

Healthy Beginnings:
Enhanced Home Visiting Initiative
Evaluation Framework

December, 2004

Prepared by



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for the Nova Scotia Department of Health and
the Healthy Beginnings: Enhanced Home Visiting Initiative
Provincial Steering Committee

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Acknowledgments

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The overall process was guided by the evaluation subcommittee of the Healthy Beginnings Enhanced Home Visiting Initiative Provincial Steering Committee, under the coordination of Mary Anne Finlayson, from the Nova Scotia Department of Health. The evaluation subcommittee consisted of the following people:

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Phyllis Price, Susan Sanford and Trudy Watts skillfully facilitated focus groups as part of the consultation process. The literature review was conducted with support of research assistant Jennifer Kilfoil.

Acronyms and Abbreviations Used in Text

ECDI Early Childhood Development Initiative

HBEHVI Healthy Beginnings: Enhanced Home Visiting Initiative

LIT Local implementation team (sometimes called working group) for Healthy Beginnings

PSC Healthy Beginnings Provincial Steering Committee

SSA Shared service area (the province's nine health districts are combined into four shared service areas for the delivery of Public Health Services, and of Healthy Beginnings)

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Introduction

The Healthy Beginnings Enhanced Home Visiting Initiative is one of four key program areas that make up Nova Scotia's Early Childhood Development Initiative (ECDI). It is an enhancement to Public Health Services' pre-existing perinatal programs and services. Through universal screening and further in-depth family assessment, Healthy Beginnings enables Public Health Services to identify families facing challenges and to offer these families home visiting support for up to three years, as well as referral to other health and community resources.

The goals of Healthy Beginnings (in conjunction with existing Public Health Services peri-natal initiatives) are:

- to promote the optimal physical, cognitive, emotional and social development of all children in Nova Scotia
- to enhance the capacity of parents to support healthy child development
- to enhance the capacity of communities to support healthy child development
- to contribute to coordinated, effective system of child development services and supports for children and families.

The enhanced home visiting initiative is managed and delivered by the nine district health authorities, through four shared Public Health Services areas. As outlined in Bill C34, however, the Department of Health is responsible for developing health policies and standards, monitoring and evaluating the quality, accessibility and comprehensiveness of services, and funding the delivery of health services.

A provincial steering committee was established to provide leadership and support for the development, implementation and evaluation of the initiative. This evaluation framework was commissioned by the Nova Scotia Department of Health on behalf of the provincial steering committee. It was developed through a participatory and consultative process that included users of the evaluation at the local, district, regional and provincial levels. As a result, the framework reflects the views and has the support of a wide variety of stakeholders throughout the province.

Literature Review

Development of the evaluation framework began with a review of the literature about evaluating of home visiting programs. This review identified evaluation approaches, outcome indicators, measures and tools that have been used for similar programs in other jurisdictions. The search was specifically for documents that focussed on evaluation methods and issues rather than program results. In addition to a thorough search of the academic literature, a variety of evaluation guidelines, frameworks and reports were also collected through an Internet search and personal contact with programs in other provinces.

The literature review revealed that there is no single, ideal, approach for evaluating Healthy Beginnings. Rather, it identified a multitude of approaches, issues and methods, and the many trade-offs to be considered when planning an evaluation framework. The review provided

guidance and pointed to existing tools and resources for evaluating home visiting programs. Three particularly strong themes emerged:

- the value of examining process issues
- evaluation methods that reflect program values
- democratization of practices in evaluation methodology, with evaluations designed to meet information needs of many interests, including participants, front-line staff, managers, and policy makers.

The complete literature review is available under separate cover.¹

Logic Model and Consultation

A draft logic model for the Healthy Beginnings Enhanced Home Visiting Initiative was developed through a group process that included the provincial steering committee with additional representatives from some districts. Close to 125 stakeholders from around the province were then consulted about both the draft logic model and their priorities and issues for evaluating Healthy Beginnings. The consultation was conducted using a combination of focus groups, telephone interviews and one workshop. Participants in the consultation included program staff, administrators and partner organizations at the local, district, shared service and provincial levels.

The consultation provided clear and strong messages regarding the logic model, evaluation priorities, indicators of success and the various roles and responsibilities involved in a province-wide evaluation responsive to the unique needs of very diverse regions.

The logic model was extremely well received at every level – community, staff, management and executive. People pointed out many aspects of the model they appreciated. They also made suggestions for improving it, and these were incorporated into the version presented in this report.

The consultation also identified eight strong themes to guide the focus of the evaluation:

- participation in the program (who, how many, coverage, retention, etc)
- effectiveness of the screening and assessment process.
- family satisfaction with the service
- outcomes for families - what difference does it make?
- family perceptions of benefits and impacts
- gaps in services
- local implementation team process
- outcomes of local implementation team

These eight themes became the focus for the evaluation strategy described in this report. The

¹Lilley S, Kilfoil J, Price P. (2004) *Evaluating Home Visiting Programs: An Overview of the Literature*. Report prepared for the Nova Scotia Department of Health and the Healthy Beginnings: Enhanced Home Visiting Initiative Provincial Steering Committee.

consultation also provided support for the concept of a provincial evaluation framework, as well as guidance for the selection of evaluation methods and indicators of success. All of these messages, and the countless suggestions, were considered in the development of the Healthy Beginnings evaluation framework and incorporated into the design wherever feasible. The complete consultation report is available under separate cover.²

The evaluation framework described in this report closely reflects the results of both the literature review and the consultation. It will provide a province-wide, coordinated and systematic means of improving the program and assessing its impact. The evaluation framework consists of the following components:

- A literature review (report provided under separate cover)
- A province-wide consultation (report provided under separate cover)
- A program description and logic model
- An evaluation strategy
- Data collection instruments

As with any plan, this evaluation framework is only intended as a starting point. Evaluation is a dynamic process that requires ongoing review and revision to ensure continued relevance as a program evolves over time.

²Lilley S & Price P. (2004). *Healthy Beginnings Enhanced Home Visiting Initiative Evaluation Framework, Consultation Report*. Report prepared for the Nova Scotia Department of Health and the Healthy Beginnings Enhanced Home Visiting Initiative Provincial Steering Committee.

Program Description and Logic Model

The many activities that make up Nova Scotia's Healthy Beginnings Enhanced Home Visiting Initiative can be described in three broad categories: activities to identify the families who can most benefit from the program and encourage them to participate; activities to support families who have agreed to participate in the program; and activities to improve the coordination of programs and services for families in the local area. Program activities in each of these areas, and the sequence of outcomes that is expected to flow from them to ultimately improve child development in the province, are illustrated in the program logic model on page 6 and described briefly in the text below.

Family Buy-in

A common, province-wide approach has been adopted to identify families who can most benefit from the enhanced home visiting. A two-step process is used. First, a standardized questionnaire identifies family, medical, or social conditions that could affect the child's health and development. This first step, which is applied to all mothers very shortly after delivery, is called a screening. Next, families identified by the screening are offered an in-depth assessment. This assessment, which often takes place in the home, engages families in identifying the type of support that would be most beneficial to them. Families are offered the enhanced home visiting service if it is determined to be of potential benefit to them at this time. Program staff maintain contact with families who are believed to be candidates for the program yet refuse to participate, using a positive approach to encourage them, over time, to accept support.

As a result of these activities, it is expected that all families in the province who can most benefit from home visiting support will be aware of the availability of the Healthy Beginnings program, and that over time, a growing number of families will agree to participate.

Supporting Families

In contrast to the standardized approach used to identify families who can benefit from Healthy Beginnings, the support provided by the program is highly individualized and varies according to each family's specific needs and strengths. The two broad types of support include regular home visiting, and referral to other services in the community.

Home visiting is provided by a combination of community home visitors and other public health staff, and is available until the child is three years old. Community home visitors offer both emotional and practical support. They assist families with setting and achieving goals, and can provide information on child development, parenting, and the support services available for families. Home visitors work closely with other service providers and may advocate on the family's behalf when the need arises. Families are also referred to other agencies and services for additional support as needed.

