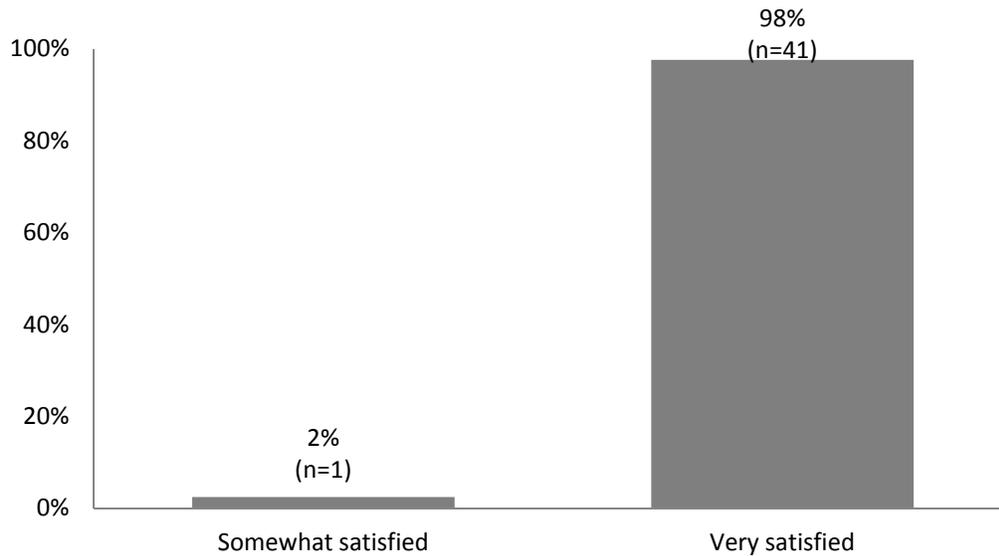


\* The Ns for each statement vary due to missing responses (i.e., not every survey respondent answered for every statement).

**Question 7**

Overall, taking everything into consideration, how satisfied are you with the Healthy Beginnings Enhanced Home Visiting Program? (very dissatisfied, not satisfied, somewhat satisfied, very satisfied).

**Figure 9: Responses to Question 7 – Satisfaction with Healthy Beginnings**



No participants said that they were not satisfied with the program.

Thirteen survey respondents (31% of 42) also provided comments along with their rating of satisfaction with the program.

- Eight of these thirteen (62%) comments were positive comments about the specific CHV with whom the respondent works. Respondents indicated that the CHVs were supportive (“I can count on her and her support”, n=6 of 13), knowledgeable (“she is always so great with the many questions I have”, n=5 of 13) and respectful (“she is very respectful of my family”, n=3 of 13).
- Some respondents (n=5) also said in their comments that the program had helped them improve their parenting skills (“I feel more secure in my parenting skills having [my CHV] by my side every step of the way”).

## ▀ Question 8

How long did you breastfeed your child?

**Table 4: Responses to Question 8 – Length of Time Breastfeeding**

Length of Time	n	%
Never	10	24%
< 2 weeks	3	7%
2-4 weeks	6	14%
>4 weeks to 3 months	5	12%
>3 months to 6 months	6	14%
> 6 months	12	29%
<b>Total</b>	<b>42</b>	<b>100%</b>

▀ **Question 9**

At what age did you introduce solid foods to your child?

