SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Saskatchewan *KidsFirst* Program Evaluation:
Report of the Qualitative Study



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KidsFirst Program Evaluation

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The *KidsFirst* Qualitative Research Team*

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The following reports were produced as part of this evaluation:

- Evaluation Framework
- Community Profiles
- Focused Literature Review
- Using Theory to Plan and Evaluate *KidsFirst* (full and summary versions)
- Report of the Qualitative Study
- Report of the Quantitative Study
- Summary of Findings

All of these reports can be downloaded from www.kidskan.ca, the Saskatchewan Knowledge to Action Network for Early Childhood Development. To access information and reports, click on "KidsFirst" on the Projects tab on the front page.

Executive Summary

KidsFirst was launched in 2002 as a home visiting program that provides services and support to vulnerable families with young children in nine targeted sites[1] in Saskatchewan. The overall purpose of the *KidsFirst* program evaluation is to assess its effectiveness in helping to make positive changes within participating families and communities. This document summarizes the Report of the Qualitative Study, which reflects the qualitative component of the program evaluation. Various other documents[2] have been published as part of the evaluation and provide complementary information to this report.

The qualitative study aims to address the following questions derived from the Evaluation Framework :

- What is the extent to which confidence, knowledge and self-efficacy amongst parents improved with participation in *KidsFirst*? How did any such changes come about?
- What is the extent to which the quality of parent-child interactions improved among *KidsFirst* families? How did improvements come about?
- Which practices, processes and policies, site-specific and common, have contributed the most to parent and family outcomes?
- What are the factors that contribute to and hinder the overall effectiveness of *KidsFirst*?

To answer these evaluation questions, a basic interpretive qualitative approach was used. This approach focuses on uncovering meanings from participants' views and gives researchers the flexibility to explore the evaluation questions without being restricted by any one methodological tradition.

Data were collected from May to October 2009. During this time researchers conducted 84 interviews and 27 focus groups with 242 study participants at all nine *KidsFirst* sites. Field notes and observations, including one home visiting shadow, were made by the research team and used to help set the context of the study. Transcripts from the interviews and focus groups were analyzed using *Atlas.ti* software. A coding list was developed during the initial stages of data analysis and was used to help identify recurring issues so that statements could be compared between participants and sites and emerging themes could be noted. Specific codes were then linked to individual research questions and used by the researchers to analyze and write a summary report. Several drafts of the report were circulated to the qualitative research working group and the Early Childhood Development Unit (ECDU) for their feedback and comments. The final report is a culmination of this feedback.

[1] These sites are: Meadow Lake, Moose Jaw, Nipawin, North Battleford, Prince Albert, Regina, Saskatoon, Yorkton, and Northern Saskatchewan.

[2] Other documents include the *KidsFirst Evaluation Framework*, *Theory paper*, *Home Visiting Literature Review*, *Community Profiles*, *Report of the Quantitative Study*, and *Summary of Findings*. See the Acknowledgements for a complete list and instructions on where to access these reports.

The findings are discussed in *Sections Four*, *Five* and *Six* of the report.

Section Four of the report addresses the first two evaluation questions and examines how *KidsFirst* has improved parenting skills and the quality of parent-child interactions. Although study participants reported little change in complex-needs parents, they noted a significant impact for many parents from low- and intermediate-needs families. Results show that *KidsFirst* is able to effect individual change because it works simultaneously to improve parents' knowledge, confidence (self-efficacy), and behaviours (practices). A range of program practices appear critical to the program's success with parents. These include: relationship building; informal teaching, such as knowledge sharing, goal setting and role modeling; linking, scaffolding[3] and advocating; and accentuating the positives.

Section Five introduces *KidsFirst* policies, processes and practices that influence program effectiveness and, in turn, family outcomes. Home visitors implement techniques to engage families, including creative outreach and program promotion practices. Much of the work carried out by home visitors helps build relationships with families and garner their trust. Home visitors have provided stability in the lives of their clients, not only through the provision of consistent emotional support, but also by helping families address their basic needs, such as access to safe housing and affordable transportation, child care, and food.

The *Growing Great Kids* curriculum is a program standard across the province. Although the methods used to teach the curriculum vary, results show that it is most effective for parents when it is delivered in a family-led and culturally-sensitive manner. The *KidsFirst* Information Management System (KIMS) is a computerized system designed to collect, manage, and report routine data on participating families. Staff members reported ongoing challenges using the system. Primarily, home visitors do not understand how to use certain parts of the system or the value of the collected information. Several sites have employed additional, paper-based documentation systems in response to the difficulty users have had with KIMS. Although this has reportedly improved the quality of documentation, home visitors have noted the increased burden of using multiple systems of recording.

Across sites, targeted areas have become a cause for concern. Given that the majority of families face housing concerns when they first enter the program, it is unrealistic to assume that *KidsFirst* families will remain within the defined boundaries of service almost a decade later. Home visitors admitted to facing a personal ethical dilemma in not being able to service populations outside targeted areas.

Staff retention concerns have been highlighted by *KidsFirst* staff across the province. Of the nine sites, six report high staff turnover rates. Factors that discourage staff retention include high burnout rates, high-risk work environments, a lack of workplace support, insufficient income levels, and alternative growth opportunities.

[3] Scaffolding means that home visitors support parents to reach out for help and then gradually remove such support and shift the responsibilities of outreach to the parents.

In *Section Six* of the report, factors that influence the overall effectiveness of *KidsFirst* are discussed. Over time and across sites, *KidsFirst* has brought about positive changes in the families that it serves, improved the ways in which service providers collaborate and work with vulnerable families and contributed to critical community development. The effectiveness of the program in bringing about improvements in early childhood development amongst vulnerable families has been accomplished to varying degrees; however, the relative effectiveness of the program differs greatly across communities and families and is contingent upon the ability of the local community to adapt it to their needs. Where this has been accomplished, the program has had a transformative impact on how agencies work together to identify and meet the needs of vulnerable families.

The open-ended nature of the program has facilitated community involvement by bringing various agencies together in dialogue and partnership. From this have come many innovative community development initiatives that have strengthened inter-agency relationships and established new networks between community leaders. Furthermore, it has allowed for a broad exchange of information and the pooling of resources. Perhaps one of the most important effects of this is that the needs of the vulnerable population of each site are articulated to middle and upper management in decision-making positions at local institutions; in various cases, this has transformed the ways that services are provided.

There are a number of constraints that limit the impact that *KidsFirst* is able to make. In instances where community needs are very great, the gaps in service provision are too large to be filled. The effectiveness of the program is greatly limited by the heavy burden *KidsFirst* faces in trying to make up gaps in service provision in some sites. The gaps in services are particularly pronounced in Northern and rural communities where specialized medical treatment, mental health and addictions supports, child care, and public transit are scarce or non-existent. *KidsFirst* has been forced to commit extensive time and resources to addressing these shortages and in doing so has taken on roles that are not part of the program's mandate. However, the gaps filled by *KidsFirst* have been essential supports for many of their clients.

Based on the research findings, the following recommendations have been made:

1. Intake should focus more on increasing prenatal recruitment, particularly in sites with relatively low prenatal recruitment.
2. Increase the intensity of services provided in the first year.
3. Complex-needs families should be assigned to specialized home visitors.
4. Targeted area restrictions should be reviewed and updated or eliminated all together.
5. KIMS should be reviewed and adjusted to reflect the needs of all user groups.
6. More training opportunities should be provided to *KidsFirst* staff to learn to use KIMS.
7. Guidelines on the roles of various agencies and staff members who are involved in *KidsFirst* programming should be better defined.
8. Community agencies should be encouraged to share information in an effort to streamline case management.

By implementing these recommendations, *KidsFirst* will be in a position to provide greater support to families and encourage more positive outcomes through better service delivery.

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Section One: Introduction and Background

1.1 Introduction and Purpose

The overall purpose of the *KidsFirst* program evaluation is to assess the program's effectiveness in bringing about positive changes within the families and communities that it serves. This study is a multi-phased project that uses mixed methods to appraise whether or not *KidsFirst* is meeting its program goals and objectives. The findings of this study are intended to help develop more effective future policy interventions to reduce maternal and child health disparities in Saskatchewan and more broadly in Canada.

This document reports the qualitative component of the evaluation study. The purpose of the qualitative investigation is to complement the quantitative portion of the study by providing a more nuanced understanding of how *KidsFirst* functions at multiple levels. In particular, the qualitative study captures the particular experiences and perceptions of those involved in the *KidsFirst* program and contributes to the body of emerging knowledge regarding promising or best practices in early childhood interventions among vulnerable families in Canada.

This report is divided into seven sections:

Section One introduces *KidsFirst* and the background work leading up to the qualitative study.
Section Two provides an overview of the research methodology and data analysis procedures.
Section Three presents five typical family profiles and a researcher's observations of a home visit.
Section Four examines how the program has improved clients' parenting skills and the quality of parent-child interactions.
Section Five identifies the policies, practices and processes that contribute to family outcomes.
Section Six discusses factors that impact the overall effectiveness of the program.
Section Seven summarizes the research findings and how they relate to the Program Logic Model[4] and concludes with some recommendations for *KidsFirst*.

1.2 Program History and Sites

KidsFirst is a home visiting program that provides services and support to vulnerable families with young children in targeted areas of Saskatchewan. It was launched in 2002 following the First Ministers' Early Childhood Development Agreement, which allocated funding to each province for the purpose of improving early childhood supports (Saskatchewan Education, Health, Intergovernmental and Aboriginal Affairs, and Social Services, *2002*).

KidsFirst aims to promote healthy growth and development in vulnerable children by bridging the gaps in service delivery and removing barriers that keep families from accessing services. The main mechanism of program delivery is through home visitation in which trained

[4] The *Program Logic Model* (Muhajarine, Glacken,Cammer & Green, 2007) was developed as an evaluation tool by the *KidsFirst* research team in consultation with *KidsFirst* staff and program managers. It shows the relationship between the objectives, activities and intended outcomes of *KidsFirst* and visually depicts the logic of the program design and elements. The *Program Logic Model* is included as *Appendix A*.

paraprofessionals meet regularly with families to assist them in meeting their basic needs, provide information, and encourage improvements in parent-child interactions. *KidsFirst* was designed as a dyad model of home visitation in which paraprofessionals are trained and supervised by professionals (usually with a background in social work). In practice, however, home visitor supervisors are not always trained professionals. Although job requirements for supervisors involve a higher level of education than is required for home visitors, this differs by site, with some sites adhering strictly to the dyad model and other sites diverging significantly in their hiring practices.