The above activities are expected to enhance the capacity of families to support healthy child development. However, because the program is very tailored to each family's specific situation, families will benefit in different ways. For example, families may experience increased confidence, knowledge, or skills regarding some aspects of parenting, they may experience reduced stress, or may be more open to using the supports and services available in their community.

Regardless of the exact nature of the changes in family capacity, these changes are expected to result in changes in parents' behaviour. Once again, changes experienced at this level will vary according to each family's specific situation. However, the kinds of changes likely to occur include longer duration of breastfeeding, improved child feeding, better parent-child interaction, reduced exposure of children to tobacco smoke, use of non-violent approaches to discipline, increased reading to children, and a variety of preventive health practices such as use of infant car seats and regular well-baby and dental care.

Partnership Development

This third area of program activity focusses on ensuring that the home visiting program is integrated into the existing 'system' of services, and on creating a more seamless system for families of young children. Public Health Services will establish and/or coordinate a number of working groups or local implementation teams in each of the province's four shared service areas. These groups include a variety of service providers, such as family resource centres, early childhood intervention, child protection, and other local agencies that provide services for young children and their parents. They are also expected to include representatives of people who use these services.

It is anticipated that these groups will enhance the capacity of organizations in the area to support healthy child development. The kinds of changes expected include greater trust, communication and collaboration among agencies, integration of Healthy Beginnings into existing services, identification of gaps and areas of duplication, and steps to address some of these gaps and duplication. These changes are expected to contribute to more effective child development services. A broader but related initiative, the Early Childhood Development Initiative, is also expected to achieve changes of this nature. Public Health Services is a participant in this broader process.

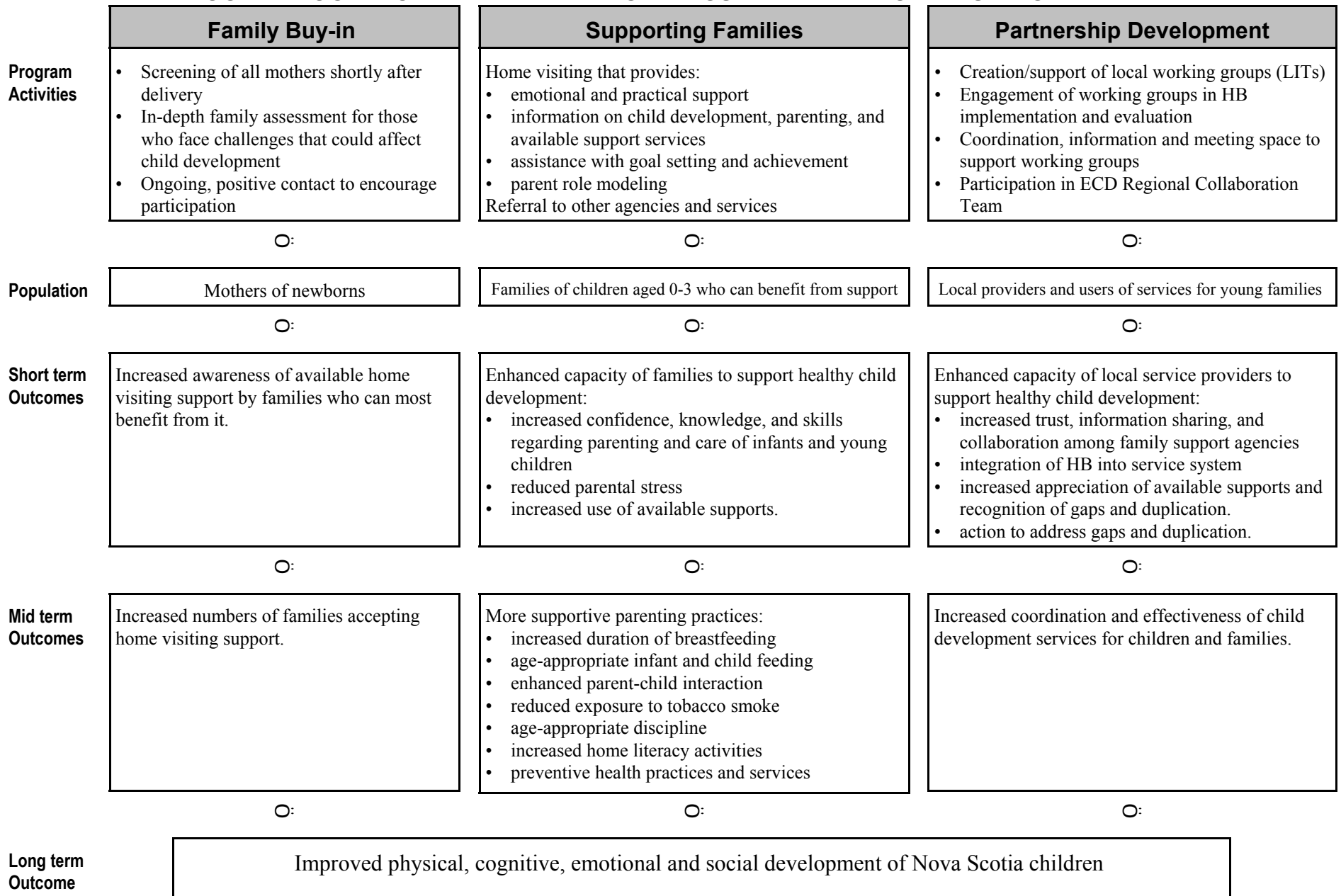
Improved Development of Nova Scotia Children

The logic model for the Healthy Beginnings Enhanced Home Visiting Initiative provides a big picture of the initiative and how the three broad areas of activity are expected to result in achieving the long term goal of the initiative: improved physical, cognitive, emotional and social development of Nova Scotia children. The three components of Healthy Beginnings illustrate that this long term goal cannot be achieved by Public Health Services working alone to support families. The success of this initiative will also rest on getting buy-in from increasing numbers of families, and on improving the effectiveness of all services available to support families.

Each of the broad areas of activity shown on the logic model cannot occur without countless administrative and supporting functions. Although these are not listed, the model should provide everyone involved with an overall picture of what they are working together to accomplish.

As in all logic models, the work appears isolated into distinct and linear components. While this over-simplification is useful for evaluation and communication purposes, in reality, Healthy Beginnings is far more integrated than the model conveys, and work at every level influences activities and outcomes in every other area.

PROGRAM LOGIC MODEL - HEALTHY BEGINNINGS ENHANCED HOME VISITING INITIATIVE



Proposed Evaluation Strategy

Overview

The proposed evaluation strategy was designed according to the information provided by the program logic model, literature review and consultation. It consists of three phases of data collection (Implementation, Quality Assurance and Outcomes) as well as a system for ongoing monitoring. Each of the three phases, described briefly below, builds upon the information collected in the previous phase(s). The overall strategy is illustrated in a matrix that begins on page 11.

Ongoing Performance Measurement

Performance measurement will focus on three key indicators, selected to provide measures of participation, coverage and retention. Quarterly reports will track changes over time on these three indicators, thereby enabling staff, administrators and local partners to see improvements, weaknesses and changes.

Phase 1: Implementation Spring/Summer 2005

This first phase of evaluation is purely descriptive, and is designed to provide a common understanding of how the program has developed and is being implemented in each of the four public health areas of the province. This information will provide a basis for interpreting results in later stages. Phase 1 will address the following evaluation questions:

- 1.1 Has the program been implemented as planned?
- 1.2 If not, why not?
- 1.3 How has implementation varied from one region to another?
- 1.4 To what extent is the program fully operational?
- 1.5 In areas where it is not fully operational, what factors are limiting implementation?