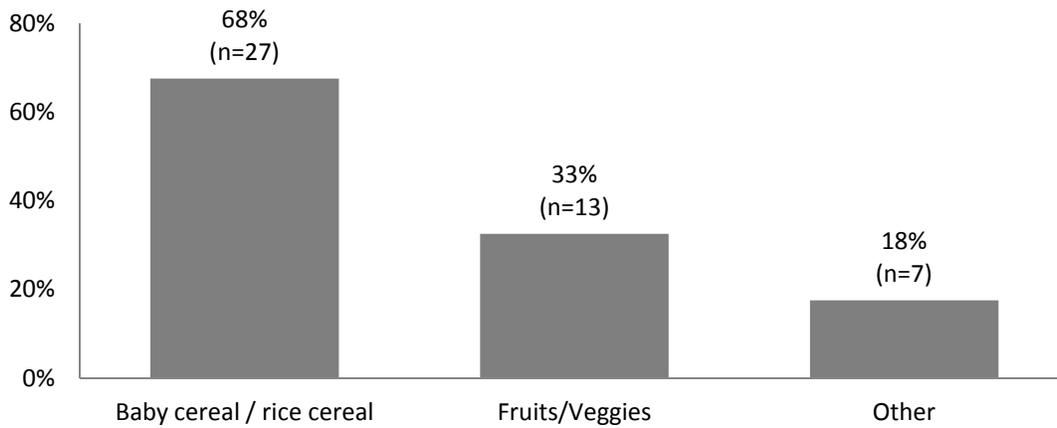
\_\_\_\_\_ Months                      What was the food? \_\_\_\_\_

**Table 5: Responses to Question 9 – Age at Which First Solid Food was Given**

Age	n	%
0 to 3 months	2	5%
4 to 5 months	13	33%
6 months or older	25	63%

\*N=40 (percentages do not add to 100% due to rounding)

**Figure 10: Responses to Question 9 – Type of Solid Food First Given\***



\*N=40. Respondents could choose more than one type of food so percentages sum to more than 100%.

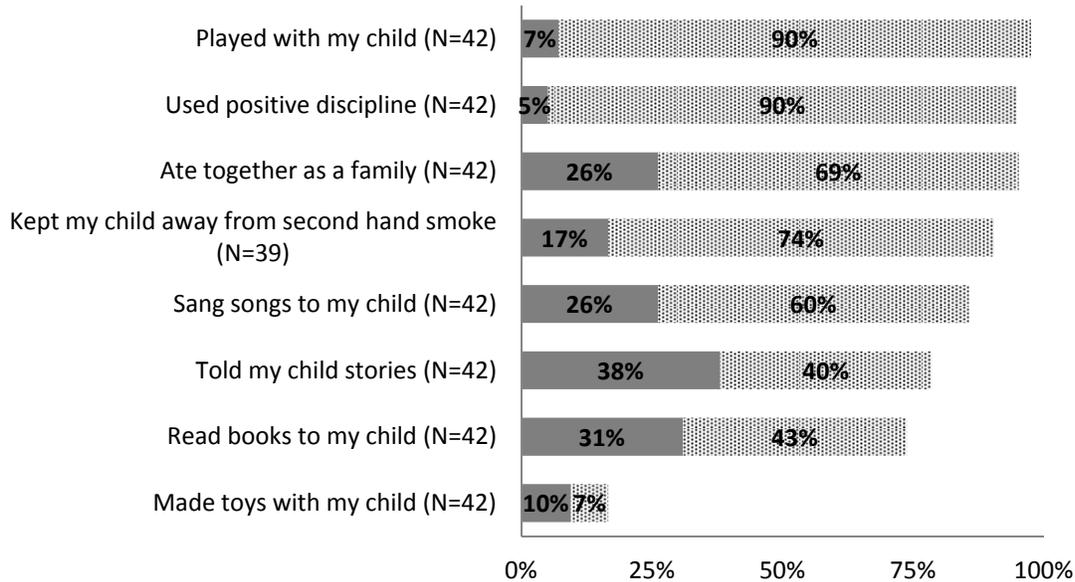
### ▀ Question 10

In the past MONTH, how often have you done the following with your child? (never, rarely, a few times a month, a few times a week, every day).