Through the establishment of an ongoing relationship between a home visitor and family, *KidsFirst* aims to reduce the social and economic marginalization of vulnerable families and remediate risk factors that hinder the healthy development of children (Nickel et al., 2008*).*

The program has targeted nine specific geographic areas in Saskatchewan based on a 2001 assessment of population needs and risk factors. These areas are: Northern Saskatchewan,[5] Meadow Lake, Moose Jaw, Yorkton, Nipawin, North Battleford, and selected neighbourhoods in Prince Albert, Saskatoon and Regina. Community need for the program was measured based on various risk indicators in each jurisdiction, including rates of families receiving social assistance, lone-parent families, low and high birth weight, and infant hospitalization. In addition, in order to ensure that sites were of sufficient size, numbers of live births were considered.

Clients enter the program either during their pregnancy or after the birth of their children. The eligibility criteria for entry into the program include life circumstances that may pose a risk during delivery or to their young children, such as low maternal education levels, mental health issues, financial instability, substance abuse, and other risk factors. Following intake into the program, a family is offered weekly home visiting services. Upon further assessment, the frequency of regular home visitation may be reduced according to the family's level of risk.

1.3 Evaluation of *KidsFirst*

Prior to the qualitative study, much work was done to shape the field research. Working with different stakeholders of the program, we developed an *Evaluation Framework* from which we drew our research questions. We explored relevant theories that help explain the ways in which the program impacts families and that inform our data analysis. We also reviewed existing literature on home visiting to situate the dyad model of the *KidsFirst* program and profiled communities to contextualize the study. We discuss, briefly, all the components that laid the foundation of our qualitative study below. Each of these research components is available as a separate report as noted in the *References* section at the end of this report.

1.3.1 Evaluation Framework and Research Questions

The *Evaluation Framework* (Muhajarine, Glacken, Cammer, & Green, 2007) was established in the first phase of the study to guide the subsequent activities of the *KidsFirst* evaluation. It was developed by the *KidsFirst* evaluation team in consultation with representatives from four government ministries (Health, Social Services, Education, and First Nations & Métis Relations).

[5] *KidsFirst* North is delivered as a regional program, which serves the following 12 communities: Beauval, Creighton, Denare Beach, Ile-a-la-Crosse, La Ronge, Sandy Bay, Buffalo Narrows, Cumberland House, Green Lake, La Loche, Pinehouse, and Stony Rapids.

KidsFirst program managers, home visitors, and a number of health care professionals from across the province were also involved. This framework provides detailed information about the program and its Program Logic Model and a comprehensive description of the evaluation principles, objectives, data collection methods, and assessment tools.

The qualitative portion of the evaluation is intended to address evaluation questions 5-8, as described in the *Evaluation Framework*:

1. What is the extent to which confidence, knowledge and self-efficacy amongst parents improved with participation in *KidsFirst*? How did any such changes come about?
2. What is the extent to which the quality of parent-child interaction improved among *KidsFirst* families? How did improvements come about?
3. Which practices, processes and policies, site-specific and common, have contributed the most to parent and family outcomes?
4. What are the factors that contribute to and hinder the overall effectiveness of *KidsFirst*?

In this report, questions 1 and 2 are addressed in *Section 4*, question 3 is addressed in *Section 5*, and question 4 is addressed in *Section Six*.

1.3.2 Theory

Three theories were explored as part of the evaluation in an attempt to understand and examine the program approach and outcomes (Terstappen, Muhajarine, Nickel & Green, 2008). These theories are informed by the values that guide *KidsFirst* and its approach to service delivery, including strength-based, collaborative and empowering intervention approaches. Linking the evaluation to theory helps inform and guide future program development by providing possible explanations as to why particular practices are significant or effective.

Albert Bandura's self-efficacy theory focuses on the process of change within an individual. A given behaviour, according to Bandura, reflects the "belief in one's capabilities to organize and execute the courses of action required to manage prospective situations" (Bandura, 1995, p. 2). Choices are made and actions are carried out based on an individual's cognitive sense that these actions are possible. Therefore, self-efficacy is central to individual behaviour and the processes that influence change in behaviour. A central feature of the *KidsFirst* approach is the fostering of self-confidence in parents, not only regarding their parenting abilities but also in other domains of their personal lives. Parents are offered mental health and addictions counselling services and are encouraged to identify and work towards personal goals. Home visitors approach their work with "strength-based" support built on non-critical interactions that emphasize and encourage the positive aspects of parenting behaviour.

The second theory is John Bowlby's attachment theory, which emphasizes parent and child interactions (Bowlby, 1969). The theory posits that healthy infant development requires a secure bond with an "attachment figure," which is established through various interactions between this attachment figure and the child. This initial relationship of safety and trust facilitates emotional development and allows a child to build individual capacity for inquiry and exploration. Through modeling behaviour and the delivery of the *Growing Great Kids* curriculum, parent-child

interactions are improved, and the bond between the attachment figure and the child is strengthened.

The third relevant theory is Urie Bronfenbrenner's human ecology theory, which deals with the larger social and structural context in which human development occurs (Brofenbrenner, 1979). Behaviour at an individual level is heavily influenced by four overlapping systems: the microsystem (roles and activities carried out by an individual in one setting), mesosystem (the interrelations among different settings in which the individual acts), exosystem (settings which impact yet are external to an individual) and macrosystem (the constellation of smaller-order systems and the values, customs and beliefs underlying these). Viewed through the lens of human ecology theory, many social factors external to the child have an impact on child development, and the entire system of care for children must be improved in order to encourage better outcomes in child development.

This theory can be used to understand the holistic approach to child development that makes *KidsFirst* stand apart from many other child-oriented programs. While many other programs attempt to address particular determinants of child development and health in isolation (for instance, by providing nutritious food to children while they are at child care), *KidsFirst* attempts to address numerous determinants simultaneously (for instance, providing the parents with nutritional information, cooking classes, budgeting advice, milk vouchers, and transportation to grocery stores so that the entire family will have better long-term access to nutritious food and, by extension, improved health).

1.3.3 Literature Review on Home Visiting Effectiveness

The literature review was conducted collaboratively by the Early Childhood Development Unit (ECDU) of the Ministry of Education and the Evaluation Research team, Saskatchewan Population Health Research and Evaluation Unit (SPHERU). The purpose of the literature review was to assemble key findings from research conducted in the United States and Canada since 1990 on the effectiveness of home visiting programs similar to *KidsFirst* (Gates et al., 2009). These findings focus on the outcomes of both paraprofessional and professional home visitation services in the areas of prenatal care, child health and development, incidences of child abuse/ neglect, parenting, parent self-sufficiency, and overall family functioning. The purpose of this literature review was to investigate achievable outcomes of, and promising directions for, home visiting programs and to situate the *KidsFirst* dyad model within the body of literature on home visiting programs.

1.3.4 Community Profiles

The *Community Profiles* document (Nickel, Muhajarine, *KidsFirst* Program Managers and *KidsFirst* Research Team, 2008) discusses how the *KidsFirst* program began, why the target areas were selected and the ways in which the program was implemented in each location. It provides a description of local amenities and resources, service availability and community demographics at each of the nine *KidsFirst* sites in Saskatchewan. This document also traces the evolution of the program over the course of its first six years and gives an overview of the staffing, management, partners, and number of clients involved in each *KidsFirst* site.

Section 2: Methodology

2.1 Research Design

"Program evaluation is the systematic collection of information about the activities, characteristics and outcomes of programs to make judgments of the program, improve program effectiveness and/or inform decisions about future programming" (Patton, 2002, p. 10). To evaluate *KidsFirst*, we used both quantitative and qualitative data collection and analysis techniques. One central advantage of using mixed methods research is that each approach sheds light on a different aspect of the program (Tashakkori & Teddlie, 2003). The quantitative study enabled us to assess the impact of the *KidsFirst* program on children's well-being and health, while the qualitative study was designed to reveal the practices and processes that help realize program objectives and outcomes.

Qualitative inquiry, variously known as naturalistic study, the constructivist approach or interpretive research (Creswell, 1994), is used to gain an in-depth understanding of a particular research subject. It is underpinned by the common notion that meaning is socially constructed as people interact with the social world. It is not simply an effort to illuminate the people behind the numbers and put faces to the statistics. It also captures nuances of people's experiences and dimensions of experience that cannot be counted or are obscured by numbers.

The development of our qualitative research was guided by the *Evaluation Framework* and influenced by the literature review and the theory overview as well as the *Community Profiles* document. The research questions were derived from the *Evaluation Framework*. To answer questions specific to our study, a basic interpretive, qualitative approach was taken, which is descriptive and inferential in nature, focusing on uncovering meaning from research participants' views (Merriam, 2002). This approach was chosen in order to provide the flexibility to explore the evaluation questions without being restricted by particular methodological traditions. With a basic interpretive qualitative approach, data are collected through observation and interviews and "are inductively analyzed to identify the recurring patterns or common themes that cut across the data. A rich, descriptive account of the findings is presented and discussed, using references to the literature that framed the study in the first place" (Merriam, 2002, p. 6).

Adhering to this approach, we decided to conduct individual interviews and focus group sessions in each of the nine *KidsFirst* sites and to observe the distinct characteristics of each community.[6] We deemed it important to include *KidsFirst* clients with different levels of needs and all levels of *KidsFirst* staff and management, supporting agencies and clients. By using different data collection tools and seeking out multiple voices, we hoped to capture varied perspectives and experiences, reflect the multi-dimensional nature of service delivery in *KidsFirst*, and develop a holistic understanding of how *KidsFirst* has impacted families and communities in the nine sites.

In preparation for the field research, we wrote a separate question guide for each type of interview and focus group (see *Appendix B*). Generally, interview guides were written with the

[6] This project was granted ethics approval by the University of Saskatchewan Research Ethics Board and at each site at which data were collected (ethics authorization was provided by either the health region or the board of education at each site).

intent of eliciting responses that would address the following areas of investigation: changes in parent-child interactions and parenting skills, knowledge and self-efficacy, effective *KidsFirst* programming, areas for improvement within the program structure and operations, and site-specific characteristics. While the questions in the client and *KidsFirst* staff interviews largely focused on parenting, family development and home visitation, the questions for program managers, supporting agencies and management committees focused on program policies and structural issues relating to the larger context in which these policies are implemented.

2.2 Outreach and Research Participants

Between May and October 2009, we recruited different groups of people for individual interviews and focus groups. These participant groups included home visitors, home visitor supervisors, program managers, *KidsFirst* supporting staff (such as mental health and addictions staff, and speech and language pathologists), representatives from supporting agencies, *KidsFirst* management committee members, and *KidsFirst* families. *KidsFirst* program managers provided researchers with a list of potential client and staff participants. The criteria for participation were a willingness on the part of the individuals to have their contact information released to the researchers (through a signed contact release information form) and a minimum of six month's prior involvement with the program. From this list, we selected various individuals and contacted them directly via phone and/or email to arrange interview dates and times.

As Table 1 shows, we conducted a total of 84 interviews and 27 focus groups with 242 participants.[7] Eighty-four interviews were conducted with 87 participants (in three interviews both *KidsFirst* parents were interviewed). Twenty-eight home visitors and 15 home visitor supervisors participated in individual interviews as well as the program managers from each of the nine sites. In total, 34 *KidsFirst* clients were interviewed, along with one Aboriginal Elder from a northern community.