Phase 2: Quality Assurance Autumn 2005 / Winter 2006

Phase 2 will focus on family, staff and partner satisfaction with the program, as well as ways of improving the program. The purpose is to find and eliminate areas of weakness before moving on to outcome evaluation. Phase 2 will address the following evaluation questions:

- 2.1 Is the screening tool identifying the intended families?
- 2.2 Are intended families buying-into the program? If not, why not?
- 2.3 What has worked well, not so well about the approaches to screening and assessment?
- 2.4 How can more of the priority families be encouraged to accept home visiting?
- 2.5 What services are being provided by Healthy Beginnings enhanced home visiting?
- 2.6 What services are families referred to?
- 2.7 What gaps in services have been identified?
- 2.8 Are families satisfied with the enhanced home visiting?
- 2.9 If not, why not?
- 2.10 What benefits do families gain from participation?
- 2.11 Do local implementation teams feel their process has been a positive one?
- 2.12 What has worked well, not so well for building and supporting local teams?

- 2.13 How could the process be improved?
- 2.14 Have short-term outcomes of the partnership development work been achieved?
- 2.15 Do staff feel they are able to implement the program as planned?
- 2.16 If not, what factors limit their implementation?
- 2.17 What has worked well, not so well about the implementation models chosen?

Phase 3: Outcomes for Families

Autumn 2006 - Winter 2008

Phase 3 looks at what difference the program has made for families. Each shared service area will choose to move to this phase of evaluation when they feel they are ready for it, that is, when they feel that the quality issues raised in phase 2 have been adequately addressed. The expectation is that this will occur sometime between autumn 2006 and winter 2008. Phase 3 will focus on the following evaluation questions:

- 3.1 Are families experiencing progress towards their goals?
- 3.2 To what extent are the program's short term outcomes (capacity) being achieved?
- 3.3 If not, why not?
- 3.4 To what extent are mid term outcomes (parenting practices) improving as a result of the program?
- 3.5 If not, why not?

Long-term Outcomes

The evaluation framework has also identified appropriate indicators of long-term outcomes for Healthy Beginnings, to answer the ultimate evaluation question:

- 4. To what extent is Healthy Beginnings improving the physical, cognitive, emotional and social development of Nova Scotia children?

Because any long-term outcomes will be the result of Early Childhood Development Initiative (ECDI) as a whole, developing a methodology and tracking change at this level is the responsibility of the ECDI, rather than that of each individual program that makes up the ECDI. Results of the Healthy Beginnings phase 3 evaluation, described above and in the evaluation matrix on the following pages, will enable Healthy Beginnings to demonstrate the program's role in contributing to long-term outcomes.

Evaluation Challenges and Proposed Solutions

Challenges in implementing the Healthy Beginnings evaluation will include all those faced by evaluations in general, for example, credibility, feasibility and usability of results. At the same time, the Healthy Beginnings evaluation is confounded by a variety of other challenges arising from the diversity of implementation models across the province, and the vulnerability of the population served. Each of these challenges has been carefully considered in the design of the evaluation strategy. Proposed solutions are described briefly below.

Credibility (Validity and Reliability)

The proposed evaluation strategy uses both qualitative and quantitative approaches, multiple methods and multiple informants (triangulation of methods and sources) to increase the credibility of results. For example, information will be collected through standardized tests, surveys, interviews, focus groups and stories. It will be collected from families, staff at every level, and community partners. Each of these groups will provide input in a variety of ways, and have opportunities to provide input anonymously. For example, information from families will be collected through a standardized test, focus groups and anonymous questionnaires. Information from home visitors will be collected through a routine form, an anonymous questionnaire, key informant interviews and a story sharing workshop. In the same way, a variety of methods will also be used to obtain information from other program staff and community partners.

Credibility can be further strengthened by pilot testing all of the new evaluation instruments before use, by providing training to all staff involved in data collection (to ensure consistency), and by ensuring that any interviewers, facilitators and evaluators involved in the evaluation process are well qualified and have an arm's length relationship to the program.

Usefulness/Relevance

The relevance of the evaluation questions and indicators has been assured by engaging decision makers at every level in planning the evaluation. The evaluation framework is designed to provide results by district, shared service area and province to increase relevance and usefulness at each of these levels. Usefulness can be further strengthened by providing results to staff, local teams and administrators in a timely and user-friendly way, and by providing opportunities for people to come together to interpret the evaluation results and to decide how best to address them.

Feasibility

A major challenge to evaluating home visiting programs is the cost and complexity of constructing comparison groups and/or collecting "baseline data" from participants. These issues have been described in some detail in the evaluation literature review (cited previously). The proposed Healthy Beginnings evaluation framework therefore makes use of the retrospective pre-test methodology to assess family outcomes. This approach asks program participants to rate their current knowledge, behaviour or attitudes, and then to give themselves a second rating that reflects their pre-program status on the same item. This method is more feasible, financially and logistically, than using comparison groups or collecting baseline data from participants. It has been well tested for use in home visiting programs and shown to be a more accurate assessment of changes in self-reported knowledge and behaviour than traditional pretest-posttest designs.³

A second challenge to the feasibility of this evaluation is the collection of data from various groups of people located throughout the province. The proposed evaluation framework centralizes the data collection and uses information technology to overcome some of these challenges, as follows:

³ Pratt CC, McGuigan WM, Katzev AR. (2000) Measuring program outcomes: Using retrospective pretest methodology. *American Journal of Evaluation* 21#3: 341-349.

- information on each home visit will be systematically entered into a provincial database
- staff and partner surveys will be conducted online to streamline data collection and entry
- families will mail paper surveys directly to the Department of Health for entry and analysis.

Program Diversity

The proposed evaluation framework has been designed to assess the aspects of Healthy Beginnings that are common to all regions of the province, while at the same time recognizing regional differences such as culture, organizational frameworks and implementation time lines. Development of a common logic model for the program province-wide enabled the evaluation framework to identify and focus on commonalities. Individual districts or shared service areas may choose to develop additional evaluation components that examine issues or practices unique to their area.

The proposed evaluation framework also recognize differences across shared service areas and (in some case) districts. Phase 1 of the evaluation was designed to provide a complete description of the various implementation approaches and stages. This information will provide a context for interpreting differences, from one area to another, in results obtained during subsequent evaluation phases. Phase 3, which looks at program outcomes, provides flexibility in that each shared service area can choose when it is ready to proceed to that phase.

Maximizing Response Rates

The proposed evaluation framework uses a variety of approaches to maximize response rates. To maximize responses from families, the strategy recommends:

- having the home visitor introduce and review the survey with the family, then following-up on the next visit
- providing for anonymous response
- providing for telephone interviews when literacy is an issue
- holding focus groups in a parent-friendly location such as a family resource centre
- providing transportation, child care and compensation for participation in focus groups.

To maximize responses from busy staff and partners, the strategy:

- uses a brief online survey, which can be accessed from any online computer (as well as telephone interviews for key informants)
- provides for anonymous response
- includes two reminder follow-up messages.

Evaluation Matrix - Phase 1: Implementation - Spring/Summer 2005

Evaluation Question	Data items	Information Source	Method
<p>1.1 Has the program been implemented as planned?</p> <p>1.2 If not, why not?</p>	<p>Provincial program standards and guidelines.</p>	<p>Shared service area (SSA) representatives to provincial steering committee (PSC)</p>	<p>Implementation Report 2005 Local implementation plans Telephone interview</p>
<p>1.3 How has implementation varied from one region to another?</p>	<p>Description of the model developed in each region, including:</p> <ul style="list-style-type: none"> • home visiting contracted out or staff • staff complement, competencies, and qualifications • home visitor training, support and supervision • screening, assessment and alternate routes of entry • phased-in implementation • LIT composition and approach 		
<p>1.4 To what extent is the program fully operational?</p> <p>1.5 In areas where it is not fully operational, what factors are limiting implementation?</p>	<ul style="list-style-type: none"> • # and type of dedicated staff • # of participants in program as % of total births • % of all births screened • % of all positive screens that have complete assessment • % of all positive screens in process of assessment • % of those assessed who agree to participate 	<p>Standard database form</p>	

Evaluation Matrix - Phase 2: Quality Assurance - Autumn 2005 / Winter 2006
Family Buy-in