**Table 6: Responses to Question 11 – Frequency of All Activities**

	Never	Rarely	A few times a month	A few times a week	Every day
Made toys with my child (N=42)	12%	38%	33%	10%	7%
Read books to my child (N=42)	0%	5%	17%	38%	40%
Told my child stories (N=42)	2%	10%	14%	31%	43%
Sang songs to my child (N=42)	0%	2%	12%	26%	60%
Used positive discipline (N=42)	0%	2%	2%	26%	69%
Ate together as a family (N=42)	0%	5%	5%	17%	74%
Kept my child away from second hand smoke (N=39)	0%	5%	0%	5%	90%
Played with my child (N=42)	0%	0%	2%	7%	90%

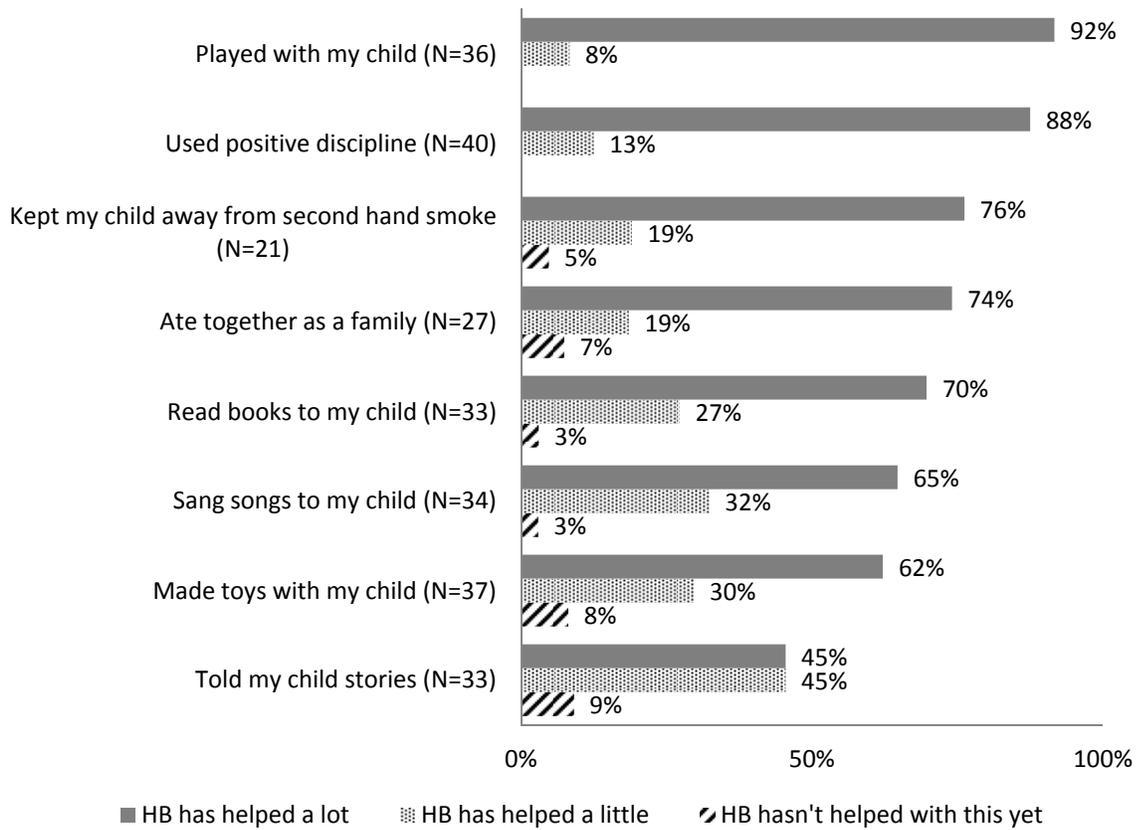
**Figure 11: Responses to Question 11 – Respondents who Reported Doing an Activity a Few Times a Week or Every Day**