Focus group sessions were conducted at all nine sites with *KidsFirst* staff (with ten staff focus groups taking place in total), management committees, and supporting agencies. At seven sites the management and supporting agencies' focus group sessions were conducted together, and at two sites the management committee and supporting agency representatives were combined into one focus group due to the small number of participants. A final focus group was conducted with members of the ECDU.

[7] One focus group was repeated due to poor turnout, and one individual interview was re-done at the request of that participant. In both cases, the first focus group/interview was not used in the data set and is not counted in these numbers.

Table 1: Interview and Focus Group Participants

Interviews	Focus Groups
9 Program Manager interviews	10 staff focus groups (2 in the North) consisting of home visitors, home visitor supervisors and support staff
31 parent interviews	7 supporting agency focus groups
1 Aboriginal Elder interview	7 management committee focus groups
15 home visitor supervisor interviews	2 combined supporting agency/management committee focus groups
28 home visitor interviews	1 Early Childhood Development Unit (ECDU) focus group
Total number of interviews: 84	**Total number of focus groups:** 27
Total number of interview participants: 87	**Total number of focus group participants:** 155

In our investigation of site specific characteristics and challenges, special attention was paid to *KidsFirst* North because it operates very differently from the other eight sites. *KidsFirst* North serves 12 communities that are spread out over a vast territory and are physically isolated from the urban hubs of the province. Because of the lack of services in the North, inter-agency collaboration does not occur to the extent that it might in urban centres because there is not as broad a base from which to form partnerships. For this reason, effective programming in Northern communities has required alternative approaches to community engagement and integration.[8]

In addition, the large distances that staff must travel and the distinct culture of the North are reflected in the community programming and in the work performed by home visitors. Although this is not unique to the North, Cree and Dené language home visiting services are much more extensive in the North than in the other sites, as are community programs that incorporate traditional Aboriginal activities, such as mushroom and berry picking. In order to adequately capture the special characteristics of *KidsFirst* North, we gathered data from a larger number of individuals than was gathered from other sites serving similarly-sized populations. It was also for this reason that we conducted two focus groups with staff in the North.

Although we attempted to interview a diverse range of families enrolled in the program, very high/complex-needs families were underrepresented in the sample of client interviews. These families were characteristically difficult to contact or meet with. Connecting with these families is a challenge even for home visitors because many of these families do not have phones, they are highly transient, and find it difficult to keep to a schedule or remember appointments. Due to

[8] There is considerable emphasis placed on personal outreach efforts by staff members (for instance, recruitment into the program might occur in a conversation between a home visitor and a young mother at a grocery store), which is possible because of the tight-knit relationships in small communities. This differs from the urban sites, which are housed and engage in creative outreach through pre-existing organizations (such as youth/community centres) rather than personal connections.

time constraints, we were unable to reschedule interviews with participants who did not arrive at the meeting place or answer their door at the scheduled time. In these instances, alternate families were contacted for an interview. Typically, these alternate families represented the relatively higher-functioning and more stable parents in the program. We were also unable to interview those that dropped out of the program or gather data from a comparison group of at-risk families not enrolled in the program. Furthermore, because the data collection represented a "snapshot" in time, it did not capture responses that reflected multiple and ongoing contact with the clients. For this reason, this study may under-represent longer and more enduring impacts of *KidsFirst*, including those related to staff changes, client turnover and programming over a length of time.

2.3 Data Collection - Interviews and Focus Groups

We traveled to all nine *KidsFirst* sites between May and October 2009 to conduct interviews and focus group sessions, take field notes, and observe the physical layout of each site. Interviews and focus groups were moderated by two researchers, audio recorded and transcribed.

Eight interviewers were involved in various stages of the qualitative data collection process. All are female, and they felt their gender played a significant role in enabling them to establish a safe and trusting environment for participants. In addition, the interviewers come from a diverse set of academic backgrounds,[9] which enriched data collection by setting a multi-disciplinary tone in the field notes, observations, and interviews. The interviewers took a reflexive approach to research notes, critically reflecting on their own assumptions, biases and theoretical orientations, which helped to ensure reliability in the data collection process.

The focus groups ranged in size from three to 14 participants (the average size was seven). Interviews and focus groups ended either when the allotted time had been reached (in instances where participants had strict schedules to keep) or when participants had answered all questions and had nothing more to add. Audio recorders were then turned off, and participants were thanked for their involvement. At the end of their interview, client participants were given a small honorarium (typically a $25 gift certificate to a supermarket) in recognition of their time.

In order to ensure credibility of the data collected, we conducted member checks by giving participants the option of receiving a copy of their transcript for review and making changes if they felt their responses were unclear or if they wished to add or remove any information. Nearly all of the participants chose to review their transcripts, and 35 participants made changes. Once these revisions were made, the transcripts were entered into a computer database for coding.

2.4 Home Visiting Shadow

One interviewer obtained permission to accompany a home visitor on a family visit to observe and take notes. This shadowing took place as a participant observation strategy to add greater insight and depth to the data by examining how home visitors and parents interact in the home, supplementing the descriptions given by home visitors of their work. One potential shortcoming of participant observation is that the presence of a researcher may potentially alter the behaviour

[9] Our academic training includes Medicine, Sociology, Native Studies, Political Science, Social Work, Adult Education, and Community Health Sciences.

of the study subjects. In this situation, however, the presence of the interviewer during the home visit did not appear to create discomfort or affect the home visit in any obvious way.

2.5 Data Analysis

We conducted our data analysis using the computer software *Atlas.ti.* With the guidance of the Qualitative Research Working Group,[10] we collaborated in developing a list of codes by which to index quotations from transcribed interviews. The purpose of this was to identify recurring issues so that statements made by various participants could be compared and contrasted based on common topics and emergent themes could be tracked.

The coding list was created by reading transcripts and noting issues that participants raised. For example, "building social networks" was a code that was applied to statements that described relationship development between socially marginalized families and other members of their communities. "Parenting skills" was used to code increased parenting knowledge and skills in *KidsFirst* families. Research team members worked independently to identify new codes and then collectively to compare codes, in order to distinguish those which appeared with consistency from those which were irrelevant to the study (for instance, issues discussed in interviews that were not related to the evaluation). Codes were continuously added to the list until we determined that no new issues were emerging from the data that could not be subsumed by an existing code.

We then negotiated a specific definition for each code so that code use would be consistent. We worked independently to index identical transcripts and then compared these coded transcripts to identify differences. This process was done repeatedly until no new codes emerged and a high level of inter-coder reliability was established. A master list of all codes was then compiled and finalized and the remaining transcripts were coded independently, with ongoing consultation between the team to ensure that inter-coder reliability remained high. The interdisciplinary nature of the research team also helped enhance the reliability of the data analysis process.

In preparation of this report, we merged coded transcripts into a single comprehensive database. We then drafted a report outline, which linked specific codes to the evaluation objectives and these sections were allocated to different researchers for analysis. We used the collection of coded transcripts in conjunction with observation and field notes. The observation and field notes were often useful in adding meaning to the transcripts, particularly in references to site-specific characteristics. For example, comments made about poor housing conditions in particular communities were supported by field notes that we had taken.

Drafts of the report were circulated to the Qualitative Research Working Group as well as through the Executive Director, to the staff of the ECDU for their comments. ECDU then provided us with additional administrative and operational data related to the program in order to add a perspective not represented in the earlier drafts of the report. This additional material warranted further discussions, which we incorporated into the final report.

[10] The Qualitative Research Working Group consists of the following researchers who have been involved in directing the qualitative study from its inception: Bonnie Jeffery, Kathryn Green and Jody Glacken. It is a subset of the investigators a subset of investigators on the *KidsFirst* Evaluation Research Team.

Using different data collection methods and capturing the experiences of a large number of people involved in *KidsFirst* allowed us to understand multiple facets of the program. Not only did this approach allow us to gain an understanding of the program overall, but it also provided insight into the diverse functions that *KidsFirst* serves for families in response to their particular needs. The following section provides illustrations of the wide-ranging needs of families and how *KidsFirst* attempts to addresses these needs.

Section 3: Family Profiles, Observations of a Home Visit

This section begins by providing five "family profiles." These family profiles are composites used to illustrate common challenges faced by hypothetical families enrolled in *KidsFirst*. The first three profiles present challenges typical of families at each of the three levels of need: high (or complex), medium (or intermediate), and low.[11] The last two profiles are provided to illustrate the diverse range of families and circumstances that the program serves. Following the family profiles, we present one researcher's observations and reflections of a home visit she attended.

3.1 Profile of a Typical High/Complex-Needs Family

Sarah is an unemployed 19-year-old mother of two children, aged two and a half years and 13 months. She suffers from Fetal Alcohol Spectrum Disorder (FASD), and both children also have FASD and exhibit many developmental delays. Sarah joined *KidsFirst* when her second baby was born. She has a low level of literacy and has trouble remembering information and completing tasks. This has made parenting difficult for her, and she often neglects her children's needs. Sarah's current boyfriend, Dave, is occasionally abusive towards both her and her children. She has a history of drug addiction and, since getting involved with Dave, has had occasional relapses when he uses drugs. Social Services[12] has apprehended her children once in the past, and a social worker continues to work with the family.

Sarah often leaves town to visit friends and family without telling her home visitor and can be difficult to track down. The family home is a two-bedroom rental property, and the landlord has threatened to evict the family because rent is often paid late. Sarah has difficulty managing her budget. Money runs out by the middle of the month, and the family relies on food banks and *KidsFirst* vouchers in order to get groceries and diapers. The family does not own a vehicle and relies on *KidsFirst* for rides and taxi coupons. Their home visitor comes to the home once a week, but the family often asks for additional support, and Sarah calls her home visitor throughout the week for advice or transportation.

3.2 Profile of a Typical Medium/Intermediate-Needs Family

Patricia is a 30-year-old single mother of three children. She has completed high school and works part-time as an administrative assistant in a dental office. Her two older children are in school, and her youngest child is in child care during the day. Patricia joined *KidsFirst* six years ago when her middle child was a baby because she wanted help managing her postpartum depression. Since that time she has continued to struggle with depression and anxiety and finds it stressful to leave her home or to socialize with strangers. *KidsFirst* arranged counselling sessions for Patricia after she joined the program, and she attends them regularly and finds them helpful. Patricia's home visitor comes to her home twice a month. Patricia enjoys these visits because she often feels socially isolated and likes to have someone to talk to that she can trust. Because it takes Patricia a long time to open up to people, having this stable relationship has been very

[11] At the time of program intake, families are assessed and classified as either low, medium or high needs based on numerous variables, such as education level, mental health, financial stability, substance addiction, and various other risk factors.

[12] In this report, Social Services refers specifically to child protection and family case management.

important to her. The constant support from her home visitor has enabled Patricia to become more confident. She now finds it easier to leave her house and has begun taking her children on outings to the swimming pool and library.

