

The Impact of KidsFirst Saskatoon Home Visiting Program in Families' Lives

by

Nadia Stadnyk, Nazeem Muhajarine,
and Tammy J. Butler



Community-University Institute for Social Research
432-221 Cumberland Avenue
Saskatoon, SK S7N 1M3
phone (306) 966-2121
fax (306) 966-2122
e-mail cuisr.oncampus@usask.ca
www.usask.ca/cuisr

Copyright © 2005 Nadia Stadnyk, Nazeem Muhajarine, and Tammy J. Butler

Community-University Institute for Social Research

University of Saskatchewan

All rights reserved. No part of this publication may be reproduced in any form or by any means without the prior written permission of the publisher. In the case of photocopying or other forms of reprographic reproduction, please consult Access Copyright, the Canadian Copyright Licensing Agency, at 1-800-893-5777.

CUISR acknowledges the following for their contributions to this publication:

Johnmark Opondo, Community Co-Leader,

Community Health Determinants and Health Policy Module, CUISR

Kate Waygood, Community Co-Director, CUISR

D & S Services, Editing, Interior Layout, and Design

Printed in Canada by Printing Services, University of Saskatchewan

ABSTRACT

At its core, family support is an old-fashioned way of thinking about what it takes to rear children in any society—and how that way of thinking translates into action. Family support involves nurturing and protecting children by nurturing and protecting the families who are responsible for those children's care. It also requires strengthening families by strengthening the communities that are made up of those families. Family support provides parents and neighbourhoods with the resources and supports they need to succeed at the most important job there is: raising healthy, responsible, productive and joyous children.

- Canadian Association of Family Resource Programs (2002).

The goal of Saskatoon KidsFirst is to develop and deliver strength-based services and supports that can be effectively utilized by vulnerable families to help improve children's health and development, parent/child relationships, and family well-being.* There are six components to Saskatoon KidsFirst: pre-natal referral and support; universal in-hospital screening; assessment; home visiting services; mental health and addiction services; and early learning, care, and family support. This report, however, researched and evaluated only the cornerstone component, the home visiting program.

The evaluation was designed to meet three objectives: to appraise the impact that home visitors have had on the lives of participating families; to discern whether home visitors' perceptions of the effectiveness of that aspect of the program were consistent with those of the families receiving those services; and to discover whether the objectives of the home visitor component of the Saskatoon KidsFirst program were being realized.

A review of the literature on home visiting programs suggests that there is evidence that these programs successfully provide parents with emotional and practical supports and services. These resources and services help to lessen social isolation and provide positive outcomes for participating families and their children, while also strengthening the communities in which they live.

The research process involved interviewing families participating in the Saskatoon KidsFirst program and conducting focus group sessions with home visitors who provide the service to those families.

*Although the program's formal name is KidsFirst Saskatoon, the term "Saskatoon KidsFirst" will be used for ease of flow.

The objectives of the home visitor component of the KidsFirst program are encompassed within the KidsFirst Logic Model, which was designed through an interactive partnership between the KidsFirst Management Committee, steering committee, and KidsFirst staff. The Logic Model formed the basis for the interview questions and the framework for the inductive analysis of the interviews. The data analysis process used the desired short-term outcomes of the home visitor program as indicators of the impact of home visitation on participating families.

The data analyzed has been presented, in part, in story form, a different method of processing data that captures and conveys the subjective experiences of both families and home visitors. Accordingly, this report presents four short “family stories” and a home visitor story entitled “A Day in the Life of a KidsFirst Home Visitor.”

The evaluative process revealed that the perception of the effectiveness of the home visitor component was consistent for both home visitors and the families participating in the program. The evidence indicates that Saskatoon KidsFirst’s home visitor program has achieved the following objectives:

- providing emotional support and alleviating social isolation;
- providing social support by connecting people to vital community resources;
- providing information about parenting and child development;
- empowering families to set personal goals as they realize their strengths;
- providing access to services for children who require additional supports due to developmental delays;
- empowering families to better meet their needs; and
- assisting families in practical ways to enhance family members’ overall health.

There is strong evidence that the home visitor component of the Saskatoon KidsFirst program has had a positive effect on the lives of the participating families. Both the families participating in the program and their home visitors cited many positive benefits attributed to this program. There is little doubt that Saskatoon KidsFirst is successfully and powerfully supporting parents with their most important job, that of raising healthy, responsible, productive, and joyous children.

ACKNOWLEDGMENTS

This evaluation would not have been possible without the support, consultation, and participation of many people. In particular, Marcia Clark, Dennis Chubb, Anne Hutton, and Pam Woodsworth are appreciated for their support, insight, and knowledge.

Thanks are also extended to the home visitors and their supervisors, Bev Drew, Julie Hershey-Bergen and Shauneen Pete, for their consultation, help, and support in arranging the family interviews. Gratitude is also expressed to the home visitors for their participation in the focus group.

Finally, and perhaps most importantly, thanks are offered to the families for their willingness to be interviewed and the graciousness that they extended in sharing their stories.

INTRODUCTION

This evaluation reports on the experiences of both the families who utilize Saskatoon KidsFirst home visitor services and the home visitors themselves. There is strong evidence that early childhood experiences profoundly influence the development of important coping skills, resistance to health problems, and overall health and well-being. Saskatoon KidsFirst strives to ensure that parents and children within targeted neighbourhoods have the necessary tools and conditions to foster healthy early childhood development. This report, then, aims to assess the impact of Saskatoon KidsFirst home visiting program on participating parents and their children.

A SHORT HISTORY OF SASKATOON KIDSFIRST

In September 2000, the federal government made a commitment to provide funding to the provinces and territories for the purpose of early childhood development initiatives. In April 2001, the provincial government allocated these funds to the development of Saskatchewan's KidsFirst program, encompassing eight communities and northern Saskatchewan. KidsFirst Saskatchewan involves numerous community agencies and the provincial Departments of Health, Learning, Community Resources and Employment, Government Relations, and Aboriginal Affairs (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

Human Resources Development Canada identified the Saskatoon areas of Confederation Suburban Centre, King George, Pleasant Hill, Holiday Park, Meadowgreen, and Riversdale as neighbourhoods where vulnerable families were in need of support. These neighbourhoods were selected based on the following criteria: the level of poverty, as indicated by the percentage of individuals receiving social assistance; the rate of babies born with either a high or low birth weight; the rate of hospitalization for children less than one year of age; and the proportion of single parent families within the community (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

An Intersectoral Management Committee was formed in Saskatoon in the fall of 2001, with representation from the Saskatoon Regional Intersectoral Committee, Saskatoon Health Region (SHR, formerly Saskatoon District Health), the Department of Community Resources and Employment (formerly Social Services), the Saskatoon Tribal Council, Central Urban Metis Federation Inc., Saskatchewan Learning, the Early Childhood Development Unit, Saskatoon Public School Division, Saskatoon Catholic

Schools, and Success by Six. The Intersectoral Management Committee develops and implements the Saskatoon KidsFirst program in accordance with provincial program requirements. Program funding is received and administered through SHR, the program's accountable partner agency, which is also accountable for reporting on progress and expenditures, hiring, and overseeing the program manager (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001). (See **Appendix A** for the Saskatoon KidsFirst organization description).

The cornerstone of support within KidsFirst is the program's home visiting component. Home visitors provide support for families regarding child development and parenting, and assist families in accessing community services and resources. In early 2002, the Local Management Committee contracted the Saskatoon Tribal Council (STC) and the Awasis program (a partnership between the Saskatoon Community Clinic, Public Health Services, and Child and Maternal Health Services) to provide home visitation services for Saskatoon KidsFirst (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001). Home visiting supervisors and home visitors were subsequently hired. Families were first admitted to the Saskatoon KidsFirst program via the STC in August 2002, and later through the Awasis program in September 2002, following home visitor core training. By September 2002 there were thirty-three families involved with Saskatoon KidsFirst.

From 1 April 2002 to 30 March 2005 a total of 832 families were referred to the Saskatoon KidsFirst program. Of this number, 354 (42.5%) have participated in the program, 329 (39.5%) declined the offer of Saskatoon KidsFirst services, 119 (14.3%) could not be located following referral to the program, 30 (3.6%) are presently involved in the referral process, and 2 (.1%) did not meet program qualifications. As of April 2005, 152 families were currently participating in the Saskatoon KidsFirst program.

DESCRIPTION OF KIDSFIRST SERVICES

The goal of Saskatoon KidsFirst is to develop and deliver strength-based services and supports that can be effectively utilized by vulnerable families to help improve children's health and development, parent/child relationships, and family well-being.

KidsFirst serves vulnerable families with children aged zero to six who live in targeted neighbourhoods. It is a "voluntary program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths" (Government of Saskatchewan, n.d.a).

There are six components to the Saskatoon KidsFirst program, each with a particular goal. What follows is a brief description of the program components and their goals (see **Appendix B** for the Saskatoon KidsFirst Logic Model).

Pre-natal referral and support

Goal: To develop networks with organizations that may already have contact with pregnant women in target neighbourhoods who are at high risk of having poor birth outcomes, primarily due to alcohol and drug use.

This intensive prenatal outreach component includes referrals from community agencies and supports pregnant women who are at a high risk for poor birth outcomes. KidsFirst provides supports and services to address a wide-range of risk conditions in hopes of increasing the opportunities for more positive maternal and infant health outcomes through solid engagement with these women and by providing nutritional supplements and pregnancy education (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

Universal in-hospital screening

Goal: To screen all consenting mothers giving birth in Saskatoon Health Region to determine if they need an in-depth assessment due to high risk factors if they live in a KidsFirst target area, or if they need the services of alternate community programs if they do not live in a target neighbourhood.

This component provides a universal hospital-based screening program for newborns and their families to help identify children and families at risk of poor health outcomes, and to enable early intervention or prevention by providing relevant information, supports, and services to vulnerable families (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

Assessment

Goal: To administer an in-depth family assessment on families who live in a KidsFirst targeted neighbourhood and have a score of nine or more.

A score of nine or more on the hospital screen indicates a level of vulnerability that warrants further explanation. If the family also lives in a core neighbourhood they are invited to participate in an in-depth assessment, which considers a family's strengths and capacity for change in order to identify those families who can benefit most from the services offered by Saskatoon KidsFirst. This assessment, administered by a home visitor, examines the baby's physical growth and development, as well as the physical, mental, and intellectual capacity of the caregiver to care for the child. Other examined criteria include: caregiver motivation/responsibility; availability of social supports; family interactions; living conditions; food security and nutrition; alcohol or drug use; and family violence. The assessment identifies children most at risk for poor development, families most vulnerable to poor outcomes, and those who will benefit the most from intensive home visiting. This in-depth assessment may take several visits to complete

(Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

Home visiting services

Goal: To provide home visitors to families identified as being vulnerable with the aim of strengthening these families by improving parent/child interactions and enhance child development in a nurturing safe environment.