Evaluation Question	Indicators of success or data items	Information Source	Method
2.1 Is the screening tool identifying the intended families?	<ul style="list-style-type: none"> • probability of false positives and false negatives 	Validation report	Validation of screening tool for use in NS. (Method as yet undetermined)
2.2 Are intended families buying-into the program? If not, why not?	<ul style="list-style-type: none"> • % of all births screened • % of all positive screens that have complete assessment • % of those assessed who agree to participate, refuse • increasing rates of participation • average age of mothers in program • average education level of mothers • reasons for refusal 	Standard database form	
2.3 What has worked well, not so well about the approaches to screening and assessment?	Key informant opinions about strengths and challenges of the approach to screening and assessment, and ways to improve it.	SSA reps to PSC, staff, partners Dedicated HB Staff (including contract home visitors) LIT members	Key informant interviews Staff survey Partner survey
2.4 How can more of the priority families be encouraged to accept home visiting?	Suggestions for improving family buy-in and participation.	Participating families	Focus groups

Evaluation Matrix - Phase 2: Quality Assurance - Autumn 2005 / Winter 2006
Supporting Families

Evaluation Question	Indicators of success or data items	Information Source	Method
2.5 What services are being provided by HB enhanced home visiting? 2.6 What services are families referred to?	<ul style="list-style-type: none"> • focus of visits and services provided • # of visits per family in first six months after assessment (frequency and intensity of visits) • referrals made by agency type 	Home visitors Standard database form	Family contact record
2.7 What gaps in services have been identified?		Dedicated HB Staff (including contract home visitors) LIT members SSA reps to PSC, staff and key partners	Staff survey Partner survey Key informant interviews
2.8 Are families satisfied with the enhanced home visiting? 2.9 If not, why not?	<ul style="list-style-type: none"> • % of families still receiving regular service 6 mths after assessment completed • family satisfaction with staff attitudes, knowledge, support, service, etc • % of families that would recommend service to others 	Participating families	Family satisfaction survey Family focus groups
2.10 What benefits do families gain from participation?	<ul style="list-style-type: none"> • parents describe positive impacts of the program on their lives • families report accessing the services to which they were referred, and that referrals were appropriate. 		

Evaluation Matrix - Phase 2: Quality Assurance - Autumn 2005 / Winter 2006
Partnership Development

Evaluation Question	Indicators of success or data items	Information Source	Method
2.11 Do local implementation teams feel their process has been a positive one?	LIT members report: <ul style="list-style-type: none"> • satisfaction with process, support, mandate etc • benefits to themselves or their organization of participating on the LIT 	LIT members (partners)	Partner survey
2.12 What has worked well, not so well for building and supporting local teams? 2.13 How could the process be improved?	<ul style="list-style-type: none"> • Key informant opinions about strengths and challenges of the approach to local team development, and ways to improve it. • Links to the ECDI regional collaboration teams. 	LIT members (partners) SSA reps to PSC, LIT co-chairs and key partners LIT workplans and reports	Partner survey Key informant interviews Document review
2.14 Have short-term outcomes of the partnership development work been achieved?	LIT members report: <ul style="list-style-type: none"> • increased trust, information sharing, and collaboration among LIT members • regular referrals to and from HB • increased awareness of services available in the community • identification of gaps and duplication • specific actions aimed at addressing gaps and reducing duplication 		

Evaluation Matrix - Phase 2: Quality Assurance - Autumn 2005 /Winter 2006
Overall Implementation

Evaluation Question	Indicators of success or data items	Information Source	Method
2.15 Do staff feel they are able to implement the program as planned?	<ul style="list-style-type: none"> • staff feel workload is manageable • staff feel adequately trained • home visitors feel confident in their role • home visitors feel adequately supported by their supervisors and other staff 	Dedicated HBEHV staff (including contract home visitors)	Staff survey
2.16 If not, what factors limit their implementation?			
2.17 What has worked well, not so well about the implementation models chosen?	<ul style="list-style-type: none"> • Opinions about strengths and challenges of the model. • Evidence of what is working well and not so well from all other phase 2 evaluation question (eg. family & staff satisfaction) 	SSA reps to PSC, supervisors, staff and key partners	Key informant interviews

Evaluation Matrix - Phase 3: Outcomes for Families - Autumn 2006 - Winter 2008

Note: Each shared service area will have the flexibility to choose when they are ready to move to outcome evaluation, that is, when they feel all quality issues raised in phase 2 have been addressed. When the program is 'proud'.

Evaluation Question	Indicators of success	Information Source	Method
3.1 Are families experiencing progress towards their goals?	<ul style="list-style-type: none"> • families report progress toward their goals • home visitors' stories of families achieving their goals 	Families who have been in program for 18 months or longer. Home visitors	Retrospective pre-test survey - Parenting ladder NCAST feeding scale - 12 mo re-assessment Regional story session
3.2 To what extent are the program's short term outcomes (capacity) being achieved?	<ul style="list-style-type: none"> • increased confidence with parenting • increased knowledge and skills regarding parenting and care of young children • increased ability to handle stress • parents access resources as a result of referrals 		
3.3 If not, why not?			
3.4 To what extent are mid term outcomes (parenting practices) improving as a result of the program?	<ul style="list-style-type: none"> • improved infant and child feeding practices • more nurturing responses to child distress • increased use of non-violent discipline • increased home literacy activities 		
3.5 If not, why not?	<ul style="list-style-type: none"> • increased duration of breastfeeding • reduced exposure to tobacco smoke • increased home literacy activities 	Families who have been in program for 18 months or longer, with older children who were not involved in HB	Retrospective pre-test survey (comparison to practices with older children)

Evaluation Matrix - Performance Measurement (Ongoing)

Description	Data items	Source
Quarterly statistical reports tracking coverage and participation in HB, prepared by the Department of Health and distributed to every DHA, SSA, and LIT.	By CHB, DHA, SSA and province: <ul style="list-style-type: none"> • # of participants in program (participation measure) • % of all births screened (coverage measure) • % of participating families still receiving regular visits after 1 year (retention measure) 	Standard database form

Long-term Outcomes

Evaluation Question	Indicators of success	Method
4. To what extent is HB improving the physical, cognitive, emotional and social development of Nova Scotia children?	<ul style="list-style-type: none"> • increased duration of breastfeeding • increased school readiness • fewer behavioural problems in school • reduced hospitalization and ER visits 	<p>Any long term outcomes will be the result of Early Childhood Development Initiative (ECDI) as a whole. Therefore, developing a methodology and tracking changes at this level should be done for the ECDI as a whole rather than each individual ECDI program.</p> <p>Phase 3 HB evaluation results will enable HB to claim some credit for results at this level.</p>

Data Collection Tools

Overview

The evaluation of the Healthy Beginnings Enhanced Home Visiting Initiative will use a variety of tools and approaches. Eight new data collection tools were developed specifically for this purpose. In addition, the evaluation will use the NCAST Feeding Scale and the Labonte and Feather story dialogue method. Each of the proposed data collection tools, described briefly below, has been reviewed and approved in principle by the provincial steering committee. The new tools are included in subsequent pages in draft form, pending broader review and testing.

Tools for ongoing use:

Healthy Beginnings Standard Database Form

This form, to be completed by Public Health Services for every birth in the province, was developed for reporting purposes prior to the evaluation framework development process. Information will be collected systematically and entered into a provincial database, providing useful data for evaluation purposes.

Family Contact Record

This brief form will be used in an ongoing way to record and track services provided once the family has completed the assessment and accepted to receive a home visitor. The form will provide information on the frequency and intensity of visits as well as the types of support provided. It will be completed by the home visitor (whether community home visitor, nurse or other) after each home visit, and later entered into the standard database by Public Health Services staff. The family contact record has been approved in principle by the provincial steering committee, but requires review and testing by home visitors before final adoption.

Tools for Phase 1:

Healthy Beginnings Implementation Report 2005

This reporting form will be completed by the four Healthy Beginnings representatives to the provincial steering committee in the spring of 2005. The form will be followed-up with a telephone interview to collect any additional data and clarify responses to the form. Analysis will be descriptive only, and outline areas of convergence and divergence.