**Question 11**

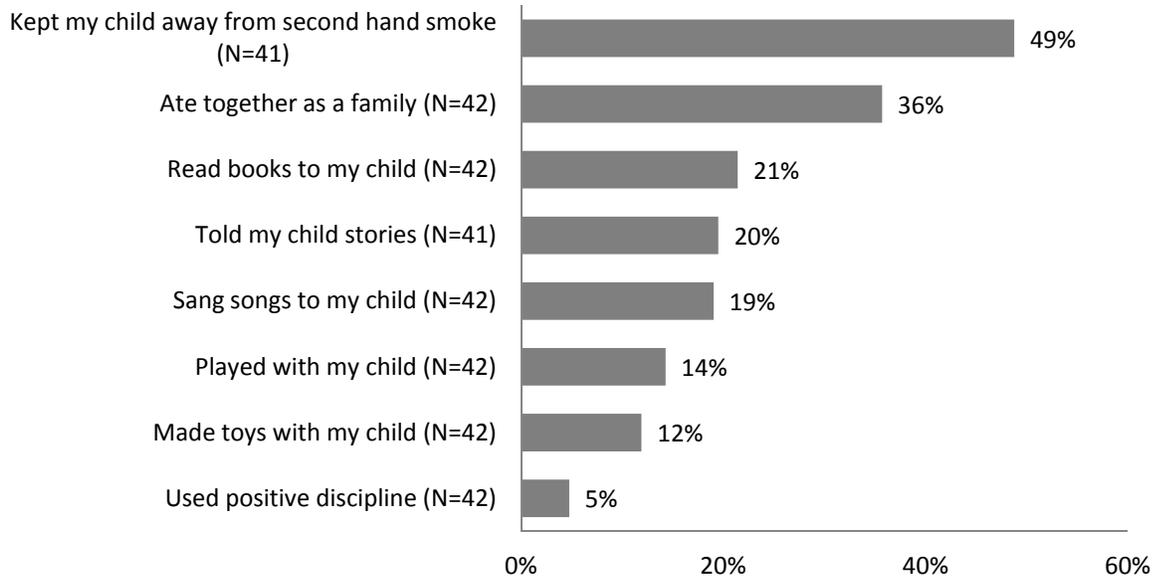
Please tell us how much the Healthy Beginnings Enhanced Home Visiting Program has helped your family with the following by placing a check  in the box for one of the following categories: HB hasn't helped with this yet, HB has helped a little, HB has helped a lot, We don't need this help from HB.

**Figure 12: Responses to Question 10 – Other Areas Where Healthy Beginnings has Helped Families\***



\* The N for each statement is the number of participants who selected one of the three options (i.e., Healthy Beginnings has helped a lot, helped a little or hasn't helped with this yet). Survey respondents who selected "We don't need this help from Healthy Beginnings" or did not answer the question were excluded (presented in the following figure).

**Figure 13: Responses to Question 10 – Respondents Who did not need Help from Healthy Beginnings on an Issue\***



\* The N for each statement varies due to missing responses.

# Appendix 4: Key Informant Interview Participants

Below is a list of participants in the key informant interviews.

CONTRACT PARTNERS	
Trina Fraser	East Preston Resource Centre
Caralee McDaniel	Dartmouth Family Centre
Melodie Skeete	Chebucto Family Centre
Maureen Kirk	Eastern Shore Family Resource Centre
Donna Sutton	Bayers Westwood Family Resource Centre
Sara Downing	Family Resource Centre of West Hants
Myrene Keating Owen	LEA Place Women’s Resource Centre
NON CONTRACT PARTNERS	
Anne Houstoun	North End Community Health Centre
Lee Merrigan Thomas	Mi'kmaq Child Development Centre
Joyce Beaudry	Memory Lane Family Place
Cathy Kasper	Supportive Housing for Young Mothers
Sanaa Youssef	Volunteer Doula Program, Chebucto Family Resource Centre
Carmen Selina-Moncayo	Immigrant Settlement and Integration Services (ISIS)
Ashley Lekas	Community Services
Elizabeth Corkum	Phoenix Youth Programs
Susan DeWolf	Extra Support for Parents
Caroline Paton	Reproductive Mental Health, IWK Health Centre
Kim Manthorne	Community Services
Jane Andres	Social Worker, IWK Health Centre