For years, Patricia's home visitor has been encouraging her to attend *KidsFirst* social gatherings, such as community barbeques and cooking workshops, so that she can meet and make friends with other single mothers. Although Patricia has not participated in these activities yet, she has decided that she is now ready to attend one. Her home visitor has helped her arrange transportation and child care so that she can attend an upcoming event, and Patricia is very proud of the progress that she is making in working through her social anxiety.

3.3 Profile of a Typical Low-Needs Family

Cecelia is a 26-year-old mother of a one-year-old baby. She is unemployed but is in the process of upgrading her high school diploma because she would like to apply to nursing school. Cecelia and her baby's father, Kurt, live together and are in a stable relationship. Kurt works full time, and, although the family sometimes struggles with money, they are always able to pay their bills and buy groceries. The couple has the support of many friends and family members who live close by. They also have a car and, therefore, do not have trouble accessing transportation. They decided to join *KidsFirst* when Cecelia was pregnant because it was their first child and they wanted reliable information and guidance on how to care for their new baby. Both parents enjoy the information provided by their home visitor when she makes her monthly visit to their home.

3.4 Profile of an Immigrant Family

Thiri, aged 28, immigrated to Saskatchewan from Burma when she was pregnant with her first child. She learned about *KidsFirst* through a local settlement agency and began receiving home visits prenatally. When Thiri went into labour, her home visitor took her to the hospital and stayed with her until her son was born. This meant a lot to Thiri because she was scared to go to the hospital and did not know what to expect. Having her home visitor there put her at ease. Thiri's son, Sandi, is now five months old. Thiri's home visitor comes to see Thiri and Sandi twice a month. She has helped Thiri register for English classes, and has arranged a translator for Thiri on occasions where communication is difficult. Thiri has adapted quickly to the new city and has learned how to take the bus to get around. She has had substantial support from the friends that she has made through the settlement agency, particularly from the local Burmese community. Despite her other sources of support, she has found it very helpful to know that she can call her home visitor if she ever needs help or has questions about her son. She often calls her home visitor in between her monthly visits to touch base and plan their next visit.

3.5 Profile of a Northern Family

June is in her mid-twenties and has lived in a northern Saskatchewan community all her life. She was raised by parents who attended a residential school during the 1960s, and she became pregnant with her first child when she was 16. She has since birthed three more children, two of whom she fondly refers to as "*KidsFirst* Babies." She learned about *KidsFirst* through her cousin who highly recommended the program to her. June began receiving home visits after the birth of her third child. When June left an abusive relationship, her home visitor took her to a women's shelter until rental accommodation could be found for her and her four children. Although June has dreams of going back to school someday, she has chosen to stay home with her children until

the baby is ready for kindergarten. June's home visitor has shown her parenting skills that she had not experienced from her parents. At times she feels torn between her mother's advice to let her children cry to avoid "spoiling them" and the *KidsFirst* curriculum, which emphasizes bonding with her babies by consistently responding to their cries. June has witnessed a profound difference between her two eldest children and her "*KidsFirst*" babies. The younger ones appear to be more content, and the preschooler exudes a confidence not noticeable with the older children at the age of four. June wishes that her first two children had also been able to enjoy the benefits of the *KidsFirst* North Program. She too has developed confidence in decision-making for herself and her family.

3.6 Shadowing a Home Visit

The following are the notes and reflections of the interviewer who observed a home visit:

I met Allison (the home visitor) at the *KidsFirst* office. When I arrived, she had just come out of a staff meeting and was preparing for her first home visit of the morning. She would have three home visits that day, and each visit requires preparation.

The home visit that she was taking me on was with a single mother of a three-year-old daughter. The week before, on their last visit, the mother and Allison had planned to make playdough, so Allison had to make sure that she had all the ingredients. When she had everything packed, we got into her car and drove to the house. On the drive over she gave me some background information about the family so that I would understand their specific needs.

Allison told me that the mother, Jen, struggled with mental health issues. Addressing the mother's mental health was quite often a primary target of the home visits. In the time that she had been working with Jen, substantial progress had been made. Jen had started seeing a counsellor, and Allison and Jen had identified a number of goals that Jen was working towards. Allison also informed me of two of Jen's ongoing challenges. First, her home was extremely disorderly, and, second, Jen had difficulty picking up on social cues, particularly when it came to the needs of her daughter. Allison told me that working on these two challenges was part of each of her visits.

We arrived at the home shortly after 10 a.m. When we rang the doorbell, the three-year-old opened the door, gave Allison a hug, and said, "Hi, Auntie Allison!" Jen appeared in the doorway and also greeted Allison very warmly. It was immediately clear how fond both the mother and child were of their home visitor, and the feelings were clearly reciprocated.

The state of the home was how Allison described it. Although the apartment was spacious, every surface was cluttered with toys, clothes, and garbage. A small area of the floor had been cleared, and Allison's first comment was "Look at all of this space on the floor! I can see that you are really working at keeping your apartment cleaner. That is awesome!"

Allison started the visit by asking Jen about her week, along with various follow-up questions from what they had discussed during their previous visit. Jen discussed a number of concerns

that she had about her daughter, Anna. Anna had been having trouble taking naps during the day and had also been having frequent tantrums when out in public. Jen had been struggling with this demanding behaviour and was feeling overwhelmed.

Allison did not bring the *Growing Great Kids* books and handouts with her, but she clearly knew the curriculum well. She asked Jen if she had tried feeding Anna healthy, high-protein snacks instead of junk food to see if her behaviour improved. Jen said that she had not, but that the next time she went grocery shopping she would buy healthy groceries for Anna. After they discussed nutrition further, Allison asked Jen how she had been dealing with Anna's tantrums. Allison told Jen about the tantrums her own children had had and gave her a number of suggestions for things to do when they occur. She assured Jen that tantrums are normal for three-year-olds and told her that it did not mean that she was doing anything wrong.

While they were talking, Anna had been trying very hard to get her mother's attention. Up until this point, Jen had been unresponsive. Allison addressed this by drawing the mother's focus to her daughter, saying, "Look at what Anna is doing. I think Anna needs some attention. What do you think she wants you to do?" Allison did this throughout the visit, and it seemed very helpful for getting Jen to focus on her daughter.

Jen had developments in her personal life that she wanted to talk about this week with Allison, such as an upcoming visit from out-of-town family and her relationship with Anna's father. Because of this, and also because Anna had some new toys that she wanted to play with, the playdough activity was postponed for a week. The mother wanted to talk to Allison, and the child wanted to play with her; both mother and child seemed to be competing for Allison's attention. Allison's strategy for dealing with this was to alternate her focus from mother to child. She did this by asking Anna to play quietly beside them for ten minutes at a time so that she could talk with her mom. When the ten minutes were up, Alison would take ten minutes where she and Jen would play together with Anna.

Together, Allison and Jen made a list of activities that the mother could do with her daughter. Allison was trying to encourage more interaction between the parent and child. For a three-year-old, Anna had very well developed verbal abilities. This, coupled with her high amount of energy, demanded a lot of active engagement, Allison explained. She suggested activities like going for walks or baking rather than watching television. After talking to both Jen and Anna about things that they liked to do, Allison helped Jen write a list of things that she would do with her daughter that week.

Before leaving, Allison invited Jen and Anna to a *KidsFirst* picnic at the park and arranged a ride for them to get there. She also arranged child care for Anna at a child care facility for the duration of Jen's counselling sessions in the upcoming days. They discussed what they would do together in their next visit, and Allison gave them both hugs and told Jen that she was proud of everything she had done that week. Then we left. The hour had gone by quickly, and Allison had another home visit to get to that morning. She would also have to go back to the office and document what was done in each visit which, she explained, could be very time consuming. Even though this visit was rushed, a lot was accomplished. The visit went smoothly and Allison offered obvious support to the family.

Allison's commentary, along with commentary from other parents and home visitors indicate that this visit was not representative of the large hurdles that home visitors often navigate around, such as high levels of family dysfunction involving drug and alcohol addiction, domestic violence, sexual abuse, FASD, and high levels of transience that hinder regular contact. Although the home that I attended with Allison was disorderly, the home was not squalid or unsafe, and Anna appeared to be well cared for. By comparison, other home visitors provided anecdotes about homes with syringes lying on the carpet, guns under couch cushions, and babies wearing diapers that had not been changed for days. A home visit taking place in these conditions would likely be quite different.

The ease with which the home visitor was received by the family and also with which the curriculum was delivered may have been unusual. However, even this atypical home visit provided valuable insight into many dynamics of home visitation. More importantly, it also reflected the fact that this mother had been involved in the *KidsFirst* program for a number of years and had undergone extensive growth and personal development in that time. Over the years she had received substantial support from the program, and, while she still struggled with ongoing problems, she had benefited and was continuing to benefit greatly from her relationship with her home visitor.

In interviews, both home visitors and parents spoke about how deeply they cherished the bond that they developed through home visitation. Seeing it firsthand made me realize how special this type of relationship can be for families who otherwise do not receive support in their lives. This experience added considerable meaning to the statements made by home visitors and parents alike when they discussed the significance of this connection.

Section Four: Program Outcomes and Practices for Parents

In this section, we address the first two research questions and focus on the program outcomes for parents as well as the program practices that directly contribute to these outcomes. This section comprises four subsections. In the first subsection, we describe the positive changes experienced by parents, especially parents from low and medium/intermediate-needs families, that can be attributed to program involvement. These changes include prenatal and parenting knowledge and practices, parent-child interaction, reaching out for help and accessing services, assertiveness in interpersonal relationships, going back to school and gaining employment, and general life skills.

In the second subsection, we expound on how the program has effected these changes. We determine that *KidsFirst* is a successful intervention mechanism because it simultaneously addresses parents' knowledge, confidence (self-efficacy), and behaviours (practices). The successful program practices fall into the areas of relationship-building; informal knowledge-sharing, goal-setting and modeling; linking, scaffolding,[13] and advocating; and accentuating the positive.

In the third subsection, we document the conditions that hinder complex-needs families and parents from fully benefiting from the program.

In the last subsection, we recap and discuss the research findings in relation to the Program Logic Model.

4.1 Program Outcomes for Parents

The *KidsFirst* program targets high-risk families. These families generally have low socio-economic status and low self-esteem and deal with multiple, complex conditions such as addictions, abuse, transiency, social isolation, health problems, and mental health issues. According to study participants, some Aboriginal parents are particularly challenged due to the enduring impact of residential schools[14] and foster homes. Many parents attempt to reconcile previous generations' parenting methods, which were heavily influenced by the authoritarian style of foreign institutions, with contemporary compassionate approaches to child care. The following quotation demonstrates the challenges facing some Aboriginal families.