Families involved in the Saskatoon KidsFirst program receive support from a home visitor who provides assistance concerning child development and parenting, and who assists and advocates for families as they access community services and resources and work towards achieving their goals (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001). “Specialized home visiting services are available for children with developmental disabilities or who are at risk of developing such disabilities” (Government of Saskatchewan, n.d.b).

Mental health and addiction services

Goal: To provide requesting families with mental health and/or addiction issues timely service, which positively impacts their mental well-being.

Saskatoon KidsFirst “has professional counsellors who are specially trained to assist with mental health and addiction issues. Counsellors provide one-to-one assistance as needed, develop group programs and provide consultation to the home visitors” (Government of Saskatchewan, n.d.b). Innovative service delivery addresses the unique needs of families and reduces barriers to these services (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

Early learning, care, and family support

Goal: To provide requesting families with mental health and/or addiction issues timely service, which positively impacts their mental well-being.

Saskatoon KidsFirst expands and develops childcare and early learning programs to meet the needs of families involved in the program. The aim is to assist families in overcoming barriers to accessing services, thereby making early learning and care a reality for children who would otherwise not receive these services (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, 2001).

AN OVERVIEW OF HOME VISITATION PROGRAMS

The stressful living conditions faced by many parents and their children within our society have a tremendous impact on both the present and future well-being of those

children. Home visitation programs targeting at-risk families attempt to improve outcomes for parents and their children by delivering services and providing support within the family's home environment.

While limited research has been done on the outcomes of home visitation programs existing within Canada, there is considerable research and literature available on professional home-visitation programs in the United States. Existing research shows evidence of the positive impact that home visitation programs can have on parent and child through both improved prenatal and parental care of children and the personal development of parent and child participants in such programs.

Programs that include home visitation, such as KidsFirst, target children during the early years. Their objectives are consistent with epidemiological evidence that indicates that the period between conception and the age of six years is critical to the development of the brain's neural systems (Cynader and Frost, 1999; Hertzman, 1999; Keating, 1999a, 1999b). Healthy experiences of nurturing and cognitive stimulation during this developmental period have a profound impact on cognitive and behavioural development, thereby improving outcomes throughout the life cycle (Cynader and Frost, 1999; Hertzman, 1999; Keating, 1999a, 1999b). As Keating (1999b: 237) states, "the quality of the developmental experiences available to children and youth thus has a profound effect on individuals and populations."

Epidemiological evidence also indicates that the quality of the maternal parent's diet may have "positive effects on the quality of fetal-neurologic development" (Stein and Susser, 1985; Rush et al, 1980, as cited in Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum, 1998: 8). It is believed that improved prenatal care has the potential to reduce the incidence of premature births and low birth weights (Bolaria and Bolaria, 2002; Canadian Health Action; 1998; Canadian Institute of Child Health, 2000; Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum, 1998; Olds, Pettitt, Robinson, Henderson Jr., Eckenrode, Kitzman, Cole, and Powers, 1998). As indicated in the work of Canada Health Action (1998: 56), "social factors increasing the risk of low or very low birth weight include isolation, lack of psychosocial supports, and chronic high stress and abuse of the mother during pregnancy." In the two home visitation programs analyzed by Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum (1998: 11), the women involved "experienced greater informal social support, and made better use of formal community services."

Biomedical and socio-economic risk factors, as well as detrimental urban living conditions, have a tremendous and cumulative impact on child development and are well documented in research literature (Bolaria and Dickinson, 2002; Canada Health Action, 1998; Canadian Institute of Child Health, 2000; Rauh, Parker, Garfinkle, Perry, and Andrews, 2003). According to Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum (1998: 6), "Adverse maternal health-related behaviors (such as cigarette smoking, drinking, and drug use) during pregnancy, dysfunctional infant caregiving, and

stressful environmental conditions that interfere with parental and family functioning” carry very real health and social costs for at-risk parents and their children.

It is well documented that “women and children, in particular, face high health risks and negative health outcomes” (Bolaria and Bolaria, 2002: 249). It is also well documented that “when risk factors accumulate, the risk for adverse outcomes increases, often in synergistically vicious ways” (Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum, 1998: 7). The home visitor component of the KidsFirst program endeavours to bridge the gap between research, policy, and practice by addressing the social risk factors faced by marginalized parents and their children, specifically the issues of stressful living conditions and inadequate social supports. Home visitation provides the social supports that the research indicates is necessary to ameliorate social risk factors faced by parents and their children (Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum, 1998).

Research findings of Sharp, Ispa, Thornburg, and Lane (2003) illustrate the importance of social support in addressing social risk factors. Their research indicates that, particularly in low-income families, “even mothers who are functioning relatively well are likely to benefit from frequent and regular assistance with a variety of life issues, including those related to child development and parents’ education and employment” (602). They maintain that this “implication highlights the need for comprehensive staff training including emphasis on both crisis intervention and a parent education model focusing on child and family development” (602-03).

Research on the impact of prenatal and infancy home visitation by nurses found that such programs positively influence maternal and child outcomes—“home visitors can improve women’s health related behaviors, qualities of infant caregiving, and can help women improve their own life-course development” (Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum, 1998: 5). Their research also indicates that home visitation programs can have a positive impact on the prenatal and parental care of children, as well as decrease child maltreatment, by providing parents with a “sense of control (or mastery) over their life circumstances” (11).

Research on existing home visitation programs in Canada also provides evidence of the benefits of such programs. Ontario’s Healthy Babies, Healthy Children (HBHC) program provides home visitation by public health nurses and lay home visitors to those families assessed as able to benefit from additional community services support in order to improve prenatal, infant, and child health, parenting skills, and child development. The *Healthy Babies, Healthy Children Report Card (2000-2002)*, an in-depth evaluation of the HBHC program conducted for the Ontario Ministry of Health and Long-Term Care by Applied Research Consultants and the University of Guelph, found that “more families who need extra help and support are being connected to community services and supports. . . . Healthy Babies, Healthy Children is connecting many families to local services who might not get connected otherwise” (Healthy Babies, Healthy Children, 2002: 3).

Research comparing families who received home visitation in the HBHC program to similar families who did not receive home visitation “found better child and family health among home visiting families” (Healthy Babies, Healthy Children, 2002: 4), and children in families receiving home visitation did better on developmental measures. Parents in families receiving home visitation were more strongly connected to community services and had increased confidence in their parenting skills than parents in families not receiving home visitation services. The parents who received these services also “reported that being involved with the program helped them develop knowledge and skills, reduce stress, increase their sense of support and be more a part of the community where they live” (Healthy Babies, Healthy Children, 2002: 5). The evaluation of Ontario’s HBHC program has shown evidence of successfully providing parents with emotional and practical supports and services that have alleviated social isolation and had positive outcomes for participating families. In part, HBHC has been able to achieve these accomplishments by providing culturally and linguistically appropriate services to participating families, thereby reducing barriers to accessing the program (Healthy Babies, Healthy Children, 2002).

It is important that intervention programs be developed and delivered in a culturally sensitive manner so that those individuals who have historically been discriminated against within society are not further marginalized. To this end, the cultural context of families receiving home visitation must be considered and respected. Cole, Kitzman, Olds, and Sidora’s (1998) research findings regarding family context as a moderator of the effects of prenatal and early childhood home visitation indicated that the context in which a woman lives is an important factor that must be considered in the development of home visitation programs and in the home visitors’ interactions with families in those programs.

In considering future research, public policy, and program development and funding, the work of Olds, Pettitt, Robinson, Henderson Jr., Eckenrode, Kitzman, Cole, and Powers (1998) examines the long-term impact of risk factors and suggests that home visitation programs ameliorate these effects. The influence of home visitation programs on “reducing maternal substance use during pregnancy, reducing child maltreatment, and reducing family size and welfare dependence, are hypothesized to have long range effects in reducing conduct disorder and antisocial behavior when these children are older” (Olds and Korfmacher, 1998: 2). Research on existing home visitation programs suggests a social responsibility to continue bridging the gap between research, policy, and practice by further promoting and funding home-visitations programs that allow families to work with home visitors, and, as a result, empower them as active participants in the intervention process and their own lives.

HOME VISITING EVALUATION

OBJECTIVE OF THE PROGRAM EVALUATION

The overall objective of this program evaluation was to assess the impact of the home visiting component of Saskatoon KidsFirst on participating parents and children. There were three questions that Saskatoon KidsFirst sought to answer:

1. What is the impact of the home visiting program on families' lives?
2. Is the perception of the home visiting program (e.g. benefits, barriers) the same for the home visitors as it is for the families?
3. What are the second year indicator benchmarks for the objectives of the home visiting program?

The criteria used to select participants was as follows:

1. Current clients of the STC or the Awasis program who have had a minimum of ten visits by a home visitor after the in-depth assessment has been completed, and have an ability and willingness to participate.
2. Past clients who have had a minimum of ten visits by a home visitor after the in-depth assessment had been completed, and have an ability and willingness to participate.
3. Current or past home visitors.

Participants

At the time of the evaluation there were 140 families in the Saskatoon KidsFirst program, it was originally planned that twenty to twenty-five of the families were going to be interviewed, provided that there was enough data to answer the evaluation questions adequately. In the end, twenty-three families were interviewed for this evaluation. Home visitors were invited to participate in one of two focus groups. There are currently five home visitors at STC and ten at Awasis.

Methodology

The method used to evaluate the home Visitation component of the Saskatoon KidsFirst program was a qualitative participatory evaluation process. The first step was to design the Saskatoon KidsFirst logic model. This process involved a collaborative approach with members of the Saskatoon KidsFirst staff and management committee, who all had an opportunity to provide their input and feedback. The logic model provided the framework for the evaluation (see **Appendix C** for the Saskatoon KidsFirst home visitor logic model).

The evaluator worked with a research steering group comprised of the CUISR academic co-director, the KidsFirst program manager, and the Regional Intersectorial Coordinator, who as a group determined and designed the evaluation questions, the criteria for participants, and the format for collecting the data. It was determined that families would be randomly selected and asked to participate in a face-to-face interview, where they would discuss the impact of the home visiting program on their lives. Focus groups with home visitors were later held to determine if their perception of the program's effectiveness matched that of the families'. Ethics approval was granted through the University of Saskatchewan's ethics review committee.

An information session was held with the home visitors and their supervisors to explain the purpose of the evaluation and to receive their feedback on the evaluation design and draft interview questions. Following their feedback, a final semi-structured interview schedule was designed. A pilot interview was conducted to ensure that the questions were appropriate and intelligible for gathering information. The questions were modified after the pilot interview and a new interview schedule was used for each family interview. Interviews were held during the first three months of 2005, with questions centred on why and how the families got involved with Saskatoon KidsFirst, what they received from their participation, and what they would add to or change about the program (see **Appendix D** for the interview questions).