Tools for Phase 2:

In addition to the data collection tools described below, phase 2 will draw on information collected systematically using the standard database form and the family contact record. Current plans for phase 2 also include the validation of the screening tool used for identifying families who might benefit from Healthy Beginnings. The methodology for this study has not yet been determined.

Family Satisfaction Survey

This satisfaction survey is to be administered to all families who have been in the program for 6+ months at the time of the survey. It enquires about satisfaction with staff attitudes, knowledge and helpfulness, and whether the family felt supported, respected, in charge, etc. It also enquires about the appropriateness of referrals and whether clients would recommend the program to friends.

The survey is designed to be filled out by the family member who has had the most exposure to Healthy Beginnings. It will be dropped off, with a stamped return envelope to the Department of Health (in Halifax), by the home visitor, with an explanation of why it is important to complete the survey. The home visitor will complete the first section of the survey, and review the entire survey with the client to ensure that each question is understood. On a subsequent visit, the home visitor will encourage the client to respond to the survey if she has not yet done so. The survey will be anonymous for most families. For families with low reading skills, the survey will be administered by the public health nurse responsible, either by telephone or in person. Results will be available by shared service area, with provincial roll-up.

The family satisfaction survey has been approved in principle by the provincial steering committee, but requires broader review by staff and home visitors, and testing with families before final adoption.

Family Focus Group Guide

The focus group guide is designed for use in each health district during the fall and winter of 2005-2006. The discussion will focus on how Health Beginnings is working for families, how families benefit, how to improve the program and how to increase family participation. One focus group will be held in each district, perhaps in collaboration with a family resource centre. Eight to ten parents or caregivers will be selected by local Health Beginnings staff. Criteria to be considered in selection are: different length of involvement with Healthy Beginnings, variety of family types and issues, town and rural, and ability to contribute in a focus group process. Providing transportation, child care, food and an honorarium will enable and encourage families to participate. Because only one group will meet in each district, analysis of responses will be province-wide to protect anonymity and confidentiality.

The family focus group guide has been approved in principle by the provincial steering committee, but requires further review by staff and partners before final adoption.

Staff Survey

The staff survey will be conducted online in the fall-winter 2005-06. The survey is designed to collect both quantitative and qualitative data relating to what is working and not working about the program; staff satisfaction with training, support and workload; gaps in services; and suggestions for improvement in each of these areas. It will be completed anonymously by all staff who spend .5 or more time on Healthy Beginnings, including both Public Health Services staff and contract home visitors. Results will be available by shared service area, with provincial roll-up.

The staff survey has been approved in principle by the provincial steering committee, but requires broader review by staff and managers, followed by online testing, before final adoption.

Partner Survey

The partner survey will be completed anonymously online by all key partners in the fall-winter 2005-06. Key partners include all members of local implementation teams who are not Healthy Beginnings staff. The survey is designed to collect both quantitative and qualitative data about what is working and not working about both the program and the local implementation team. It asks about gaps in services and suggestions for improvement in several areas. The survey also asks about outcomes such as increased capacity of the service system. Results will be available by shared service area, with provincial roll-up.

The partner survey has been approved in principle by the provincial steering committee, but requires review, followed by online testing, by local implementation committees before final adoption.

Key Informant Interviews

Selected individuals in each district/area will be interviewed by telephone in the fall and winter of 2005-06. Key informants include all shared service area representatives to the provincial steering committee, all local implementation team co-chairs and a sample of key partners, home visitors and other Healthy Beginnings staff. Approximately 8 people will be interviewed in each shared service area, for a total of about 35 interviews. Results will be available by shared service area, with a provincial roll-up.

The key informant interview guide has been approved in principle by the provincial steering committee, but requires broader review by staff, managers and partners before final adoption.

Tools for Phase 3:

Family Outcomes Survey

The family outcomes survey is to be administered to all families who have been in the program for 18 months or more at the time of the survey. It will be administered at times selected by each shared service area, sometime between Autumn 2006 and winter 2008.

The survey is designed to be filled out by the family member who has had the most exposure to Healthy Beginnings. The survey will be dropped off by the home visitor, with a stamped return envelope to the Department of Health (in Halifax). The home visitor will explain why it is important to complete the survey, complete the first section of the survey, and review the entire survey with the client to ensure that each question is understood. The home visitor may also help the client determine what goals to include. On a subsequent visit, the home visitor will encourage the client to respond to the survey if she has not yet done so. The survey will be anonymous for most families. For families with low reading skills, the survey will be administered by the public health nurse, either by telephone or in person. Results will be available by shared service area, with provincial roll-up.

Much of this survey was adapted, with permission, from Healthy Start Oregon. It uses a retrospective pre-test approach (described on page 9), asking parents to rate their capacity at two points in time: before Healthy Beginnings and at the time of the survey, using a Parenting Ladder.

The family outcomes survey has been approved in principle by the provincial steering committee, but requires broader review by staff and home visitors, and testing with families before final adoption.

NCAST Feeding Scale

The NCAST Feeding Scale⁴ will be used with every participating family during initial assessment and again during the child's 12th month. The caregiver total scores derived during the initial and 12-month assessments will provide a pre and post assessment of four caregiving constructs: sensitivity to infant cues, response to distress, socio-emotional growth fostering and cognitive growth fostering. The NCAST Feeding Scale's caregiver total scores have demonstrated strong internal consistency and test-retest reliability. The caregiver total scores have also demonstrated predictive validity with later child cognitive tests. The NCAST Feeding Scale has been adopted for use as part of the Healthy Beginnings assessment package.

Regional Story Session

This final data collection method is a process rather than an instrument. Each regional story session will be organized at a time selected by the shared service area, sometime between Autumn 2006 and winter 2008. The process consists of a one-day workshop of community home visitors (and perhaps select others) in each shared service area. During the day, home visitors share, reflect on and analyze stories about families for whom Healthy Beginnings has made a difference, using the story dialogue method developed by Labonte and Feather.⁵ This method has been widely used in the Nova Scotia health promotion community, and a number of people throughout the province are experienced in facilitating the process. The stories collected and the lessons learned from the stories will contribute to understanding how families benefit from the program.

⁴ Barnard K. 1994. University of Washington, School of Nursing, Seattle WA.

⁵ The story dialogue method is described in detail in the following Health Canada resource:
Labonte R & Feather J. (1996). *Handbook on Using Stories in Health Promotion Practice*. Ottawa, ON: Health Canada.

Phase 1: Healthy Beginnings Implementation Report 2005

Note: This reporting form will be completed by the four Healthy Beginnings representatives to the provincial steering committee in the spring of 2005. The form will be followed-up with a telephone interview to collect any additional data and clarify responses to the form. Analysis will be descriptive only, and outline areas of convergence and divergence. Additional questions may be added by the Department of Health to reduce duplication and meet other accountability requirements.

Healthy Beginnings Implementation Report 2005

Healthy Beginnings EHV Implementation Teams

1. Briefly describe how you went about establishing and supporting local teams in your SSA over the past year. Note any unique features of your approach that you are aware of.
2. Briefly describe the current state of LITs in your SSA, including # and location of active teams, # and type of partners actively involved, and frequency of meetings.

Staffing

3. Briefly describe your SSA's approach for staffing HBEHV, qualifications, and arrangements for contracting out, if applicable.
4. Please list any training offered in your SSA in the past 12 months to support implementation of HBEHV (no need to list training opportunities available province-wide).

Screening and assessment

5. Briefly describe the process for postpartum screening used in your SSA (eg: who screens, where, when, and how). Note any unique features of your approach that you are aware of.
6. Briefly describe the process for family assessment used in your SSA (eg: who assesses, where, when, and how). Note any unique features of your approach that you are aware of.

Home Visiting

7. Briefly describe the model adopted in your SSA for employing, organizing, supporting and supervising community home visitors. Note any unique features of your approach that you are aware of.