> *They've grown up with parents that have not been able to practice healthy communication, being in a residential school environment, because you have to just, most of the time, stuff your feelings inside of you … You're not allowed to talk about feelings and they're not being nurtured so, as a result of that, when they get out of residential school almost all of them have had addictions problems, low self esteem as well as other problems with anger and things like that … We have a generation of parents now that are in our program who have not had healthy parenting, and they haven't necessarily gotten the nurturing they need so they're basically starting over again.*

[13] Scaffolding means that home visitors support parents to reach out for help, and then gradually remove such support and shift the outreach responsibilities to the parents.

[14] For more information about residential schools, please visit http://esask.uregina.ca/entry/residential_schools.html

- Home Visitor

Given the difficult circumstances that *KidsFirst* participants face and, in many cases, have grown up with, individuals tend to lack knowledge about how to be effective parents. Most notably, they generally lack confidence in themselves.

KidsFirst is reported to be working for parents but to different degrees of effectiveness, depending on the needs level of families. While it has had positive impacts on low- to intermediate-needs families, it is less effective with complex-needs families. Home visitors shared many stories about parents with complex needs who were unable to disentangle themselves from their environments.

> *[The mother] had been back on the streets. It's been a continual cycle for her, and it's one of those [situations] where you think you're not doing your job right. It's been five years. You've seen nothing change. They're into horrible things ... Their children are removed several times. The last time she went out of the program was because all of her children had been finally removed for good.*
>
> *- Home Visitor*

On the other hand, the program appears to work particularly well for immigrant parents, who reportedly have a lower incidence of drug/alcohol abuse, FASD, and other cognitive disorders. Our respondents indicated that periods of crisis are infrequent for immigrant parents. When they do occur, they are usually shorter than is typical for high-risk families in *KidsFirst*. As such, they seem to be particularly receptive to *KidsFirst* interventions. The account below by a home visitor suggests that the program has an immediate impact for immigrant families.

> *In some countries, it is normal that a husband hits a child or a woman, beats them, or something. But here they have to learn that is not possible, [they] do not allow the father and parents to do that to their children, abuse them or hit them, or to their wife. And I had some problems... But, men they learn fast, and women also. They're very smart and they're very, very fast to accept Canadian law … [They] say "OK, don't touch me! I'm going to call 911!"*
>
> *- Home Visitor*

Participants reported that many parents from low- and intermediate-needs families have shown improvements in many areas of their lives. These changes fall into roughly six areas: prenatal and parenting knowledge and practices in general, parent-child interactions, reaching out for help and accessing services, assertiveness in interpersonal relationships, going back to school and gaining employment, and general life skills.

4.1.1 Improved Prenatal and Parenting Knowledge and Practices

Many *KidsFirst* parents reported improved prenatal and parenting knowledge in general. In the area of prenatal health knowledge and practice, for example, many parents learned about the negative health effects of drinking during pregnancy. Some women, as a result, ceased drinking for the duration of their pregnancy.

We had one family who … drank through the first two pregnancies … [we talked about the negative effects of drinking on babies]… and when she introduced her third baby to us after not drinking through the pregnancy, she introduced him as her FAS-free baby.

– Home Visitor

KidsFirst parents have also significantly improved their parenting knowledge. For instance, many became more cognizant of the different stages of child development and appropriate developmental markers for their child's age.

Parents have more realistic expectations about what their children can do for their age, probably more awareness of health and safety, and more knowledge of child development.

– Home Visitor

Many also learned the importance of attachment, bonding, and communicating with their children and showed an improved understanding of the role that they play in their child's development.

I've heard lots of parents say, "Well, I didn't realize I needed to talk to my baby that much, or that singing was so important or the finger plays, or that babies can be affected by the stress that's going on around them"… Parents learned things they didn't know before.

- Home Visitor

There are some pretty significant realizations. Parents are becoming much more aware of their actions, how they're present with their child and how that's going to have an impact.

- KidsFirst Staff Member

The knowledge that their actions can influence their children over their whole lifetime motivates parents to apply more positive parenting practices, such as reading, playing, interacting, and singing with their children.

Every time I put him to bed, he has to have a story read to him, or I do the ABCs with him. We try and do shapes and colours, and so by the time he gets in [pre-Kindergarten] he will be ready.

- Parent

4.1.2 Improved Parent-Child Interactions

It needs to be stressed that *KidsFirst* parents have experienced improved interactions with their children. Many parents recognized that attachment, bonding, and interactions are important for their child's mental development.

Now I realize how important it is to interact with your child [when they are] as small as an infant and even in the womb.

- Parent

[KidsFirst taught] me little things that I can teach my kids. Like I never learned before KidsFirst that peek-a-boo was a very important game for them to learn because it teaches the importance of that people can go away and come back.

- Parent

In addition to raising parents' cognitive awareness of the importance of interacting with their children, home visitors also work with them on their practical interactive skills, including emotional control and communication, so that a better relationship can be created between parents and children.

They taught me how to stay calm when the kids get frustrating. And they taught me how to tone my temper down and taught me better ways to communicate. Now I can communicate with my son a lot more.

- Parent

Many home visitors shared stories where parents became better at understanding and communicating with their children, which helped improve their interactions with children.

Bonding and attachment has improved significantly. Parents are going "I didn't realize that's what my baby was saying. I didn't realize how much I love my children."

- Home visitor

Participants also spoke about parents testing new behaviours and ways of interacting with their children, which were reinforced by praise and support from home visitors as well as by the responses of the children. There are many examples of positive parent-child interactions reported by both home visitors and parents. For instance, parents pick up their children when they cry; they cuddle, sing and read with their children; they verbally express their love and breastfeed their infants. Parents also watch their children more often, understand their baby's cues and respond to them, engage in activities from the *Growing Great Kids* curriculum, watch less television and play with their children more, and demonstrate increased empathy towards children and greater family closeness.

[KidsFirst] has taught me how to be a closer family because as I grew up I didn't really have that closeness of family. [I learnt] what a child needs is to grow up, be loved, nurtured, touched and held. I didn't know the child needed that as they grew up to develop their brain.

- Parent

It has to be noted, that in some cases, it is only when a safe environment is created that parents can work on establishing a supportive relationship with their child.

> *We have two moms who recently left very violently abusive relationships. That has improved their parent-child interactions because they're not living in a house filled with fear. They really credit the KidsFirst program for the support that was provided in leaving those relationships.*
>
> *- KidsFirst Staff Member*

Clearly, when a healthy environment is created, there is an increase in stability within the home, which enables parents to focus more on their children and parent-child interactions.

4.1.3 Reaching Out and Accessing Services

Another positive program outcome is parents' increased readiness to reach out for support. Many families are faced with crises on a regular basis. They tend not to disclose personal issues, however, and may never think about the nature of their issues, especially during their initial involvement with *KidsFirst.* Our study suggests that the longer parents participate in *KidsFirst*, the better they become at identifying and speaking out about their problems and at seeking resources and services to cope with these problems.

> *A parent may have multiple situations going on, and the more you work with them, the more confident they get, and the more likely they are to access different services in the community. So as we progress with our clients, I think, generally speaking, we will see less and less crises involved in their lives, whether that being the work we've done with them, whether they are becoming more and more comfortable reaching out for help or advocating for themselves, or just learning those skills to [assess] the situation before it gets to that point that it would be a crisis.*
>
> *- Home Visitor*

Apparently, participation in the program has helped them identify these issues and recognize events that will lead to another crisis in the future; they therefore seek and receive appropriate help and support earlier on, which prevents the escalation of events into severe crisis situations.

> *Before KidsFirst, if I had a problem, I'd rather run away from it than deal with it. But now I just feel like, okay. Now I think, "How am I going to deal with it?" I'll kind of cool myself down, and then I'll deal with it, or talk to this person about it, or talk to my kids about it.*
>
> *- Parent*

Accessing existing community services provides a way for parents to manage crises. A huge barrier preventing them from accessing these services, however, is their negative perception and experience of community services.

One of the big things I see for families when they first come into the program is a sense of uncertainty. Or they've had negative experiences with lots of different health care systems, and so they're, a lot of times, protective or guarded.

- Home Visitor

Through *KidsFirst*, many parents changed the way they perceive, approach, and communicate with community services. Supporting agencies, for example, reported that more parents access their services and, most importantly, are able to communicate their problems and needs. Indeed, many parents, with the guidance of *KidsFirst* staff, have also changed the way they communicate with service providers, which has helped them better utilize services for their benefit.

A lot of our families, when they first come in, don't know how to speak to a professional. They either get really angry, or they just don't share their needs. By the time they're done with the program, they have gained that skill.

- Home Visitor

4.1.4 Improved Assertiveness

One other crucial change that our study suggests is that, through *KidsFirst*, parents have become more assertive and learned to stand up for themselves and their children. Some parents related that as their self-confidence increased, they were able to actually say "No" when they disagreed, even in the face of authorities.

My home visitor has helped me stand up for myself [to] Family Services. Most times I was like "OK, yeah, agree," but now it's like, "No! I'm not going to agree." I'm strong, and I'm able to take care of the kids, and I'm able to keep [my abusive ex-partner] out of the house.

- Parent

My home visitor has helped me stand up for myself. Before I couldn't do it because I wasn't confident with myself and I figured I'd make the situation worse, but it's different now. I can go up and talk for my children or for myself.

- Parent

Some parents and home visitors reported that parents had left unhealthy and abusive relationships as a result of increased confidence from participation in *KidsFirst* and home visitor support.

[KidsFirst] gave me my voice again … I told [my abusive partner] to get out… I got the strength to tell him "No" because of them. And it would be so different if I wasn't in the program.

- Parent

As well, through participation in the program, some parents are better able to reconcile inter-generational conflicts about parenting practices.

> *The grandparents are in the background saying, "You are spoiling your child by picking him up," but these new parents are saying, "No, I am not spoiling my child ... I'm doing a good service for my child."*
>
> *- Home Visitor*

4.1.5 Returning to School and Gaining Employment

Many participants shared success stories about parents going back to school and becoming active in the labour market. In these stories, the tangible supports from *KidsFirst,* especially with transportation and child care, are essential.

> *KidsFirst helped me through school. It helped me get through graduating Grade 12 in 2005. They offered me transportation and daycare.*
>
> *- Parent*

In some cases, parents must become accustomed to child care. In one particular case, a mother was not comfortable sending her child to child care. However, after the home visitor took her to see a facility for herself, she began to trust the child care centre with her baby. Once her child was cared for in the child care, she began looking for and eventually gained employment.

In addition to the tangible supports received from *KidsFirst*, parents also gain practical skills, such as learning how and where to apply for child care and school, how to make a resumé and prepare for a job interview. Most importantly, they gain the self-efficacy to pursue personal goals including returning to school.