Two focus groups were held in January 2005 and used semi-structured and open-ended questions. One focus group was held with the Awasis group and another with the STC (see **Appendix E** for the home visitor focus group questions).

The focus group responses were analyzed through inductive analysis, a system of coding and categorizing data to facilitate identifying themes (Denzin and Lincoln, 1998). Some of the interview data were used to write four family stories, as well as one on a day in the life of a home visitor. This type of storytelling is a qualitative technique designed to get at the individual experience. This technique was chosen because it helps the reader to open up to a different way of understanding and processing the data. It is hoped that through this technique of storytelling the reader will better understand what it has meant for families to be involved in the Saskatoon KidsFirst program.

The remaining data were analyzed using a split data analysis technique. Nine randomly chosen interviews were analyzed and then compared to the analysis of the remaining interviews to determine whether there were any new findings in the latter grouping. If so, this data was added to the findings (Smith and Glass, 1987).

The data were analyzed for evidence of the short-term outcomes outlined in the Home Visitor Logic Model (see **Appendix C**). The desired short-term outcomes for the home visitor component of the program are that:

- families appreciate the support they received from the home visitors;
- families report that they are less isolated;

- families report learning about parenting and child development;
- families feel empowered to set goals as they realize their strengths;
- children receive added supports that they may need for optimal development;
- families are better able to meet their needs; and
- families report that the practical assistance they have received has enhanced their overall family health.

The remainder of the data was examined for any new information. Any new information discovered was integrated into the existing analysis.

EVALUATION FINDINGS

FOCUS GROUP THEMES

The themes that emerged from the focus group sessions are captured in the following descriptors: what drew home visitors to this work; building trust with families; curriculum delivery to families; and families change, moving forwards and backwards.

What drew home visitors to this work

Most home visitors reported that they wanted an opportunity to work with families and children, and that KidsFirst has given them that opportunity. Several indicated that the philosophy of working with families using a strength-based and solution-focused approach drew them to KidsFirst. A number of home visitors had worked in the social services system and enjoy the opportunity to have more quality time with families through KidsFirst, even though they earn less compared to their previous job. A few home visitors reported that working with families has meaning and purpose, that it is both rewarding and challenging, and, best of all, comes from the heart.

Building trust with families

Home visitors reported that building trust with families is a process, and that it takes longer with some than others. The families within the KidsFirst programs participate voluntarily, and so the home visitors consider getting in the door a success in itself. Home visitors testify that they support families in their choices because families can leave the program yet return when they wish. One sign that families trust the program is that they have referred their friends and family to KidsFirst, explaining, “It is because we do not judge them.”

Home visitors reported that when a mother begins to trust them, she will start to talk about “her pain.” Home visitors described how mothers openly talk with them about using alcohol and drugs, thereby opening the door for home visitors to help make plans for the children to be cared for during this time. The mothers are accepted with the understanding that this is their present survival strategy.

A large part of the support that families receive from the program is permission “to not be perfect.” Home visitors explain that the program’s philosophy allows families to be accepted and loved, not judged, which results in families remaining connected with the program because this acceptance builds trust.

One opinion expressed was that the home visitor-family relationship was the first trusting, healthy relationship that some families had ever experienced. The building of this relationship is a very important learning process, helping program participants in understanding and experiencing other healthy relationships in their lives. This, in turn, helps them develop healthy boundaries and relationships with their children and other family members, as well as with themselves.

Once the families trust the home visitors they become more open to trusting other professionals, including Saskatoon KidsFirst’s mental health and addictions counselors. Through counselling, families begin to discover their own identity and see their strengths. One home visitor described it this way: “Once people can create a relationship with [them]self then they can form one with their children. Like the medicine wheel—it starts with the self and works outward from there.” Home visitors see their role as not only supporting families, but also challenging them to think about the decisions they have made, and the resulting actions and consequences.

Curriculum delivery to families

An important component of the home visiting program is the delivery of the Growing Great Kids® curriculum, which provides opportunities for the home visitor to enhance the parent-child relationship by providing information and delivering developmentally appropriate activities. Home visitors reported that they rarely use the word curriculum, but rather bring families information on health, child growth, and development. They deliver information to mothers by finding “teachable moments.” For example, a home visitor will see a mother interacting with her baby, trying to coax a coo, and she will use this opportunity to talk about the importance of that interaction and to interject curriculum. Another example was that of seeing a pregnant mother who was tired and asking if she was taking vitamins and/or seeing a doctor. This was regarded as an opportunity where a home visitor could provide prenatal information. A third example involved a single mother whose son was very aggressive. The home visitor provided techniques that the mother could use to temper his behaviour. Another home visitor reported that she explained to a mother “that parenting on your own can be difficult and that it is important

to not be so hard on yourself.” Home visitors described how they use “normalizing” techniques to assure parents, sharing a personal disclosure about their own experience to help them learn about the normal struggles of parenting.

Home visitors pointed out that they noticed that involvement with the Early Childhood Intervention Program and a speech pathologist helps parents become more open to receiving curriculum information. Another factor that home visitors indicated as being helpful for delivering curriculum was increasing a family’s food security. When families’ basic needs are met they are seen as having more time and energy to receive the curriculum information.

Families change—families move backward and move forward; change is a process

One home visitor reported, “I’ve got a lot of the original families I started with. I feel they are often in the same place—no better, no worse. Others have shifted. Others are really moving forward and are facing and overcoming challenges.” Home visitors agreed that there are many obstacles for these families to overcome, such as leaving the street life and sex trade, addictions, abusive relationships, and generational family abuse. Home visitors reported seeing many barriers that families have to overcome.

One home visitor described two women, a mother and daughter (the latter also a mother), with whom she works. The daughter has been an injection drug user and was in the sex trade industry, as was her mother. First the mother and then the daughter entered a Methadone program, and the latter eventually returned to school. Since that time, the younger woman has had another baby and relapsed, using drugs a couple of times during that pregnancy. She is once again drug-free, has left an abusive relationship, moved out of the core neighbourhood, and is currently back in school.

Another mother was using drugs during her pregnancy, quit after the first trimester, but went back to using after the baby was born. Shortly after, she became pregnant and then admitted that she was addicted again. Both she and her partner quit using, and she delivered a healthy baby. She is now reading, playing, and engaging with her children. Both these mothers have moved forward and backward. This illustrates how change is a process for KidsFirst families, with a few steps forward and sometimes a step back before going forward once again.

Another home visitor described a family where the mother was doing quite well. However, there was some family conflict with her father over money, and he ended up calling Child and Family Services, who, in turn, apprehended her children. To the mother, it seemed like all the good work that she had accomplished had gone down the drain, and she lost sight of everything she had done towards building a new life for herself and her children. Once her children were gone, she became quite upset, as she had also experienced life in a foster home as a child. This mother felt that Child and Family Services was unfairly labelling her, and it has been a struggle to shed herself of that label.

Even with all these barriers home visitors see families as resilient. Home visitors see themselves as a means to help families access resources and services. For example, families can access childcare through the KidsFirst program, thereby facilitating their return to school or work. Additionally, families' emergency food needs are met by learning where they can access food in the community.

Home visitors feel strongly that it is important not to take power away from families, as it is important to not create a long-term dependence on the program. As one home visitor pointed out, "What happens when the kids aren't in the zero-to-six age group? We don't want mothers to feel a need to get pregnant again to stay in the program."

Home visitors report that after the families are in the program for a period of time they become more resilient. They find their voices, learn about their rights as individuals, and discover the resources available to help them better meet their families' needs, as well as their own.

A DAY IN THE LIFE OF A KIDSFIRST HOME VISITOR

"Some days I feel like they cannot pay me enough to do this work, and some days I feel I cannot believe they pay me to do this work."

It's just about 8:00 a.m., and, as I drive to work, I contemplate the day ahead. Today is the day that I have my last visit with Joan and Harry. I'll sure miss them. Gerry, their son, is now six years old and attending school. We've been through a lot together. I remember back to when I first got involved with them. The family was isolated and Joan and Harry didn't know how to manage or understand Gerry's behaviour. I'm so proud of how far they've come. It took a lot of work for Joan to admit that she drank during her pregnancy and that Gerry has Fetal Alcohol Spectrum Disorder (FASD). Now they seem almost proud of the fact that they know so much about FASD. They also attend regular family support meetings at Family Services Saskatoon and the Parents Forever program with Community Living. Gerry's doing so well because we were able to get him the services that he needed so he could develop to his fullest potential. I also remember helping Joan cook. It was fun trying out recipes from the *Food For Thought* cookbook that they received. I'll really miss them, and I know they'll miss me, too. I think that Joan will occasionally call just to keep in touch.

I have to call Sarah to see if Jonah is still coughing. She has two other kids, and has trouble getting to the doctor if one of them is sick. I'll check with her to see how he is and whether she needs a ride. I remember how she got an infection after her caesarean section, and if it weren't for me asking how she was, she wouldn't have gone to the doctor until things had become very bad. I know that she appreciates me asking how she's doing. It took a long time for her to trust me. She was so worried that I was there to spy on her and that I'd take away her kids if she didn't take proper care of them. I love

my families. I enjoy watching them grow, and helping them is an opportunity for me to grow. What drew me to this work is its strength-based and solution-focused approach to working with people. I like the unconditional caring that KidsFirst provides to families because, to me, this is a healthy acceptance of people without judging them.

Because of the work that I do with my families, I see them as more educated now about their personal health, as well as their children's health, in terms of immunizations and prenatal checkups.

I've had families who never went to the doctor but are now going on a regular basis with their children.

I pull into my parking space, turn off the ignition, grab my bag, and head to my office. The first thing that I do is check my voicemail. There's a message from Jamie telling me that she's found a new place to live. I still worry that her abusive common-law husband will come after me for helping her leave him. I remember that she told me that our relationship gave her the strength to leave that abusive relationship.

Rebecca left a message saying that she cannot get her school transcripts. I'll make some calls tomorrow and see if I can advocate on her behalf so that she can get into school. Right now she says that she has daycare for her child, but I'll remind her that KidsFirst can help with her daycare needs should her plans fall apart. It's so great when a family starts to trust me because it becomes easier to make things happen for their children. It's so exciting to see Johnny in his karate outfit going to his karate lesson. He has special needs, so we were able to get funding from Kid Sport for him to attend swimming at the University, as well as the karate lessons.

I have to call the speech pathologist to set up a time for her to assess Reagan. Jessie was so thrilled that the speech pathologist would be willing to come to her home to assess her daughter. I remember that this past Christmas she was attending the White Buffalo school. She invited me to the celebration as one of the two people whom she could bring. What an honour that was for me!