Implementation

8. Briefly describe the extent to which the community home visiting has been implemented in your region.
9. Briefly list any factors that limit the full implementation in your SSA, if any.
10. If community home visiting has not yet been fully implemented in your SSA, when do you foresee this occurring?

Phase 2 - Family Contact Record

Draft: December 2004

Note: This brief form will be used in an ongoing way to track contact with families after the assessment has been completed and the family has accepted the home visiting service. The form will provide information on the frequency and intensity of contact as well as the types of support provided. It will be completed by the home visitor (whether community home visitor, nurse, or other) after each significant contact, whether at home, by telephone, or outside the home, and later entered into the standard database by Public Health Services staff. (Significant contact includes some type of support, education, or assessment.)

Healthy Beginnings Enhanced Home Visiting Family Contact Record

Mother's name: _____

Home visitor's name: _____ Type: CHV PHN Other

Date of contact: _____ Year _____ Month _____ Day

Duration of contact: (excluding travel and follow-up time):

less than 30 min 30 - 60 min more than 1 hour

Focus of visit: (check one or more, see descriptions below)

<input type="checkbox"/> emotional support	<input type="checkbox"/> child development	<input type="checkbox"/> parenting
<input type="checkbox"/> practical help	<input type="checkbox"/> child safety	<input type="checkbox"/> life skills
<input type="checkbox"/> breastfeeding	<input type="checkbox"/> child health/illness	<input type="checkbox"/> mother's health
<input type="checkbox"/> infant care	<input type="checkbox"/> food and nutrition	

Referrals:

Addiction Services

Daycare / child care

Community Services:

Employment support & income assistance

Family doctor

Family resource centre

Early childhood development services

Other parenting group or program

Food, clothing, or furniture bank

In-home support
(Children with Special Needs)

Community kitchen

Education or literacy programs

Child protection

Other: _____

Housing

Early Intervention Program

Legal Aid

NS Hearing & Speech

Transition Services

Mental Health Services

Examples of types of support:

Emotional support: Listening, relationship issues, self-esteem, postpartum adjustment, etc.

Practical help: Crisis management, transportation, supplies, food, housing, etc

Child health: Information about immunization, FAS/FAE, dental care, fever, exposure to tobacco smoke, etc.

Parenting: Nurturing responses, parent-child interactions, discipline, etc.

Life skills: Budgeting, coping, meal planning, problem solving, self-advocacy, educational upgrading

Mother's health: Addictions, alcohol, birth control, smoking, etc.

Phase 2: Family Satisfaction Survey

Draft: December 2004

Note: This satisfaction survey is to be administered to all families who have been in the program for 6+ mths at the time of the survey. The survey should be filled out by the family member who has had the most exposure to Healthy Beginnings. It will be dropped off, with a stamped return envelope to the Department of Health, by the home visitor, with an explanation of why it is important to complete the survey. The home visitor will complete the first section of the survey, and review the entire survey with the client to ensure that each question is understood. On a subsequent visit, the home visitor will encourage the client to respond to the survey if she has not yet done so. For families with low reading skills, the survey will be administered either by telephone or in person by the PHN responsible. Results will be available by shared service area, with provincial roll-up.

Healthy Beginnings Family Satisfaction Survey

Please help us make Healthy Beginnings better by telling us what you think about the program. Your responses will be anonymous and confidential, so try to answer the questions as honestly as you can. We have provided a stamped envelope for you to send the survey back to us as soon as you are done. We hope to hear from you soon!

Information to be completed by HB staff:
 Date: ____ Year ____ Month ____ Day DHA of residence: _____
 Length of HB service: 6-12 mo 12 - 24 mo 24 mo +
 Is survey being filled out for family member by HB staff? Yes No

1. Please indicate how much you agree or disagree with each statement, by placing a check U in the box on the right:

	agree strongly	agree	not sure	disagree	disagree strongly
Overall, Healthy Beginnings staff..					
a. treat me and my family with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. understand my family's particular needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. see strengths in me that I didn't know I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. help me use my own skills and resources to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. let me decide what goals I want to work toward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. give me information I need to make decisions about myself and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. connect me with services that are helpful for me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Would you recommend Healthy Beginnings to a friend if she needed support?

- yes, definitely no, probably not
 yes, probably no, definitely not

If not, why not?

Please turn over....

3. What would you say is the best thing that has happened to you or your family as a result of Healthy Beginnings?

4. Overall, taking everything into consideration, how satisfied are you with Healthy Beginnings?

9 very satisfied 9 somewhat satisfied 9 not satisfied 9 very dissatisfied

5. How could Healthy Beginnings be better?

6. If there is anything else you think we should know, please tell us here:

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

Phase 2: Family Focus Group Guide

Draft: December 2004

Note: this focus group guide is designed for use in each DHA during the fall and winter of 2005-2006. One focus group will be held in each district, perhaps in collaboration with a family resource centre. Eight to ten parents or caregivers will be selected by local Healthy Beginnings staff. Criteria to be considered in selection are: different length of involvement with Healthy Beginnings, variety of family types and issues, town and rural, and ability to contribute in a focus group process. Transportation, child care, food, and an honorarium will be provided to enable and encourage families to participate. Because only one group will meet in each district, analysis of responses will be province-wide to protect anonymity and confidentiality.

Family Focus Group Guide

Overview

- C Introduce yourself, welcome everyone and thank them for coming.
- Explain that the purpose of the focus group is to share experiences with Healthy Beginnings so as to find out whether the program is making a difference, and how to make it better.
 - Ensure them that their comments will be very seriously considered, both locally and by planners in the Department of Health in Halifax.
 - Encourage participants to relax and feel free to offer both positive and negative comments. Tell them that no names will be used in reports, and that you will not tell anyone who said what.
 - Explain that the discussion will focus on how Healthy Beginnings is working for families, how families benefit, how to improve the program, and how to increase family participation, and that a series of questions will be used to make sure that all of those topics are covered.
 - Address any housekeeping issues relating to transportation, childcare and honouraria before the discussion begins.

Questions

1. Tell us your name and one thing you'd like us to know about your baby (or) one thing your baby does that makes you smile.
2. What was it that made you decide to say yes to having a Healthy Beginnings home visitor?
3. What aspects of Healthy Beginnings do you think work well for families like yours? What do families like about the program?
4. What aspects of Healthy Beginnings don't work so well for families? What kind of things do families not like about it?
5. What difference does Healthy Beginnings make for families? What do families get out of it?
6. Think back to an experience you had with your home visitor that was outstanding. Would anyone like to share their story?
7. Now think back to an experience you had with your home visitor that did not feel good for you. Is anyone willing to share that story?
8. What would make Healthy Beginnings better?
9. What are people in your community saying about Healthy Beginnings?
10. Do you know of families who could use support from Healthy Beginnings but won't accept it? If so, why won't they accept it?
11. What do you think could be done to encourage more families to agree to participate in the program?
12. Think about everything we've talked about today. What do you think is most important for Healthy Beginnings to keep doing?

Thank everyone for coming and address any outstanding issues, either with the group or with individuals in the group, as required.

Phase 2: Staff Survey

Draft: December 2004

Note: This survey will be conducted in the fall-winter 2005-06. It will be completed online by all staff who spend .5 or more time on Healthy Beginnings, including both PHS staff and contract home visitors. Results will be available by shared service area, with provincial roll-up. Because the survey will be administered online, it has not been fully formatted here.

Healthy Beginnings Enhanced Home Visiting Initiative
Staff Survey

This anonymous survey is one part of the evaluation of the Healthy Beginnings Enhanced Home Visiting Initiative. It is directed to Healthy Beginnings staff, including community home visitors who may be employees of other organizations, working under contract to Healthy Beginnings. Please tell us about your experience with Healthy Beginnings. Your feedback is important to us.