> *I was debating whether to go back to school in September or not, just having two kids … I was a little worried about that. My home visitor helped me discuss and work through things and think of logical reasons and kind of pros and cons. I think she's helped me get re-motivated too … It's nice to have somebody reaffirm stuff that you can do.*
>
> *- Parent*

4.1.6 General Life Skills

Through the program, parents also gain significant life skills. Some reported examples include cooking skills (learned in *KidsFirst* community kitchens), budgeting skills, how to apply for social housing, completing paper work, problem-solving and coping skills, scheduling, making and keeping appointments, independence and maintaining a stable home. Some Northern communities further described the development of bush skills or knowledge of traditional survival through *KidsFirst* North activities.

While parents learn new skills, they also share with others what they have learned. For example, one parent had a friend who did not wish to participate in *KidsFirst*. The parent, therefore, began doing home visits with her friend, sharing the curriculum and the parenting knowledge that she

had gained from *KidsFirst*. Below is another example where program participants became active contributors to the program.

> *One of the moms, she actually attended the Making the Connections program with her infant and she just shone in that first group, and she really showed her ability to be a leader. When we approached her afterwards to co-facilitate the next group, she was so willing, and she did amazing … She is just so eager to give back … Once you help someone get to a certain level of confidence, they're going to want to start giving back.*
>
> *- Home Visitor*

In addition to learning and sharing general life skills, *KidsFirst* also has another important function: to encourage program participants to develop social skills, an important life-practice that many parents do not gain until they enrol in the program.

> *We've seen social connections for families develop because of things we have done as a program that have a social element. Moms gather and they get to know [one another], "I didn't know you lived near me. Why don't we get together?" or "How about I look after your children or you look after mine?" … A couple of our moms have gone on to become friends, and they've both started to work at the same place.*
>
> *- KidsFirst Staff Member*

4.2 Successful Program Intervention Mechanisms and Practices

In 4.1, we presented the kind of changes the program has reportedly effected in parents. In 4.2, we discuss the program intervention mechanisms and practices that may contribute to these positive family outcomes.

4.2.1 Program Intervention Mechanisms

The positive family outcomes that *KidsFirst* has introduced are essentially capacity expansion for individual parents in their knowledge repertoire, confidence (self-efficacy), and practices (behaviours). These three dimensions of change are interdependent and often mutually reinforce one another, which we graphically show in *Figure 1*. Increased knowledge may lead directly to increased self-efficacy and/or prompt parents to change their behaviours and practices. Increased self-efficacy and the need to change their practices may motivate parents to pursue further knowledge. Better practices then strengthen parents' belief that they have the ability to get things done, and so on.

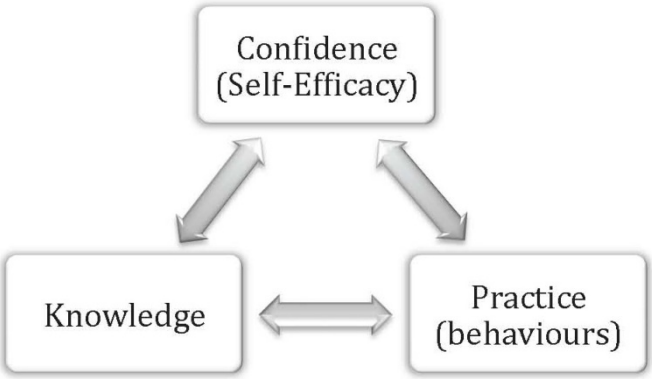

Figure 1: Dimensions of Individual Capacity Expansion

We note that *KidsFirst* effects changes in parents through simultaneously addressing participants' knowledge, confidence and individual behaviours. The successful program practices can be categorized as relationship building, informal teaching, linking, scaffolding and advocating, and accentuating the positive (the strength-based approach).

In *Figure 2*, we plot the intervention practices from 4.1 in relation to individual knowledge, confidence and behaviours, endeavouring to show the relationship between program practices and outcomes at the individual level. This Figure is by no means an accurate representation as all practices have permeating effects on all three aspects of change. Yet, it shows the immediate impact that each practice is most likely to have on parents.

Figure 2: Program Intervention Mechanism

These practices are mostly carried out by home visitors and they directly intervene in how parents relate to their children as well as to the community. Relationship is fundamental to the success of the program. Without the trust and the relationship established with their home visitors, parents do not open up with their needs and do not normally reach out for help. Informal teaching is a way for home visitors to share parenting knowledge in ways that are potentially

more accessible to the parents. It includes not only direct teaching, but also role-modeling and goal-setting exercises. Accentuating the positive is a principle that home visitors practice in every aspect of their job, which may also enhance the self-efficacy of parents. Linking, scaffolding and advocating are practices that are particularly useful in bridging parents to community services and the community at large.

It needs to be highlighted that many of our respondents stressed the importance of enhancing parents' confidence. According to Bandura (1977), before people carry out a task, they need a strong belief that they can accomplish the task. He states that four factors influence people's self-efficacy: past personal experiences, vicarious experiences/observing others, social persuasion/affirmation from others, and physical and emotional states.

In our study, participants reported that due to past negative social experiences, parents' confidence is generally low. *KidsFirst* intervention measures address three other factors that bear on individuals' self-efficacy. First, when home visitors *role model* while delivering curriculum, they enable parents to not only observe but also participate and experience new ways of parenting. Second, when home visitors *affirm* positive things about parents, parents may start feeling good about themselves and their ability to get things done. Finally, when the program provides parents with *material and emotional support* and bridges parents to different services to address their mental and health issues, parents are in a better state to care for their children and deal with their lives in general.

4.2.2 Establishing a Trusting and Nurturing Relationship

Parents do not benefit from the program in significant ways unless home visitors manage to establish a trusting and nurturing relationship with them in the first place. Respondents related that a trusting relationship between home visitors and parents is the starting point for parents to change. It makes parents receptive to external information, helps them build self-confidence, and enables them to begin addressing various personal issues.

> *Once you have that relationship, then trust builds, and then they get more confident, more empowered, and then they start branching out and doing what they need to. And that all starts with the home visitor.*
>
> *- KidsFirst Staff Member*

The material support that *KidsFirst* offers, such as food and transportation, helps with relationship building (see *Section Five*). Tangible supports not only help retain the families in the program but also pave the way for home visitors to start establishing relationship with families.

In addition to material supports, home visitors find that genuine care and non-judgmental behaviour are crucial in building relationships and establishing trust with parents.

> *I know for some of [my clients] it is the relationship that they value the most. I think that I'm real with them, that I don't talk down to them … that they can tell me what's going on, and I'm not [going to] jump on them for it.*
>
> *– Home Visitor*

As far as relationship building is concerned, the dyad home visitation model seems to be working well, as parents tend to identify with people who are of similar backgrounds or who understand their circumstances.

Home visitors believe that once a good relationship is built, they are able to connect with, encourage, empower and build confidence in parents. Some respondents noted that when parents trust and respect their home visitor, they are more responsive to the program. However, it takes time for any relationship to be established. Some home visitors and parents noted that a trusting relationship is usually built over the first few months of service, while others maintained it can take a year or more.

4.2.3 Informal Teaching

Home visitors help improve participants' parenting knowledge, confidence and practice through direct, yet informal teaching practices. In particular, they work with parents through directly sharing their knowledge, and through some goal-setting and role-modeling exercises.

Teaching parents parenting and other related knowledge is a mission of the *KidsFirst* program. In many sites, the program has organized various workshops for *KidsFirst* parents and the community at large. Parents acquired new knowledge, such as nutrition and healthy parenting practices from the workshops.

> *You can see the attachment behaviours of parents change in that group. And they improve and become more varied. And they start to understand just how important it is just to sing and talk with your babies and your little ones too. I think that's a really easy way to see where the quality of parent-child interactions improves.*
>
> *- Home Visitor*

In many of the events organized through *KidsFirst*, such as Making the Connections and the Circle of Learning, parents gain an opportunity to observe how other parents interact with their children, which may prompt them to try to interact with their children differently.

> *Now I'm going to the Moms program and the Community Kitchen and all of that other stuff, you know this isn't bad, and my child loves it. He really loves to be around other kids, and it teaches me to interact differently with him as a mom.*
>
> *- Parent*

Home visitation is another major way for *KidsFirst* to provide knowledge to parents. Bringing and teaching the *Growing Great Kids* curriculum, for example, is an important way for home visitors to share knowledge with parents.

> *In the curriculum they lay out really easy, simple activities that we teach them. Lots of [these activities] don't even require supplies. [The curriculum] even just goes back to traditional games like This Little Piggy.*
>
> *- Home Visitor*

Through home visitors, parents learn a variety of parenting knowledge and skills, such as how to make toys for very little money, different games to play, different methods of discipline, how to make nutritious meals and snacks, as well as crafts and activities to promote brain development. Most notably, some home visitors also bring in culturally-relevant materials. For instance, some home visitors have adopted Aboriginal prenatal calendars when working with Aboriginal women.

In addition to informal knowledge sharing, respondents reported two other ways in which home visitors help parents develop their parenting skills and knowledge: goal setting and role modeling. Goal-setting exercises are a part of the *Growing Great Kids* curriculum. Home visitors work with parents to set goals, which helps keep parents motivated. They provide parents with assistance so that parents can identify their personal goals and strengths, as well as the steps needed to meet their goals. Goalsetting has been reported as an important practice in preparing parents for school or for a job-search. Parent and home visitors work together to outline a specific, personalized plan. Home visitors then help parents address and remove barriers, for example, by enabling them to access child care and transportation or through boosting parents' self-confidence. It needs to be pointed out that parents change their goals constantly given their unstable life circumstances. As a result, some home visitors mentioned that they needed to remind families to revisit their goals on a regular basis.

The third way in which home visitors teach is through role modeling. Home visitors demonstrate parenting skills, games to play with the child, how to interact with the child and understand the child's cues, as well as how to communicate with the child. Role modeling not only increases parents' knowledge, but also enhances their belief that they can do the same with their child. Parents, through observing, what Bandura (1977) calls vicarious experiences, and through actually participating in the activities, feel more capable of trying new ways of parenting. For example, a home visitor related that role modeling is most effective when it comes to teaching parent-child interactions.

> *When it comes to the parent/child interactions, a lot of role modeling is what I do: getting on the floor and playing, talking, singing, laughing, interacting…. It's just playing. And for me, the more I role model and the more I play, the more I get the families off the couch [and] on the floor.*
>
> *-Home Visitor*

Another home visitor confirmed that role modeling helps reassure parents that specific forms of interaction are okay.

> *Parent-child interactions change throughout ... Some of the change is around the information they receive; some of it's around confidence level; some of it is just simply having a role model such as the home visitor with them all the time to show them that it's okay to behave this way with a child.*
>
> *- Home Visitor*

Through informally sharing parenting knowledge, helping parents with goal setting, and role modeling, home visitors simultaneously work on parents' parenting knowledge, confidence and self-efficacy. It is through the work of home visitors that parents gradually change their ways of parenting and interacting with their children.

4.2.4 Linking, Scaffolding, and Advocating

Many *KidsFirst* parents have suffered from social isolation and have had negative social encounters with services providers. One notable contribution of *KidsFirst* is that it helps integrate families within their communities and links them to community services.