With this taken care of, I once again head down to my car. I have to meet a new family today. I know that my client's mother will be there. I think that I'll ask her mother's permission to work with her daughter. I think that this will help me get in the door. I take developing relationships very seriously. There are different traditions in Aboriginal culture, so I work at learning their family tradition. I have found that it is important to develop a relationship with the whole family because I don't want to disrespect anyone in the family. I've found that it is important to respect the eldest generation as this plays a big role in family dynamics.

I work in a culturally sensitive way, respecting values and beliefs, and I understand the effects of residential schools on past generations and their families. I help families understand and accept what has happened and how important it is not to stay stuck in the effects.

I've just left Maggie's place. Her three children were very active today, playing and running around as we were visiting. I have to make a note that I told her that we'd spend some time next visit making a toy with Popsicle sticks in order to help assess Kathy's development. Maggie still goes out on an alcoholic binge once in awhile, except now she makes a plan so that her children will not be left alone. I know that this was a big first step for her to admit to me that she likes to get drunk, and eventually we will talk about treatment, but not today. Her house was such a disaster! When she opened her fridge, I nearly passed out from the smell. I remind myself that this is all a process, and we can only deal with one thing at a time. First things first!

I gave her permission to not be perfect.

Gaining her trust and finding teachable moments to give her the curriculum are all very important. I noticed that she keeps the curriculum sheets I've given her, and even has them in the folder I provided.

After lunch, I'll plan the curriculum to deliver to Sarah and Mariam. Mariam is an African refugee, and I have to arrange for an interpreter to come with me to our next meeting. Adapting the curriculum to her needs will take time to plan on my part.

It's now 3:00 p.m., and it's time to go to my final meeting with Joan and Harry. I know that I'll have a feeling of loss. I left this for the end of the day so that I can go straight home afterwards.

I better check in with my supervisor before I leave and let her know about my day, but first I'll check my voicemail once more. Jessie called, and she has another meeting with her financial worker. The last time that Jessie and I got together, we role-played so that she could practice telling her financial worker what she needed. That seemed to really work for her. I see her becoming more capable of advocating for herself as she gains confidence in her own abilities. She has a voice now and knows that standing up for her rights is okay.

I feel a sense of loss as I leave Joan and Harry's house. They were appreciative of everything they got from KidsFirst and of my involvement in their lives. They even bought me a little present. I'll miss them and Gerry.

It's almost 4:00 p.m. as I set out on my drive home. It's been a rewarding and interesting day, and as I stop at a red light I wonder what new challenges tomorrow will bring.

FAMILY INTERVIEW ANALYSIS

This next section presents the data as four short family stories. It should be noted that the names given have been fictionalized.

Naomi's story: "The system is not right for kids, but KidsFirst is!"

I got involved with KidsFirst because I could not give George the daycare and special needs that he required. What I needed from KidsFirst was the daycare and speech pathologist, as well as the home visiting program. The home visitor listened to me and kept me up to date about what was available for my son.

George would not have gotten into the preschool that he is in now, which is a "modified structured preschool." He was on a waiting list and it was going to take a long time. KidsFirst advocated on his behalf and he got in before his name came up on the list. George also had some medical problems. KidsFirst listened to me when I told them that I had been trying for a long time to get George into the Royal University Hospital for a hearing test. KidsFirst was able to get him on the urgent list because they have more pull.

The system can fight one family but they can't fight this program.

I watched KidsFirst provide support and never felt that my kids would be removed. They offer suggestions by saying, "you could do it this way," but they're not here to take your kids. While child welfare says you should do it their way or your kids will be gone. I am more secure with KidsFirst—no pins and needles with them or walking on eggshells. I also trusted the home visitor. I know that she would not tell others what I said. KidsFirst is a more trusting and friendly program than child welfare will ever be. The system is not right for kids, but KidsFirst is!

KidsFirst has helped me unlock doors for a single parent that are usually locked.

KidsFirst was able to give the kids trips to the Forestry Farm and places that I couldn't normally get to because I use the bus. I also received great recipe books on how to use leftovers and make meals. I learned to make what some call "Food Bank casserole." I learned about where I could get food when I run out. My home visitor told me about the Good Food Box program, where I can buy healthy food.

KidsFirst has helped me to ask for help when I need it. I was physically exhausted and really sick and I had no one to take care of the kids. My home visitor supported me to go to the hospital. KidsFirst provided respite care for the kids and the home visitor

took me to the hospital. After what I've been through I was afraid to ask for help because people would think I couldn't handle things. They helped me get help and they even paid for it. I needed a break for myself to get better. My Social Services worker wouldn't get me respite because she didn't think I needed it. Had I not been involved with KidsFirst I don't know where I'd be.

When I was dealing with problems with Social Services my home visitor was willing to phone my worker and advocate for me for financial help and respite care. My home visitor has been someone on my side who has given me more leverage and pull when I felt that I wasn't getting anywhere or just couldn't do it anymore.

Jessie's story: "[No] connection to the community without KidsFirst"

When I first moved to the city, I was twenty-two years old, six months pregnant with my third child, and didn't know anyone. I got in touch with Healthy Baby Healthy Mother, and they referred me to the KidsFirst program. KidsFirst has been a great way for me to make contact with programs and services in the city. I've been involved for two years now.

KidsFirst has helped me a lot in many ways. For example, when I gave birth, they helped me with stuff for my baby when I got out of the hospital. They bought me what I needed. There was a teddy bear, a blanket, and even a disposable camera in the KidsFirst bag. The camera was great for a low-income person like me because I got to have pictures that I normally wouldn't have had.

I have no family here, so KidsFirst has been a huge support system for me. I've formed a close relationship with my home visitor. She's like a part of our family, and I know my kids feel that way as well. It's different than seeing an impersonal social worker.

I respect my home visitor's input into my life because she knows my family and me. It's more than trust—it's more personal. She's there for me and she's interested in my life.

I wouldn't have had this connection to the community without KidsFirst.

She told me about so many services and took me to some so I'd know where they were. She took me to Southridge Outreach Centre where I could get food, and I learned about the cooking classes offered at the Family Support Centre on Avenue M South. She told me about the women's group at White Buffalo Lodge. When I was looking for cheaper and better housing, my home visitor looked around for me and picked up rental applications. She even drove me to check out these places.

My home visitor was involved in my family life in many ways. For example, she often brought craft activities for the kids when she came for her visit. One Halloween

she brought paper ghosts and pumpkins, and she and the kids coloured them and hung them up. She taught the kids how to make bannock, and they made it together. She also made play-dough with them. When it was warm, we would all go to the park together. She also brought me information sheets on children's developmental stages. These were helpful for me to learn how to raise and discipline my kids. She taught me about brain development and how children need love to thrive. She talked about her own experiences with disciplining and raising her kids, which has helped me a lot.

I learned about cooking better meals, and she taught me how to get my kids to try different foods by making games at mealtime to get them to eat.

When I was in the system, I felt oppressed and unheard, not supported. I wasn't even allowed to make a change. It's been good for me to stay here. KidsFirst has provided me with the support to change. They listen to me, and being heard is refreshing. With KidsFirst, I get an opportunity to say what I think will work for me. I feel free to say what I need to say and be honest.

If it weren't for the KidsFirst program, I'd probably still be struggling around the city, or worse I'd have moved back home where my life would have been a disaster. KidsFirst has allowed me to become a stronger woman and become who I want to be, which is what I've wanted all along for my life.

Rosemarie's story: "She taught me to problem solve"

Healthy Mother Healthy Baby told me about KidsFirst, and I also saw a pamphlet at the Westside Clinic. KidsFirst was just starting up and I was pregnant at the time, so I got involved right away.

Since getting involved, I've met with my home visitor almost every week. In the beginning I was rude with the home visitor. I had only dealt with social workers who were hard on me, and it took me awhile to realize that she's not like them. She's different than the other people with whom I dealt, so this helped me build trust in the program. My home visitor always helps me. She has been accepting and non-judgmental, even when I admitted that I was an addict. When I was ready to go in for addiction treatment, she took me to the detox centre. She helped me ask questions about the centre. She showed compassion and concern for me and was patient with me. I always felt that KidsFirst would do anything they could to help me.

She has referred me to services in the community where I can get free leisure passes, as well as to advocates when I needed them, and provided transportation when I needed to go to my doctor appointments. She also took me to the Food Bank when I ran out of food.

I remember one time I was desperate because I did not have any milk for my baby and couldn't get any anywhere. I called KidsFirst and they helped me by giving me milk so that I could feed my baby.

I learned a lot of different things. She really talked to me and taught me about talking and listening to my children. She gave me developmental information about the babies. She plays with my children and reads to them, and has taught me to do the same. She brought stuff to make crafts with the kids and showed us how to make toys, like little rattles, out of stuff that we have at home. My home visitor also showed me how to make a drum for my son to play by using a wooden spoon and a plastic bowl, something he really enjoyed.

My home visitor challenged me to explore things further. She asked me, "If you want to know, why don't you go and ask?" She made me think about things more than I normally would. She pointed out things that I never thought about with the children. She taught me to problem solve.

Our overall health as a family has improved because we go to the doctor now. My home visitor helped me with this. Another thing she helped me do was to get condoms, as I had never bought them before. She took me to the AIDS Saskatoon location on Idylwyld Drive to get some. This has helped me take care of my health and it has also helped educate me about family planning.

My home visitor would not let me sit in a slump during our visits. She brought me out and lifted my spirits. She used creative outreach, which meant that we could go for coffee or lunch, just the two of us. I enjoyed this time out away from the kids. Because of her I feel comfortable talking to people now. Previously I kept everything bottled in and probably would have gone insane. I had bottled up stress and rage, but now, with someone to talk to, I don't do that anymore. KidsFirst has helped me to be the best parent I can be. I came from an abusive family and didn't want that for my kids, and KidsFirst is helping me break that cycle. It takes one person to break the cycle, and I want to be that person.

Sarah's story: "I'm proud of being in the KidsFirst program. I just love it!"

I was in the hospital when the nurse brought me information about KidsFirst. They interviewed me and determined that I qualified for the program. I signed the papers and have been involved with them since my daughter was two and half years old. That was three years ago now.

KidsFirst sure has helped me a lot. I appreciate all the things they do for us. The home visitor is very nice, and I look forward to her visits. When I need to get places, I can call her and she'll give me rides to doctor appointments or the Food Bank. Some-

times we just go for coffee to talk, which I enjoy as it gets me out of the house. My home visitor listens to me and never pushes her opinions on me; she just suggests things. I had used government services in another province before, but KidsFirst is more open and less threatening than that program.

We like to go when they schedule group outings. They're a chance to meet other parents and a time when our kids can play and connect. We went to the Forestry Farm and the KidsFirst Christmas dinner. These outings have been helpful for breaking my isolation. I like the playgroup but I cannot always make it on Fridays. It would be good to have it more than once a week.

My home visitor and I talked about my personal problems, and she helped me get into counselling. I didn't feel too uncomfortable when I first met the counsellor because my home visitor came with me.