Please check the one area of the province where you conduct most of your work for Healthy Beginnings:

- South Shore, South West Nova and Annapolis Valley
- Colchester / East Hants, Cumberland County and Pictou County
- Guysborough/Antigonish/Strait and Cape Breton
- Halifax Regional Municipality

Staff category:

community home visitor
other:

public health nurse

supervisor

A. Work Satisfaction

1. Based on your experience working with on the Healthy Beginnings Enhanced Home Visiting Initiative, please indicate how much you agree or disagree with each of the following statements:

(Choices: strongly agree, agree, disagree, strongly disagree, don't know/not applicable)

- a. In general, my workload is just right.
 - b. I feel confident in my ability to do my job with Healthy Beginnings.
 - c. I have been adequately trained to do this work.
 - d. I feel part of a team working for the good of our clients.
 - e. Other Public Health staff treat me with respect.
 - f. I can have open discussions about work-related issues with my supervisor.
 - g. In general, my supervisor is available when I need her or him.
 - h. There is someone at work I can confide in when I need emotional support.
 - i. Overall, my experience working on the Healthy Beginnings EHV team has been positive.
2. Please explain why you disagreed with the statement ... (For each disagreement)
 3. What is one change that would help you do your job better?

Continued

B. Family Buy-in

The Healthy Beginnings Enhanced Home Visiting Initiative was designed to meet the needs of families who face challenges that can affect child development.

4. To what extent do you feel Healthy Beginnings has been successful in reaching the families who most need the service? (Please check one)
 - more successful than expected at this stage of implementation
 - about as successful as can be expected at this stage
 - not as successful as expected
 - don't know
5. Please explain your rating:
6. What, if anything, do you think should be done to increase participation of priority families in Healthy Beginnings?

C. Gaps in Services

The success of the enhanced home visiting program relies, to a certain extent, on the existence of an appropriate range of supportive services in the local community.

7. Based on your experience with Healthy Beginnings, what is the one, currently unavailable service that would make the most difference for families in your area?

Thank you for taking the time to help us improve the Healthy Beginnings Enhanced Home Visiting Initiative.

Phase 2: Partner Survey

Draft: December 2004

Note: This survey to be completed online by all key partners (local implementation team members who are not Healthy Beginnings or PHS staff) in the fall-winter 2005-06. Results will be available by shared service area, with provincial roll-up. Because the survey will be administered online, it has not been fully formatted.

Healthy Beginnings Partner Survey

This anonymous survey is one part of the evaluation of the Healthy Beginnings Enhanced Home Visiting Initiative. It is directed to Healthy Beginnings partners who are members of Healthy Beginnings working groups throughout the province. Please tell us about your experience with Healthy Beginnings. Your feedback is important to us.

Please check the one area of the province where you are most involved with Healthy Beginnings:

- South Shore, South West Nova and Annapolis Valley
- Colchester / East Hants, Cumberland County and Pictou County
- Guysborough/Antigonish/Strait and Cape Breton
- Halifax Regional Municipality

A. Partnership Development

Partnership development is one of three broad areas of activity of the Healthy Beginnings Enhanced Home Visiting Initiative. For the most part, it has consisted of creating and/or supporting local implementation teams or working groups. The following question refers to these local implementation teams or working groups.

1. Please indicate how much you agree or disagree with each statement:

(Choices: strongly agree, agree, disagree, strongly disagree, don't know/not applicable)

- a. Our team/group's mandate, goals, and objectives are clear and achievable.
- b. Roles and responsibilities of team/group members are clearly defined.
- c. Our team/group has an appropriate and representative mix of members.
- d. Our team/group is provided with sufficient resources to achieve objectives.
- e. Our team/group is provided with sufficient information to achieve objectives.
- f. Our team/group's work is well coordinated and facilitated.
- g. There is sufficient trust among our team/group members to encourage risk taking.
- h. My contribution to the team/group is recognized and valued.
- i. Participation on this team/group has been beneficial for me and my organization.
- j. Team/group meetings are a good use of my time.
- k. Overall, my experience with the Healthy Beginnings team/group has been a positive one.

2. Please explain why you disagreed with the statement ... (For each disagreement)

3. What approach(es), if any, have worked well for supporting the development of your Healthy Beginnings local team or group?

4. What approach(es), if any, have not worked well?

5. How could the local team/group process be improved?

continued

B. Partnership Outcomes

6. For each of the following statements, please rate yourself or your organization both **before the team/group was formed** (or Healthy Beginnings EHV began), and **now**.

	<u>BEFORE</u> the HB team (circle one number)					<u>NOW</u> (circle one number)				
	N/A	none	low	moderate	high	N/A	none	low	moderate	high
6.1 My own level of trust of others on the HB team/group.	0	1	2	3	4	0	1	2	3	4
6.2 My own understanding of the services available for families in our area.	0	1	2	3	4	0	1	2	3	4
6.3 The level of communication between my organization and other organizations serving families in the area.	0	1	2	3	4	0	1	2	3	4
6.4 The number of referrals to my agency <i>from</i> Public Health Services / Healthy Beginnings.	0	1	2	3	4	0	1	2	3	4
6.5 The number of referrals from my agency <i>to</i> Public Health Services / Healthy Beginnings.	0	1	2	3	4	0	1	2	3	4
6.6 The level of collaboration ⁶ between my organization and other organizations serving families in the area.	0	1	2	3	4	0	1	2	3	4
6.7 My own awareness of gaps in services for families in our area.	0	1	2	3	4	0	1	2	3	4
6.8 My own awareness of duplication among services for families in our area.	0	1	2	3	4	0	1	2	3	4
6.9 Concrete ideas about what my organization can do to reduce duplication in services for families.	0	1	2	3	4	0	1	2	3	4
6.10 Concrete ideas about what my organization can do to fill gaps in services for families.	0	1	2	3	4	0	1	2	3	4

7. Has your organization taken any steps to reduce duplication or fill gaps in services, either partly or entirely as a result of involvement with the Healthy Beginnings team? If so, please describe:

continued

⁶Collaboration: agencies working together in the planning of services for families, and modifying their own services based on mutual discussions.

C. Family Buy-in

The Healthy Beginnings Enhanced Home Visiting Initiative was designed to meet the needs of families who face challenges that can affect child development.

8. To what extent do you feel Healthy Beginnings has been successful in reaching the families who most need the service? (Please check one)
 - more successful than expected at this stage of implementation
 - about as successful as can be expected at this stage
 - not as successful as expected
 - don't know
9. Please explain your rating:
10. What, if anything, do you think should be done to encourage more priority families to accept Healthy Beginnings?

D. Gaps in Services

The success of the enhanced home visiting program relies, to a certain extent, on the existence of an appropriate range of supportive services in the local community.

11. Based on your experience working with families, what is the one, currently unavailable service that would make the most difference for families in your area?

Thank you for taking the time to help us improve the Healthy Beginnings Enhanced Home Visiting Initiative.

Phase 2: Key Informant Interview Guide

Draft: December 2004

Note: Selected individuals in each district/area will be interviewed by telephone in the fall and winter of 2005-06. Key informants include all shared service area representatives to the provincial steering committee, all local implementation team co-chairs, and a sample of key partners, home visitors, and other Healthy Beginnings staff. Approximately 8 people will be interviewed in each shared service area, for a total of about 35 interviews. Results will be available by shared service area, with a provincial roll-up.

Key Informant Interview Guide

The purpose of this interview is to obtain information about the implementation of the Healthy Beginnings Enhanced Home Visiting Initiative.

1. Would you begin by filling me in briefly on your involvement with the program?

Screening and assessment

As you know, a two-step process is used to identify families who can most benefit from enhanced home visiting. The process begins with universal screening, followed, when indicated, by in-depth family assessment. This process is intended to be the main gateway to the program.

2. To what extent do you feel this process has been successful in identifying priority families?
3. What is working well about the process for screening and assessment in your area?
(Probe for issues around screening, and around assessment)
(This question only for those key informants involved in screening and assessment)
4. What aspects of this process are not working well?
(Probe for issues around screening, and around assessment)
(This question only for those key informants involved in screening and assessment)
5. In your experience, what approaches have worked well for encouraging families to accept Healthy Beginnings?
6. What, if anything, could be done to ensure that more of the families who most need support are involved in the program? *(Probe for issues around identifying families, and issues around encouraging them to accept.)*

Support for families

Now I'd like to talk about the families who participate in Healthy Beginnings.