Among other things, home visitors bring parents information on various program activities and community events and encourage parents to participate in these activities. These activities, many of which are directly organized by *KidsFirst,* provide parents with an opportunity to learn new knowledge, but also to socialize and reconnect. Through these programs and events, some parents are able to get to know others, start to make friends and build social networks.

> *We make a difference in enabling [parents] to access healthy socialization opportunities because of all the groups we run downstairs. Parents can meet other parents and families, and then we provide daycare down there so that they can access those groups.*
>
> *- Home Visitor*

Study participants also noted that through different activities within the community, parents not only connect with other people within the community, but they also got rejoin with their culture or culturally-relevant practices. In *KidsFirst* North, cultural activities include retreats for parents and families where Elders reconnect the young parents with land- and lake-based activities. During these gatherings, parents learn traditional and holistic approaches to family life and parenting. Great-grandparents, who have witnessed the disruption of language transmission to their grandchildren, teach Cree and Dené at these events and within their extended family homes.

In addition to bringing families to the community, *KidsFirst* also helps them access services within the community. To start with, they share information on available community and social services and provide extensive referrals. They also help with transportation and child care to enable and encourage parents to meet their appointments. More importantly, they provide scaffolding support and model advocacy so that parents can gain confidence and self-efficacy and learn how to use and navigate services.

Many *KidsFirst* parents lack the knowledge and confidence to seek out help in the community on their own. *KidsFirst* staff reported that home visitors sometimes need to provide the initial support for parents to access services and then withdraw this support when parents feel more confident using services themselves. This support is akin to what Vygotsky (1978) calls scaffolding. Through such support, over time, home visitors reduce parents' psychological distance between what they can do without help and what they can do with help (Vygotsky, 1978).

Home visitors provide scaffolding in different ways. One reported practice is to accompany parents to different services and model for them how to deal with service providers. Parents not only learn from watching how their home visitors interact with service providers but also become more confident in speaking up for themselves.

> *I [didn't] trust doctors with me ... [then] my home visitor came with me and held my hand through it all. I'm able to go on my own now.*
>
> *- Parent*

> *Often the home visitor will take them the first time to Public Health or wherever, if it is the housing authority or any other agency, and then the parent has more confidence to do that on their own. And with that we've seen increased confidence to speak up for themselves a little more maybe, [and] more empowerment.*
>
> *- KidsFirst Staff Member*

To enable parents to better use existing services, home visitors also help parents extensively with their communication skills.

> *Our home visitors work really closely with them about how [to] speak to the community… We work really strongly on the communication, and I've seen their communication change. Even when they're phoning to ask something or request something or to make a suggestion, they don't phone with the complaint about what's not working. They phone with "Have you ever thought," and I think it's because we've provided that kind of welcoming. You know "It's your program," right. And so "What kind of program will work for you?" And so, so we've had families who've actually influenced some of our practices.*
>
> *- Program Manager*

Some home visitors also opt to direct initial outreach efforts towards service providers. For instance, they call service providers before the parents so that parents will have a positive and productive experience accessing services.

> *They're just a client and another person who is needing something, but if we pre-call ahead and identify ourselves as this client's home visitor, we work for this agency and we're calling on behalf of the client and we'll get the client to call you, they have a better chance of getting that support that they need. We kind of set them up so that when they make that call they get the '"Yes," and then they feel empowered that they were able to make that call.*
>
> *-Home Visitor*

KidsFirst staff conveyed how a positive experience can change parents' perception of services.

> *What I see with the families as they go through the program is that they seem to have a sense of empowerment. They seem to have a more positive outlook on service providers,*

and they seem to just have more confidence when dealing with agencies.

- Home Visitor

With improved knowledge of services and confidence using services, parents become more independent and better able to access services on their own.

Once you connect parents to the right resource, it enables them. They get more and more confident and once their confidence is higher, you see them going out and finding the resources themselves. They don't need to call me to help them because they've built that confidence and they're able to make the call themselves.

– KidsFirst Staff Member

To bridge families to community services, *KidsFirst* staff work not only with individual parents but also with service providers. In particular, they advocate for families with service providers. For instance, some service providers are frustrated that families in vulnerable circumstances generally do not keep their appointments. Home visitors help providers understand the mental, physical and material barriers facing *KidsFirst* families. Some also advocate change in service delivery methods. As a result, some service providers have begun delivering services to families at their homes. This increases the parents' comfort level and enables them to access required services.

We're in the home. Our counsellor is able to go in the home. Our speech and language therapist will go into the home. Families are not necessarily comfortable coming to a clinical environment. They're not comfortable in institutional-type places, so we try to make everything we do very flexible and very family-friendly.

- KidsFirst Staff Member

4.2.5 Accentuating the Positive (a Strength-based Approach)

As mentioned earlier, due to negative social experiences, many parents had low self-esteem and self-efficacy prior to joining *KidsFirst*. An important way to bring about changes in parents, many respondents stressed, is to strengthen parents' self-confidence and enhance their self-esteem and self-efficacy.

When you go into a home and a mom or even the father, they have a low self-esteem, they can't parent. You really have to work with the parent before we can actually work with the child. Once the self-esteem level is built up, then they really do [want to] work with the child.

- Home Visitor

Accentuating the positives for parents directly contributes to their self-efficacy and readiness to act.

A lot of our families come from a history of abuse, child abuse, child neglect. They come from broken families, families that [have] never heard anything positive … So,

when they get connected with a home visitor, and the home visitor is very strength-based and very positive and telling them, "Wow, look at how you've decorated your home," … they begin to see those strengths. They begin to say, "I do have some worth." You can see the evolution of the family.

- KidsFirst Staff Member

Home visitors are instrumental in increasing parents' self-efficacy and confidence. Several participants shared stories about home visitors building parents' confidence through strength-based encouragement. The strength approach is embedded in the *KidsFirst* program philosophy and translates itself throughout all areas of support that home visitors provide. Home visitors are trained to focus on the family's strengths and provide constant praise and encouragement for all positive things, big or small, that a parent is doing. Such affirmative practices are akin to what Bandura (1977) calls social persuasion, which builds confidence in the parents as they experience, many for the first time, someone providing them with positive feedback.

I think just giving them all the praise that we can … I think a lot of our young moms are very insecure about their parenting, so just hearing day to day that they're doing a good job, and that we see great things in them, makes them feel more confident. And their parenting has changed, absolutely, over time.

- Home Visitor

Once parents believe in themselves, they become self-assured regarding their ability to be a good parent. According to Bandura (1995), confidence is heavily tied to a person's ability to perform a task or attempt a new task (Bandura, 1995). Parents' enhanced self-efficacy, for example, may lead them to apply positive parenting knowledge and skills.

This one mom, we constantly talk about interaction with the child and how it will improve development. She is a very high-risk mom, and she does not stop talking to this child. I continue to ATP [accentuate-the-positives] her non-stop, and this is probably one of the most vocal little babies I've seen in a really long time.

- Home Visitor

4.3 Limited Program Impact on Complex-Needs Families

According to our respondents, the extent to which parents benefit from the program also depends on their circumstances when they enter the program. Parents with more complex needs do not often show improved confidence and knowledge as far as parenting practices are concerned.

Those with complex needs are dealing with multiple issues and a steady stream of crises. Crisis situations are urgent, where the issue at hand takes priority for the family. Participants identified lack of food, domestic abuse, substance abuse and addictions, and housing insecurity as being the most common crisis situations that families face. Many home visitors reported that transience, addictions, and family violence hindered program delivery and effectiveness the most. Complex-needs families were hard to reach and often dropped out of the program after a

short time, without always returning to the program later. Home visitors also noted high levels of difficulty delivering the curriculum to these families.

> *It so depends on where the parent is at, if they're ready for it. A lot of it comes down to addictions and abuse. Depending on where they are in those two things, that changes everything. It pulls everything, even what they want to do just doesn't happen because they're so pulled in by those. It all depends on what factors they have going on.*
>
> *- Home Visitor*

KidsFirst takes on different roles for complex-needs families. Home visitors often enter a volatile situation when visiting the families. Rather than delivering the curriculum, they often focus on supporting the family through their crisis. In other words, as suggested by study participants, *KidsFirst* fills the roles of family support and crisis management rather than directly targeting early childhood development.

It should be noted that family support and crisis management may improve childhood development down the road, when *KidsFirst* support and intervention is able to reduce the frequency and severity of crisis situations, creating a safer, more supportive, and healthier environment for childhood development.

> *I can think of [a woman] that we helped flee a domestic violence situation, and she ended up [back with her partner]… It's so hard for women to get the support they need to and the courage to leave [for good]... And in that case ... I'm struggling to answer the question, "Was there progress or not?" This mom [is] about 30 years old, but she has FASD and was a foster child and has no support of her own, and so when her abusive partner's family went to get her, there was no choice for her in [going back], or [at least] not a perceived choice. She doesn't think that she has a choice in that. So she ended up back in [the KidsFirst] program… I'm not sure that's really a success. We have some [situations] where it works and we have some [situations] where it doesn't. I'm not sure where the level of intervention that's required with some families [is at]… This particular family probably needs a much higher level of intervention.*
>
> *- KidsFirst Staff Member*

KidsFirst staff and parents noted that, within families, sometimes things got worse before they got better. Many stories were shared about families who needed to hit rock bottom and have their children apprehended before they began to change. A severe crisis can act as a catalyst for change. When they hit rock bottom, the support of *KidsFirst* is crucial as the family is within a window of opportunity for change and moving forward.

> *I have one family in particular … When she first came on the program, she was really good, and we always had regular home visits. And then she started going downhill, and our visits slowed down … Then she actually had her children apprehended. I wasn't having much contact with her in that time period, [I] lost contact. And apparently there was some drug use and stuff going on in the home [that] I wasn't aware of … Once the kids were taken away, I was able to get back in and start working with her again and build her up to get her kids back. Now she is doing really well. She's working full-time.*

She's getting up every day to bring her kids to daycare … In October it'll be two years that she's kept her [kids?]… She's been doing really well [and] often says that she's really thankful for our program.

- Home Visitor

Change, particularly for complex-needs families, appears to be a process of moving forward and back. Many issues that families are dealing with are complex and recurring, and they often cycle through highs and lows as they simultaneously deal with many of these issues. It is difficult to determine whether families are benefiting from the program in the long run. It is likely that these families require consistent and systematic support that may go beyond the current program scope.

4.4 Summary and Discussion

In this section, we presented the primary positive effects that *KidsFirst* has on parents at the individual level and the key aspects of the program that help bring about these changes. Although our respondents reported little change in parents with complex needs, they observed significant changes in many parents from low- and intermediate-needs families. Our study also shows that *KidsFirst* is able to effect individual changes because it works simultaneously to improve parents' knowledge, confidence (self-efficacy), and behaviours (practices).