With her there to support me, I was able to get over my shyness and open up to the counsellor.

She helps a lot with my kids. For example, she showed me how we could play games to help my child's hand-eye coordination. She helps me interact with my kids more to build a stronger bond. One day we made a toy out of two small paper plates, popsicle sticks, a black marker, and some glue. We glued the popsicle sticks to the paper plates and drew a picture on the plate. We put this toy in front of my baby's face and then took it away to see how she reacted. We watched to see if she followed it and looked at it. My baby enjoys these activities and I learn about child development from them.

Another time, she was concerned about my daughter's speech, so she got a speech pathologist to come by twice a month to work with my daughter. If she hadn't done this, I would have been very worried about her not getting what she needed.

I have learned not to use bad language around my daughter when I get mad. I use different words to express myself. She taught me what to say and what not to say. I also learned to apologize. I learned to think about what I was going to say before I said anything. I learned to find different ways of saying things that don't hurt me or someone else. I no longer get mad at my daughter if she interrupts me, and my home visitor showed me how I can turn the situation around to make it fun for her. I learned to distract my daughter and get done what I need to do.

I learned practical parenting tips from my home visitor, from what she told me and the activity sheets she gave me. She showed me that by giving my daughter a little cup of water instead of a big cup she doesn't make as big a mess. I learned to understand that she is just a kid and that she is just learning. She taught me simple things, like cutting up wieners for my child to eat instead of giving her the whole wiener. We even eat healthier now because of what she has taught me. I used to buy junk food all the time, but now I buy fruit and vegetables.

She helped me set goals by asking me what my goals were and what I was going to do with my life. She gave me information about going to school. She didn't rush me, but she kept asking and kept me thinking about it. She kept telling me to keep working hard and keep doing what I can to get to my goal.

She has twice stood up for me with DCRE because I needed a bed, a dresser, and transportation. She also taught me not to be shy and to stand up for myself. She has taught me to do things on my own without her help because after awhile KidsFirst will expect this.

I'm proud of being in the KidsFirst program. I just love it!

FAMILY FACE-TO-FACE INTERVIEW ANALYSIS

This section presents the split data analysis of the family interviews. The first section details how the families entered the program, while the remaining sections provide evidence that the program's desired short-term outcomes have been achieved. (The short-term outcomes are presented in the Home Visitor Logic Model in **Appendix C**.)

How families entered the program

The first interview question asked to families concerned the circumstances by which they entered the Saskatoon KidsFirst program. This was designed as a safe opening question to begin the discussion about their experiences in the program. Families generally came into contact with the KidsFirst program through a hospital nurse referral or Healthy Mother Healthy Baby, a pregnancy outreach program. Several also reported referring themselves to the program after hearing about KidsFirst and what it offers families.

Families appreciate the support that they receive from home visitors

One parent reported greater confidence and comfort in her role as a mother because of her home visitor. Before becoming involved in the program, she felt unsure because she had people around her who would attack her character. She reported receiving "constant acknowledgement and praise on a regular basis" from her home visitor, something that she appreciated.

Parents consistently reported appreciating the support that they received from home visitors and KidsFirst, whether it is through providing transportation or emotional support, raising awareness about available community resources, teaching them about being assertive, or advocating for them or their children with government services, health services, or the school system. All the families interviewed appreciated the services they received from KidsFirst.

One family described how after moving to a new home they wanted their child to remain in the same school because it had excellent services in place for him. The home visitor encouraged the family to phone the school board to ask that their child be transported to his regular school. KidsFirst also intervened on his behalf and the end result was that the child received transportation and remained at their school. Without the home visitor's support, this child's needs would likely have been compromised.

Another mother, whose children were in foster care at the time of the interview, explained how important it was for her to have the support of her home visitor. She explained that her home visitor was helping her make a plan to get back custody of her children. She described how her home visitor first took her to Addiction Services and provided her with bus tickets so that she could get there for subsequent visits on her own more easily. "I probably wouldn't have gone without her there to take me the first time."

Additional comments from parents

- "They encourage me to be heard and this is really refreshing. I get an opportunity with KidsFirst to say what I think will work for me. I don't end up feeling oppressed and unheard because I don't feel free to say what I need to say and be honest."
- "Home visitor provides somebody else's perspective. Life is tough and frustrating and home visitor is someone to be encouraging."
- "Sometimes it's a 'you're doing good' or just a push in the right direction."
- "Home visitor is someone to genuinely care and provide support."
- "When I need someone to talk to she's there to talk to."
- "If I didn't have this program I would have lost my babies. This program helped me out lots. That's how I feel."
- "I was really, really shy ... she taught me to talk more."
- "Before, I never had any support and before becoming involved in KidsFirst I was involved in drugs, crime, and street activity. KidsFirst has helped me make changes in my life."
- "She brought me out and lifted my spirits."

Families report that they are less isolated

Families consistently reported how much they enjoyed having a home visitor come to their home. Many spoke about attending the Friday playgroup. One mother explained, "Playgroup is good because it gives interaction with parents beyond just you and your home visitor." Another parent said that she appreciated her children being able to interact

with other children. She also enjoyed meeting other parents because it was a chance for her to break her isolation. One parent also remarked how much she enjoyed the socialization within the different groups that KidsFirst offers, such as the sewing group. These groups and outings help the parents feel less alone.

Families reported that the home visitors introduced them to places that they did not know existed. One mother explained that when she was pregnant and new to Saskatoon, her home visitor would not only come to visit her, but also took her to places that she needed to go, which was very helpful because she usually did not know where these places were. Another explained that KidsFirst was a connection to the outside world for her and her family.

KidsFirst has had several outings that families reported attending, such as the Forestry Farm picnic and the Christmas party. Most of the parents interviewed said that they enjoyed these events and several said that they would like to have more outings where parents could connect.

Several parents described how their home visitors told them about, and helped them get involved with, support groups and other programs such as those at White Buffalo. One mother explained her appreciation for the support groups as they were a place where she could hear other mothers talk about their children's development. She found this helpful in parenting her own children. One mother reported, "Because of KidsFirst, I find it easier to talk to people now. I don't isolate and seclude myself. I wasn't aware I was doing that. I communicate with people now. Before, I lacked confidence in talking to other people."

Several mothers said that they did not utilize the different events offered by KidsFirst because they were scared to meet people and/or forgot when events were scheduled. One mother explained that missing an event might be "a lack of initiative" on her part.

Many parents described how their home visitor helped them stand up for themselves, whether it was with their partner, DCRE, or other services in the community. Mothers also testified that their home visitor helped them or their children access counselling services offered through KidsFirst. As one mother explained, "When my stress was really bad and I was getting depressed, she set me up with the KidsFirst counselor." A number of women described how their home visitor helped them leave abusive relationships by getting them in touch with the YWCA and Interval House. Women also spoke about the groups at Food For Thought, a place where they could get out of the home and meet other people. Several indicated that they really enjoyed the Food For Thought groups and what they learned by attending.

Parents shared that their home visitor helped them break their isolation simply by having them in their life, to talk to and learn from, and also because they were encouraged by the home visitor to access other community supports.

Parents report learning about parenting and child development

Parents consistently reported receiving helpful activity sheets from their home visitor. One parent stated that she and her home visitor went through a book on child development stages and that she found this helpful in understanding her baby. She also stated, “The sheets let me know if he’s developing right and gives me ideas about things to do with my child.”

Additional comments from parents

- “The sheets on child development were helpful for me to know how to raise and discipline my kids.”
- “The activity sheets gave me new ways of parenting.”
- “Home visitor brings over crafts for the kids and they learn new things from her like making bannock and playdough.”
- “Home visitor brings activities to do with the kids for their growth and showed me different things about stages of development.”
- “She incorporates things into the visit. I appreciate the hands-on approach on helping me with the children.”
- “When my daughter tries to do certain things, my home visitor will explain to me that this is natural for my daughter to do at her age.”
- “I’ve talked to her to help me with my skill with dealing with my son and his aggression. I can analyze the situation with him, but it helps to have her work with him, too. We come together and she helps me make sense of things with him.”
- “Home visitor used her own experiences with her kids as examples. This has helped me try those different things, or depending on her results, to avoid doing those things with our child.”
- “She gave me a different way of interacting with my child.”
- “She taught me about brain development and how children need love.”
- “She taught me how to play with my children.”

Families feel empowered to set goals as they realize their strengths

Several parents commented that their home visitor did not rush them, but kept asking about their goals and dreams. One described how her home visitor asked her what she was going to do with her life. This kept her thinking about making goals until she finally built some into her life. Another parent informed the interviewer that her home visitor gave her information about who she could talk to or where she could go to get help in reaching her goal(s).

Parents consistently described how home visitors helped them begin to think about setting goals and then helped them plan a path to achieving them. One family reported, “Any convenience they can offer me, they offer to help me get where I want to go.” Another stated that by talking with her home visitor, and because of her encouragement, she realized that she wanted to go back to work, and that the first step for her was to take an accounting course.

Parents spoke about feeling more confident in achieving their goals because of the support that they receive from their home visitor. One mother stated that when she doubts herself her home visitor pushes her, and that this is “good.” She described how her home visitor gave her ideas about how she could build a career in order to gain some stability in her life and for her child.

One parent shared that she wants to complete her high school education, and then wants to be a cook and a foster mother. She explained how her home visitor encourages her to work hard and keep doing what she can to reach her goal. Another woman indicated that her home visitor helped her identify her goals and dreams. She described how her home visitor talked to her about how she is progressing in reaching her goals, and that she feels comfortable telling her home visitor what she needs to reach those goals. Without her home visitor’s help and support, she believed that it might not have been possible.

Parents explained that as a result of their home visitors’ prompting, they began to plan for and dream about their future. Families are becoming empowered to make plans for the future, striving to achieve previously unrealized goals and dreams.

Children receive added supports they may need for optimal development

Many parents commented that KidsFirst and their home visitor helped them access services for their children. Many parents reported that KidsFirst helped them access a speech-language pathologist (SLP), who came to their home or their child’s school to provide speech therapy. One mother felt that she would have had great difficulty getting her child to appointments and really appreciated that the SLP came to her home.

Another mother explained that her child had developmental delays, and that KidsFirst helped her obtain funding for him so that he could get into beneficial programs. The families who identified their children as having developmental delays reported that KidsFirst helped them receive the supports that they needed for their children.

Families are better able to meet their needs

As one mother said, “I need to learn to do things on my own without her [home visitor’s] help. They expect you to do things on your own after awhile.” Another mother explained, “I know that if I need something or someone to talk to, I can phone my home

visitor. She'll help me get what I need, or tell me how to go about getting help with what I need."