7. What are you hearing from families about their satisfaction with the enhanced home visiting? What is working well for families, what is not working so well?
8. In your opinion, what could be done to make the program better for families?

Local implementation teams

(this series of questions to be asked only to the people involved in this aspect of the initiative)

Partnership development is one of three broad areas of activity of the Healthy Beginnings Enhanced Home Visiting Initiative. For the most part, this has consisted of creating and/or supporting local implementation teams or working groups. The following questions refers to these local implementation teams or working groups.

continued

9. What, if anything, has worked well in your area for building and supporting local teams?
10. What challenges, if any, have you encountered in the local team-building process?
11. What do you feel your local implementation team(s) has accomplished so far?
(Probe for relationships, workplans, action to reduce gaps or duplication)
12. Overall, do you feel the process has been a positive one?
13. How could the local implementation team process be improved?

Overall program implementation

The Healthy Beginnings Enhanced Home Visiting Initiative has been implemented differently in various parts of the province. In some cases, that is based on decisions about how best to proceed, in other cases this may be because of factors that limit the implementation.

14. In your opinion, what factors, if any, have limited the implementation of the program in your area?
(Consider staffing, program model, governance)
15. What, if anything, has worked well in the approach used for implementing Healthy Beginnings home visiting in your area?
16. What, if anything, needs to be done to improve overall program implementation in your area?

Phase 3: Family Outcomes Survey

Draft: December 2004

Note: This survey is to be administered to all families who have been in the program for 18 months or more at the time of the survey. It will be administered at times selected by each shared service area, sometime between autumn 2006 and winter 2008.

The 4-page survey should be printed on one 11x17 sheet of paper folded in booklet form.

It will be dropped off, with a stamped return envelope to the Department of Health, by the home visitor, with an explanation of why it is important to complete the survey. The home visitor will complete the first section of the survey and review the entire survey with the client to ensure that each question is understood. The home visitor may also help the client determine what goals to include. On a subsequent visit, the home visitor will encourage the client to respond to the survey if she has not yet done so. For families with low reading skills, the survey will be administered either by telephone or in person by the PHN responsible. Results will be available by shared service area, with provincial roll-up.

Many aspects of this survey were adapted, with permission, from Healthy Start Oregon.

Healthy Beginnings Family Survey - Phase 3

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

Information to be completed by HB staff:

Date: ____ Year ____ Month ____ Day DHA of residence: _____
 Length of HB service: 18 - 24 mo 24 mo +
 Is survey being filled out for family member by HB staff? Yes No

1. Please indicate whether Healthy Beginnings has helped your family with the following issues, by placing a check U in the box on the right:

	HB has helped a lot	HB has helped a little	HB hasn't helped with this yet	We don't need this help from HB
a. Emotional issues: feeling depressed, stressed, or angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting basic household needs: food, clothing, housing or transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting basic child needs: crib, diapers, child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting information on parenting and child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Understanding your child's behaviour and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Finding positive ways to teach your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Finding positive ways to help your child behave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Social issues like lack of support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Finding helpful community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Drug or alcohol abuse in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Violence in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Would you recommend Healthy Beginnings to a friend if she needed support?

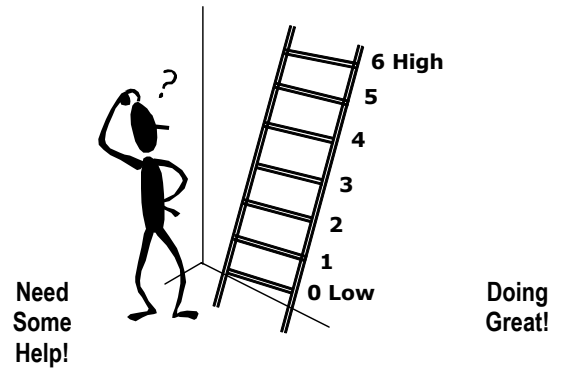
- | | |
|--|---|
| <input type="checkbox"/> yes, definitely | <input type="checkbox"/> no, probably not |
| <input type="checkbox"/> yes, probably | <input type="checkbox"/> no, definitely not |

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

List your goals below:	much more successful than I expected	more successful than I expected	about as successful as I expected	less successful than I expected	much less successful than I expected
Goal:	9	9	9	9	9
Goal:	9	9	9	9	9
Goal:	9	9	9	9	9

4. Look at the parenting ladder on the right.

Circle the number that shows where you are NOW on the ladder when it comes to:



- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| a. Your confidence in your ability as a parent? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Knowing how children grow and develop? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Knowing what's best for feeding your child? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Helping your child learn? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Knowing positive ways to help your child behave? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| f. Coping with the stress in your life? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| g. People to give you helpful advice and emotional support? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| h. Knowing where to go for help when you need it? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

5. Now think back to when the Healthy Beginnings home visitor first began coming to your home. Where were you on the parenting ladder THEN, regarding:	Need Some Help!							Doing Great!
a. Your confidence in your ability as a parent?	0	1	2	3	4	5	6	
b. Knowing how children grow and develop?	0	1	2	3	4	5	6	
c. Knowing what's best for feeding your child?	0	1	2	3	4	5	6	
d. Helping your child learn?	0	1	2	3	4	5	6	
e. Knowing positive ways to help your child behave?	0	1	2	3	4	5	6	
f. Coping with the stress in your life?	0	1	2	3	4	5	6	
g. People to give you helpful advice and emotional support?	0	1	2	3	4	5	6	
h. Knowing where to go for help when you need it?	0	1	2	3	4	5	6	

6. Please indicate how much you agree or disagree with each statement: Overall, Healthy Beginnings staff:	agree strongly	agree	not sure	disagree	disagree strongly
a. Treat me and my family with respect.	9	9	9	9	9
b. Understand my family's particular needs.	9	9	9	9	9
c. See strengths in me that I didn't know I had.	9	9	9	9	9
d. Help me use my own skills and resources to solve problems.	9	9	9	9	9
e. Let me decide what goals I want to work toward.	9	9	9	9	9
f. Give me information I need to make decisions about myself and my family.	9	9	9	9	9
g. Connect me with services that are helpful for me and my family.	9	9	9	9	9

7. Overall, taking everything into consideration, how satisfied are you with Healthy Beginnings?
 9 very satisfied 9 somewhat satisfied 9 not satisfied 9 very dissatisfied

Please explain your answer:

The last three questions are for mothers who have older children, born before the Healthy Beginnings program. If this is your first child, you have finished the survey. Thank you very much for your help.
 If you have older children, please complete the three questions on the next page.

8. 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
a. Told my child stories	9	9	9	9	9
b. Read books to my child	9	9	9	9	9
c. Played games with my child	9	9	9	9	9
d. Gave my child healthy snacks	9	9	9	9	9
e. Kept my child away from cigarette smoke	9	9	9	9	9
f. Yelled at my child	9	9	9	9	9
g. Spanked or hit my child	9	9	9	9	9

9. Now thinking back to when your next older child was the same age, how often did you do the same activities with that older child?	Never	Rarely	a few times a month	a few times a week	every day
a. Told my child stories	9	9	9	9	9
b. Read books to my child	9	9	9	9	9
c. Played games with my child	9	9	9	9	9
d. Gave my child healthy snacks	9	9	9	9	9
e. Kept my child away from cigarette smoke	9	9	9	9	9
f. Yelled at my child	9	9	9	9	9
g. Spanked or hit my child	9	9	9	9	9

10. How long did you breastfeed your children?	Never	less than 1 week	1 - 4 weeks	1-2 months	2-4 months	4-6 months	more than 6 months	don't know
a. This (Healthy Beginnings) child	9	9	9	9	9	9	9	9
b. Older child 1	9	9	9	9	9	9	9	9
c. Older child 2	9	9	9	9	9	9	9	9
d. Older child 3	9	9	9	9	9	9	9	9

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