Additional comments from parents

- "They gave me confidence and stuff and helped me. I was usually a person who, when anything showed up, I'd run and hide, and I didn't tackle things head-on, but now I do say things. I don't run and hide anymore."
- "With the help of daycare and counselling, I'm going back to school. If that hadn't been provided, I don't think I would have been able to get started on that path."
- "KidsFirst—that's how I started to get involved in the community."
- "I used to not go somewhere if I had to take the bus. Now I do, and I do stuff for myself."
- "I've become more independent and self-sufficient."

Families report that practical assistance they have received has enhanced their overall family health

Families reported a variety of situations with which their home visitor helped them. One woman reported that when she was making plans to leave her abusive relationship, her home visitor helped her make a financial plan, provided information about which agencies would help her, and told her about getting a restraining order from the police. She stated that because of this assistance from her home visitor, she felt that she "was in control and was strong and supported when I decided to get out of the abuse."

Families reported that home visitors helped them to make and attend appointments with doctors, and to even find a doctor in the first place. One child needed regular eye treatment, so KidsFirst provided transportation to these appointments. Another mother reported that when she was pregnant she was in and out of the hospital for the last two to three months, and her home visitor made time to take her when she needed to go. Several families reported that KidsFirst helped them get their children to immunization appointments.

Several families described how their home visitor took them to the Food Bank or to other places to get food. They described how they learned to cook and budget because they were taught by their home visitor or at groups like Food for Thought.

Families reported that they received bus tickets and cabs to get to appointments. Families reported that they would have probably cancelled their appointments if it were not for the help that they received in getting transportation.

All the families spoke of learning about services and how to get access to child-care, the family support centre, and the library (where they have story time for children). Several learned about the KidsFirst indoor playground and reported how much they appreciated this place because they saw it as a good place for their children to play with other children.

Many spoke about KidsFirst helping them with diapers and milk, or taking them to places where they could get what they needed, such as clothing and housing. Several explained that the home visitor helped them calculate their finances in order to move out of the welfare system and into the job market.

One parent gave details about how her home visitor helped her obtain a pass to the YWCA so that she could exercise. She also reported that she appreciated that there was daycare available for her child during the time that she was working out. This same parent stated that her home visitor helped her to think and live in a healthier manner. Her home visitor was also arranging for her to meet with a nutritionist who would tour a grocery store with her and teach her about reading food labels so that she could make more healthy food choices.

By the families' own testimony, it is apparent that KidsFirst home visitors respond to the needs of the families and their children in practical ways, thereby greatly enhancing their health and quality of life.

FAMILIES' REQUESTS

The families were asked what, if anything, they would change about the program. The following represents their requests for additions or changes to the Saskatoon KidsFirst program.

- Several families asked whether the program's boundaries could be expanded because there are high-risk families who live outside the program area.
- Families truly enjoyed the outings and many wondered whether more could be added, such as picnics and talking circles.
- Several families hoped that the playgroups could be held twice a week.
- Several families indicated that it would be helpful to add KidsFirst daycare spaces so that if, for example, a parent has three children, they would not have to be split up and put into two daycares.
- Several parents asked whether there could be more drop-in daycare spaces. The current drop-in daycare space allows for two spaces, but this does not work for families who have three or more children.
- Several families suggested having a system of informing parents about upcoming events.

- A number of families hoped that cabs could be made available on extremely cold days for transportation to daycare.

SUMMARY AND CONCLUSION

This evaluation's aim was to research whether families believed that Saskatoon KidsFirst was making a difference in their lives, and, if so, the nature of that difference. The hub of support within Saskatoon KidsFirst is the home visiting component of the program. Home visitors provide support for families regarding child development and parenting, and empower, advocate, and assist families in accessing community services and resources. This evaluation focused on the impact that home visitors had on the families with whom they worked.

Saskatoon KidsFirst wanted answers to three primary questions. The following summarizes the responses.

What impact is the home visiting program making in families' lives?

The home visiting program has had a tremendous impact on families' lives. The following summarized points from the collected data clearly identify how the home visitor program impacted the lives of those families who received services from Saskatoon KidsFirst home visitor program.

- Families freely gave details of how they appreciated the support that they received from KidsFirst and their home visitor. There is clear evidence that parents appreciate the support they receive from their home visitors.
- Parents shared that their home visitor helped them break their isolation by talking to and learning from them, as well as by encouraging them to access other community supports.
- Families provided evidence of how much they learned about child development from the resources that were provided to them by their home visitors.
- Families are being empowered to make plans for the future, and families consistently provide evidence that, because of their home visitors, they now have goals and dreams that they are striving to achieve.
- Families with children who had developmental delays reported that KidsFirst helped those children receive necessary supports.
- Families described how they were better able to meet their needs because of the services and support that they received from KidsFirst.
- Families gave details as to how their KidsFirst home visitors responded to their needs in practical ways, thereby greatly enhancing their health and quality of life.

Is the perception of the home visiting program the same for the home visitors as it is for the families?

The program's short-term outcome achievements are evident by the data collected from the interviews and focus groups. The home visitor data content was consistent with that collected from the face-to-face interviews with families. Home visitors reported that they could see how they are making a difference in the lives of families with whom they work. Home visitors struggle when families take steps backward. Families identify that they sometimes slip back into addictions, and that their home visitor is there to help them make plans to turn their life around. Even when families reported that their children were taken into care, they felt supported by KidsFirst. Home visitors, in turn, reported that they viewed working with their families as a two-steps forward, one-step back process, and that long-term changes take time for many of these families.

What are the second year indicator benchmarks for the objectives of the home visiting program?

Developing the logic model in collaboration with the staff and management committee of Saskatoon KidsFirst has helped identify the program's second year benchmarks. These benchmarks are the program's desired short-term outcomes:

- families appreciate the support that they received from the home visitors;
- families report feeling less isolated;
- families report learning about parenting and child development;
- families feel empowered to set goals as they realize their strengths;
- children receive added supports that they may need for optimal development;
- families are better able to meet their needs; and
- families report that the practical assistance that they have received has enhanced their overall family health.

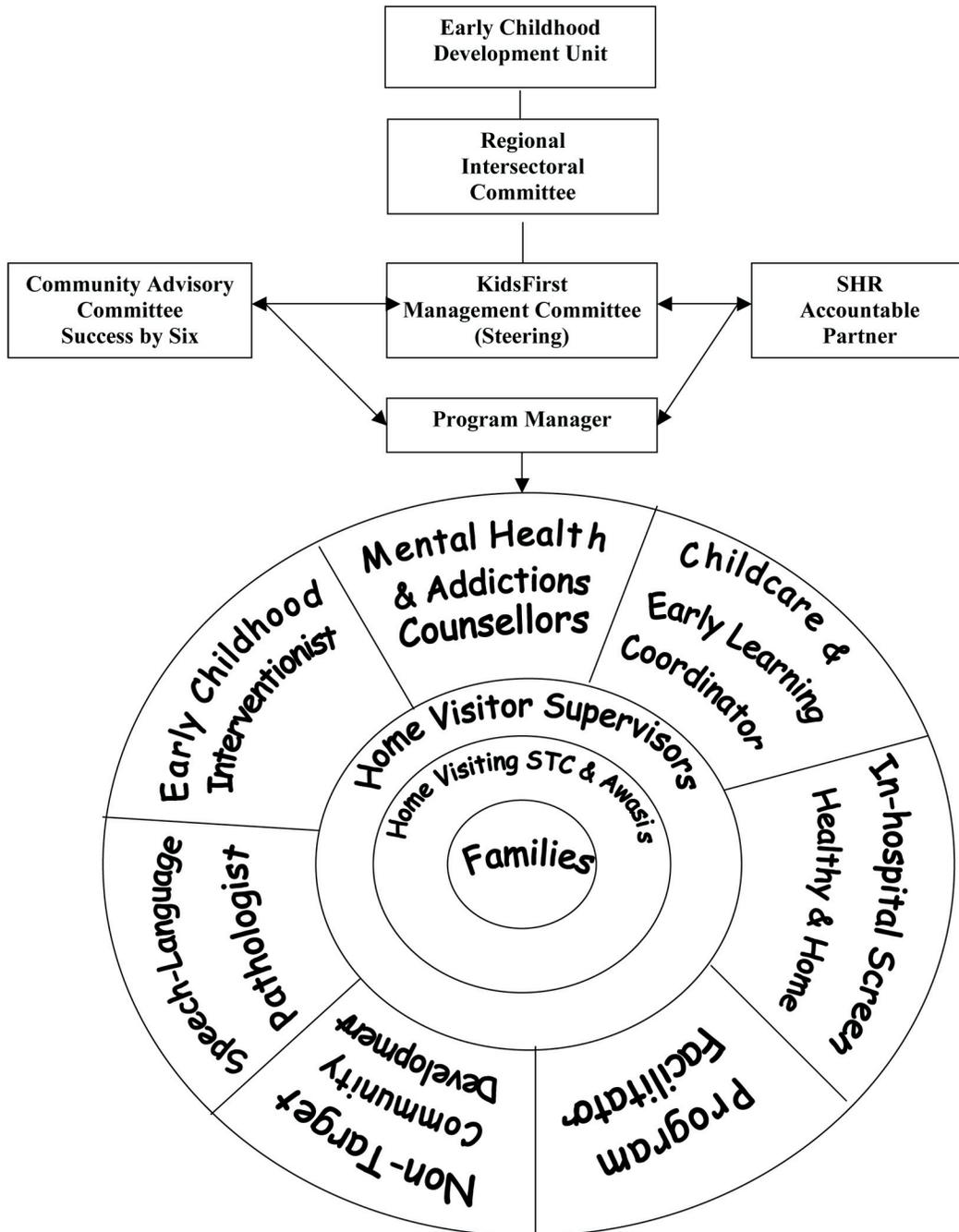
In conclusion, there is clear evidence that families appreciate the services that they receive from Saskatoon KidsFirst, and that the program is making a significant impact on the lives of the families it serves.

REFERENCES

- Bolaria, B. S., & Dickinson, H. D. (Eds.). (2002). *Health, illness, and health care in Canada* (3rd ed.). Scarborough: Nelson Thompson Learning.
- Bolaria, B. S., & Bolaria, R. (2002). Inequality, family, and child health. In B. S. Bolaria & H. D. Dickinson (Eds.), *Health, illness, and health care in Canada* (3rd ed.) (pp. 247-264). Scarborough: Nelson Thompson Learning.
- Cynader, M. S., & Frost, B. J. (1999). Mechanisms of brain development: Neuronal sculpting by the physical and social environment. In D. P. Keating & C. Hertzman (Eds.), *Developmental health and the wealth of nations: Social, biological, and educational dynamics* (pp. 153-184). New York: Guilford Press.
- Canada Health Action: Building on the Legacy. (1998). *Determinants of health: Children and youth* (Vol. 1). Canada: Editions MultiMondes.
- Canadian Institute of Child Health. (2000). *The health of Canada's children* (3rd ed.). Canada: Canadian Institute of Child Health.
- Canadian Association of Family Resource Programs. (2002). *Community supports and the early childhood development initiative*. Retrieved 9 August 2005 from the World Wide Web: <http://www.frp.ca/PDFDocuments/PositionPaper2002Jan.pdf>.
- Cole, R., Kitzman, H., Olds, D., & Sidora, K. (1998). Family context as a moderator of program effects in prenatal and early childhood home visitation. *Journal of Community Psychology*, 26(1), 37-48.
- Denzin, N. K., & Lincoln, Y. S. (1998). *Strategies of qualitative inquiry*. Thousand Oaks, CA: Sage.
- Government of Saskatchewan. (n.d.a). *KidsFirst Saskatchewan* [Brochure]. Regina: Early Childhood Development Unit.
- Government of Saskatchewan. (n.d.b). *KidsFirst Saskatoon* [Brochure]. Regina: Departments of Health, Learning, and Social Services.
- Healthy Babies, Healthy Children. (2002). *Healthy babies, healthy children report card (2000-2002)*. Retrieved 8 August 2005 from the World Wide Web: http://www.nfocfgroup.com/social/HBHC_Report_Card.pdf.
- Hertzman, C. (1999). Population health and human development. In D. P. Keating & C. Hertzman (Eds.), *Developmental health and the wealth of nations: Social, biological, and educational dynamics* (pp. 21-40). New York: Guilford Press.
- Keating, D. P. (1999a). Developmental health as the wealth of nations. In D. P. Keating & C. Hertzman (Eds.), *Developmental health and the wealth of nations: Social, biological, and educational dynamics* (pp. 337-347). New York: Guilford Press.

- Keating, D. P. (1999b). The learning society: A human development agenda. In D. P. Keating & C. Hertzman (Eds.), *Developmental health and the wealth of nations: Social, biological, and educational dynamics* (pp. 237-250). New York: Guilford Press.
- Olds, D., Henderson, Jr., C., Kitzman, H., Eckenrode, J., Cole, R., & Tatelbaum, R. (1998). The promise of home visitation: Results of two randomized trials. *Journal of Community Psychology*, 26(1), 5-21.
- Olds, D., & Korfmacher, J. (1998). Findings from a program of research on prenatal and early childhood home visitation: Special issue Introduction. *Journal of Community Psychology*, 26(1), 1-3.
- Olds, D., Pettitt, L. M., Robinson, J., Henderson, Jr., C., Eckenrode, J., Kitzman, H., Cole, B., & Powers, J. (1998). Reducing risks for antisocial behavior with a program of prenatal and early childhood home visitation. *Journal of Community Psychology*, 26(1), 65-83.
- Rauh, V. A., Parker, F. L., Garfinkle, R. S., Perry, J., & Andrews, H. F. (2003). Biological, social, and community influences on third-grade reading levels of minority Head Start children: A multilevel approach. *Journal of Community Psychology* 31(3), 255-278.
- Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services. (2001/2002). *Kids first program manual*. Regina: Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services.
- Sharp, E. A., Ispa, J. M., Thornburg, K. R., & Lane, V. (2003). Relations among mother and home visitor personality, relationship quality, and amount of time spent in home visits. *Journal of Community Psychology*, 31(6), 591-606.
- Smith, M. L., & Glass, G. V. (1987). *Research and evaluation in education and the social sciences*. Englewood Cliffs, New Jersey: Prentice-Hall.

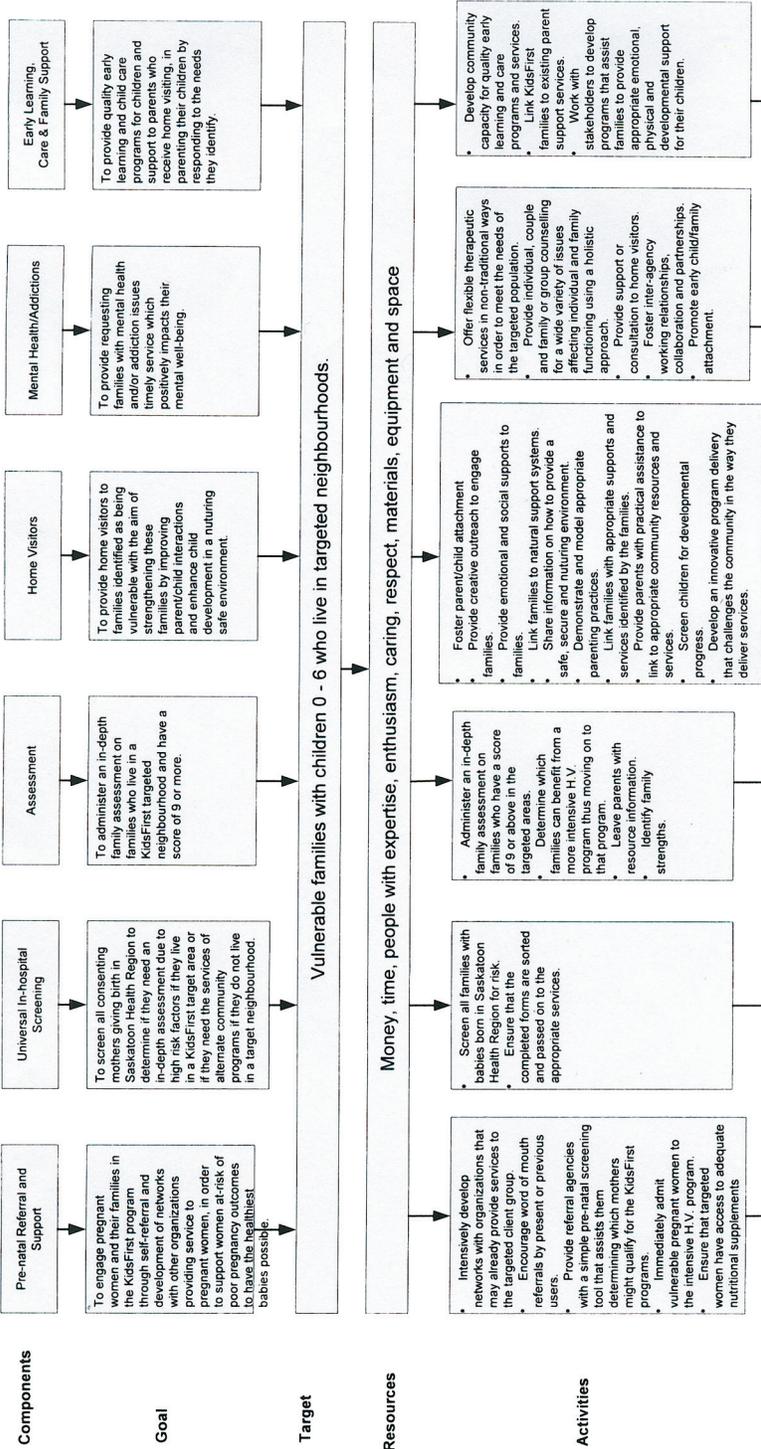
Appendix A. Organization Description.

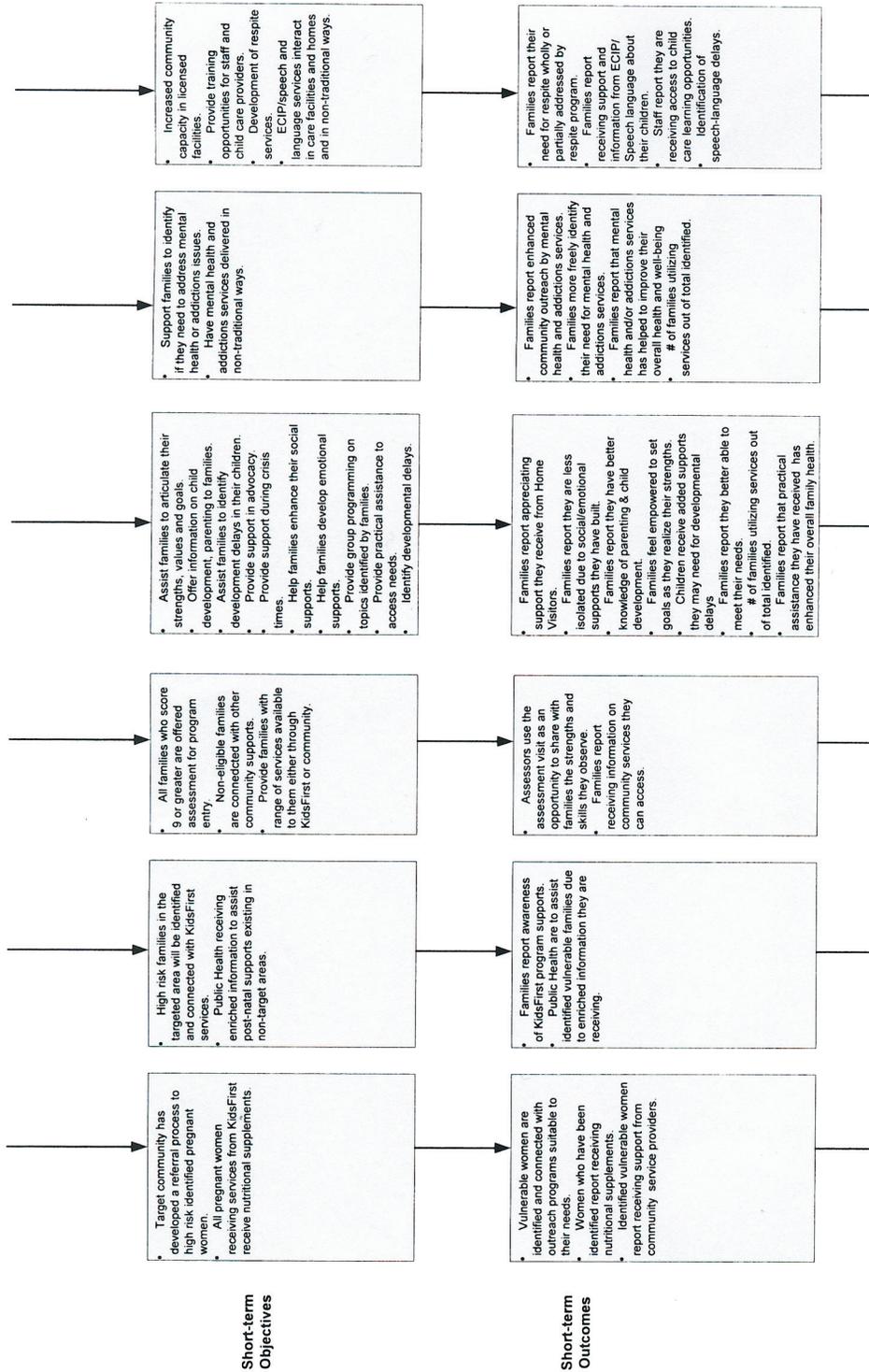


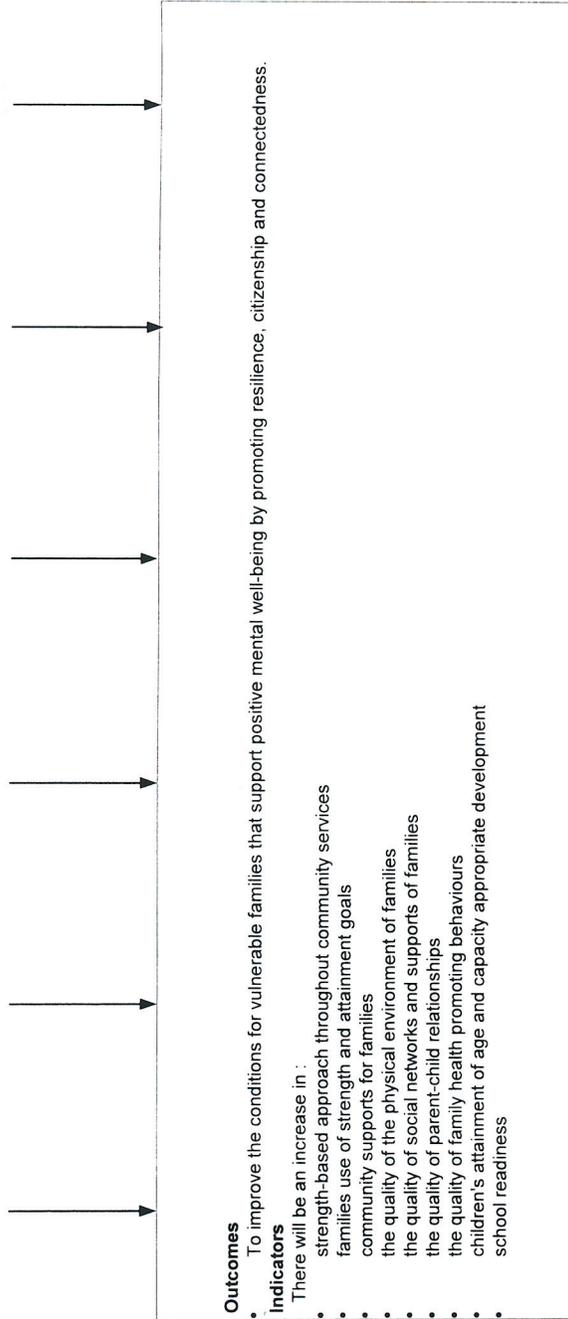
Appendix B. Saskatoon KidsFirst Logic Model.

Logic Model: Saskatoon KidsFirst

Goal: To develop and deliver strength-based services and supports which will be effectively utilized by vulnerable families to improve children's health and development, parent/child relationships and family well-being.



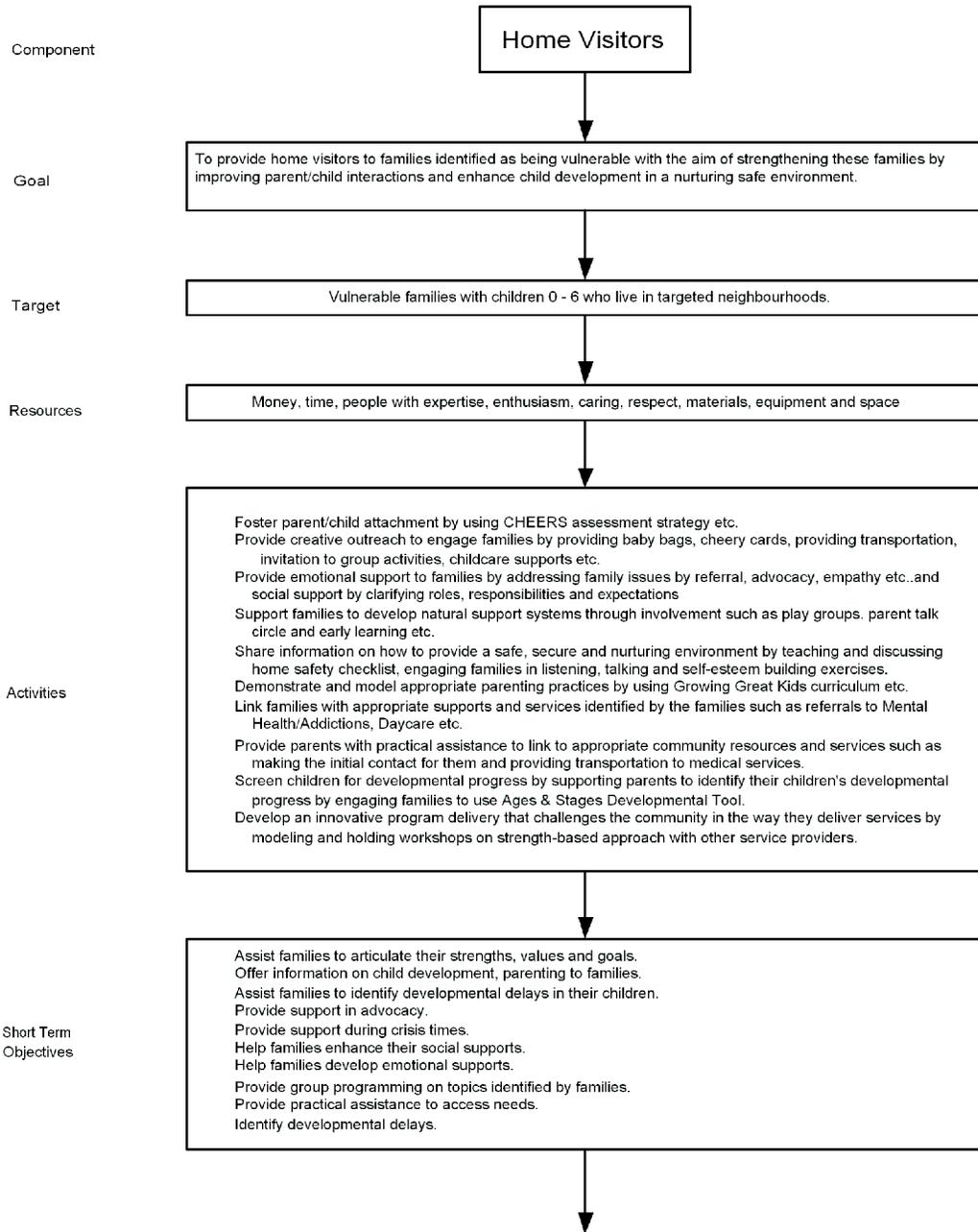


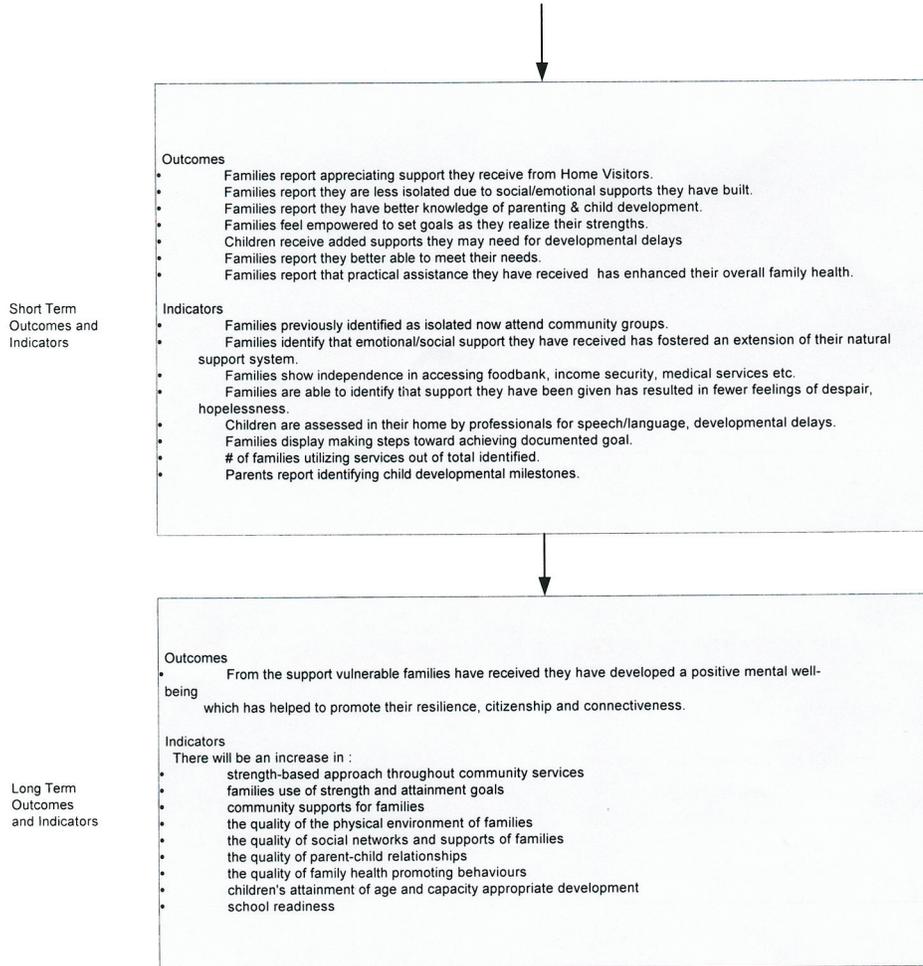


Long-term
 Outcomes
 and Indicators

Appendix C. Saskatoon KidsFirst Home Visitor Logic Model.

Saskatoon KidsFirst





Appendix D. Face-To-Face Family Interview Questions.

- 1) What made you become involved in the KidsFirst program?
- 2) What keeps you involved in the KidsFirst program?
- 3) Has anything changed for you or your family as a result of being involved with KidsFirst?
- 4) Has your home visitor told you about community services you did not know about before?
- 5) Has having a home visitor helped you feel more supported and connected to the community?
- 6) Have you received activity sheets from your home visitor and were they helpful?
- 7) Has your home visitor helped you identify or reach your goals and dreams?
- 8) Has your home visitor helped you be part of other KidsFirst community services?
- 9) Has your home visitor helped you stand up for yourself?
- 10) Has your home visitor helped you learn new ways of doing things (i.e. cooking, organizing, budgeting)?
- 11) If you could change or add anything about the program, what would that be?

Appendix E. Home Visitor Focus Group Questions.

- 1) What drew you to this work?
- 2) What keeps you doing this work?
- 3) What changes have you observed with the families as a result of your work with them?
- 4) Please give specific examples of ways the program has successfully supported a family you have worked with?
- 5) What are you most proud of in working with families?
- 6) If you could make changes to improve the programs effectiveness what would they be?