A range of program practices appear critical to *KidsFirst's* success with parents. These are: relationship-building; informal teaching, including knowledge sharing, goal setting and role modeling; linking, scaffolding, and advocating; and accentuating the positives. However, these findings do not mean that it is less important for the program to address the social environments. On the contrary, without bringing about changes in the social environments, it is hard for the program to effect individual change, which will be discussed extensively in the next section.

To a great extent, the program intervention practices identified here reflect the key activities specified in the *Program Logic Model*. What is not reflected in the list of program activities is that relationship-building with parents is foundational to the success of the program.

Although this study was designed to primarily examine positive outcomes and the activities of *KidsFirst* that might influence them, participants identified a number of possible shortcomings of the program. For instance, participants noted that family recruitment and retention is an issue for many sites. Although there are a great number of self-referrals to the program, our participants also reported that some families have rejected the services. In addition, transience and complex family needs may make it hard for parents to stay in the program, which makes retention an issue across sites. As well, although some families, with the help of home visitors, identified their own goals and strengths, not all families stuck to these goals.

In addition, while some families benefited from the resources and services to which *KidsFirst* linked them, or which *KidsFirst* offered directly, we are certain that many families could use more support, especially when it comes to transportation (which is a more pronounced issue in remote and rural areas) and housing. As such, we consider the program outcomes in the *Logic Model* ideals for which the program is striving. We need to be conscious of the fact that a range

of historical, social, and economic factors have contributed to the vulnerability of the families, and it takes more than a program to address all these factors.

Section Five: Policies, Processes, and Practices

In the last section, we addressed how *KidsFirst* works with parents at the individual level to develop their capacity to care for and nurture their children. In this section, we focus on the program policies, processes, and practices that, in the experience of participants, influence change in families' external environments.

We begin by demonstrating how the program helps remove social barriers in order to engage families in *KidsFirst* and address their basic needs. We then address specific program components that bear on the effectiveness of service delivery. Finally, we examine factors at the community level, including relationships between different community actors and agencies that influence service delivery in various sites and, in turn, family outcomes.

5.1 Removing Social Barriers to *KidsFirst*

KidsFirst employs various policies, processes, and practices to engage families with the program and help them address their various needs. These are seen as the first step in assisting home visitors to build trusting relationships with families and enable individuals to begin developing as parents.

5.1.1 Engaging Families

Many *KidsFirst* staff reported that the program is unable to reach all families that meet the recruitment criteria. Of families that do enter the program, not all stay for as long as they are eligible. Participants reported various reasons for this, including a suspicion of the program's intent and concerns with transiency.

Some families are suspicious of *KidsFirst*. Without understanding the program, families view *KidsFirst* as comparable to Social Services, which has a negative perception. Other families are afraid that *KidsFirst*, like Child Protection, will take away their children. Still others are wary of the stigma attached to social intervention programs.

Transiency presents a barrier for families in terms of enabling their ongoing participation in *KidsFirst*. Some families often move from house to house and engage in "couch surfing," while other families move back and forth between reserves and municipalities several times in a given year. *KidsFirst* workers and external agencies have a difficult time tracking and providing services to these families, given that different programs run in different jurisdictions, each limited by its own geographical reach. The on-reserve Aboriginal Head Start Program[15] is one such example. Although Head Start operates both on and off the reserves, in practice, some home visitors have noted that collaboration does not occur between the on-reserve Head Start program and *KidsFirst* to the extent that transient families can be easily tracked to ensure that they are provided with ongoing service.

[15]There are two separate Aboriginal Head Start programs: Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and Aboriginal Head Start On-Reserve (AHSOR). While both are national programs that work to encourage school readiness among Aboriginal children by addressing social and cognitive development issues, the on-reserve program is administered and delivered separately from the off-reserve program. There is no formal transfer system between AHSOR and *KidsFirst* (P. King, Public Health Agency of Canada, personal communication, March 19, 2010).

To help engage families into the program, home visitors have employed various practices in the following areas: creative outreach, program promotion, and building trust and relationships with families.

Creative Outreach

KidsFirst staff emphasized the importance of creative outreach in recruiting families. This technique is reportedly effective in attracting significant numbers of families that require supports (Olds, Sadler, & Kitzman, 2007). According to the literature, services that are initiated for young, first-time mothers prenatally or at birth tend to reach those that are most open to receiving information and support (Gomby, 2005; Olds, et al., 2007). *KidsFirst,* mandated to include intensive prenatal outreach, recruits a third of its participants prenatally and two thirds in the post-natal stage up until a child reaches 5 years of age (see the *Quantitative Report*).

Several sites have implemented tools to engage and retain families in the program. In some sites, home visitors call potential and newly-recruited families after working hours when they know the timing works better for them. At other sites, home visitors attempt to reach families in places they frequently visit. The fact that the program in some sites takes a family-centered approach when recruiting minimizes attrition, as family needs are catered to. *KidsFirst* workers have also organized social gatherings and activities, such as camping trips, to try to engage both young mothers and fathers. For instance, "spa days" have been held where *KidsFirst* mothers, as well as other women not enrolled in the program, are offered manicures and pedicures. Programs are also organized for fathers and used as an opportunity for them to learn what *KidsFirst* is and the services it provides. It also gives them the opportunity to become involved and undergo their own personal development. Despite such gender-conscious outreach efforts, however, mostly women are involved in *KidsFirst*.

Different sites permit varying levels of flexibility for home visitors to be creative and persistent in attempting to recruit new parents. One site has formed a policy to do whatever it takes for the first three months to engage a family into the program and accordingly provide them with food boxes or coupons for dairy products and arrange access to transportation. At other sites, home visitors are required to document their time closely, which restricts their ability to reach families using non-traditional methods.

In the North, community outreach has proven very successful. *KidsFirst* workers reported a long waiting list for families to enterthe program. Methods used to recruit families include raising awareness about the program through the Aboriginal radio station, print materials and using "moccasin telegraph" (informal word of mouth). Home visitors also invite families into the program by offering extra benefits such as pampering on Mother's Day and back-to-school community haircuts for parents and children.

Program Promotion

The *In Hospital Birth Questionnaire* is meant to be a major tool for identifying and recruiting potential high-risk families into *KidsFirst*. However, the program also relies heavily on referrals, including those from other agencies, families, and self-referrals. While tangible benefits offered by the program certainly attract some families, program promotion is essential in familiarizing

potential clients with the benefits of joining. Gomby (2005), Knoke (2009) and Peters et al. (2009) recognized that intervention program support is most beneficial for families that self-identify their needs.

At many sites, *KidsFirst* tries to promote itself in the community through organizing and becoming involved in various community events and activities. For instance, some sites have organized theme events, such as African cooking workshops, to connect with families of different cultural backgrounds. Other sites have added multicultural components to their annual Christmas parties, integrated *KidsFirst* programming with Elders' activities, set up booths at community powwows, and placed the *KidsFirst* logo on school kits they helped create.

A lack of community support in some sites has prevented *KidsFirst* from maintaining a positive image. Participants identified ideological resistance among selected elderly and rural populations who do not support publicly-funded poverty-reduction initiatives and believe that *KidsFirst* is such an initiative. Racism towards Aboriginal individuals has also been identified as a barrier to support, as *KidsFirst* is often misunderstood as solely an Aboriginal-targeted initiative. To surmount these issues, participants observed that when the program partners with external agencies that are accepted by the public, it receives better reception. Further, some sites intentionally partner with specific agencies to gain access to specialized populations. For example, in one site, the program has partnered with immigrant services agencies and is therefore able to connect with newly-arrived immigrants. Study participants also maintained that if someone well respected at the community level is involved with *KidsFirst*, the community becomes more receptive to the program.

Establishing Trust and Building Relationships

Creative outreach and program promotion help *KidsFirst* appeal to families. However, establishing trust and building relationships help retain these families in the program.

Tangible supports, such as housing, food and transportation (see next section) provide the material basis for home visitors to begin building relationships with families. Generally, once parents feel more comfortable with their home visitor, they begin to open up, telling their home visitor more about their personal lives, family situation, and hardships. In these situations home visitors are required to maintain objectivity and confidentiality, which can be a challenge in smaller communities. When the home visitor is able to maintain a family's trust and provide them with the resources they need to satisfy their goals, their relationship is generally more positive.

Several practices directly contribute to positive relationship building. In some sites, *KidsFirst* tries to match home visitors and families in terms of needs and personalities, which, according to the literature, is an effective technique to support positive outcomes (Gomby, 2005). Participants at one site mentioned that they invite families to participate in the home visitor hiring process. Other sites have hired Elders or home visitors of Aboriginal descent to help make connections with Aboriginal families. At the individual level, home visitors often share their personal lives with their families in an attempt to better connect to parents. Parents have reported that such practices help them better relate to their home visitors.

5.1.2 Addressing Basic Needs

Home visitors related what they observed in the field to the theory of Maslow's hierarchy of needs. This concept recognizes that higher-level self-actualization can only occur once lower-level physiological, safety, attachment, and self-esteem needs are met (Maslow, 1943). *KidsFirst* staff reported that families unable to address their basic needs, including housing, transportation, child care, and access to food, do not begin to show improvements in parenting until these concerns are dealt with.

Housing

Accessing and securing affordable housing is a concern for many families throughout the province. Several sites listed examples of poor housing conditions that *KidsFirst* families commonly face.

> *We've got this mom that we've been supporting who's really struggling. She has three little kids, and they're currently living in a house that is cockroach- and mouse-infested, and it has been terrible for them but also almost impossible for her to find a place, almost impossible - nobody should live in those kinds of conditions.*
>
> *- Home Visitor*

Home visitors also noted dwellings infested with mould. These hazards give rise to various diseases, such as asthma and other respiratory conditions. Home visitors noted fear that while on a visit they will come in contact with bed bugs or lice, and spread these parasites to other families or bring them into their own homes.

Due to housing shortages and rising rental costs, overcrowding is another common problem in dwellings in which *KidsFirst* families reside. Home visitors described visiting homes with up to 22 individuals. Co-habiting, for some communities, has been attributed to a cultural tradition of communal living; however, financial constraints, limited space and resources have exacerbated these arrangements. Overcrowding has contributed to poor sanitation conditions in the homes, reduced the amount of attention given to children and has resulted in intergenerational conflict in child rearing practices.

In urban sites, precarious living arrangements among *KidsFirst* families have been heightened by increased rental prices, low vacancy rates and a lack of rent controls. Home visitors reported incidents of *KidsFirst* women working in the sex trade in order to keep up with the rising cost of living. One site identified several families that are eligible, but cannot apply for rental supplements because the conditions of their homes do not meet the safety requirements. At another site, landlords have increased rents so they can bring housing units up to the required codes. Unfortunately, this has led to the displacement of several high-risk families, who are forced to move outside the municipality, and away from the *KidsFirst* defined jurisdiction, to afford a place to live.

Several sites have attempted to address housing concerns by helping families apply for better housing through the municipality. Due to the low literacy levels of many families in the program, home visitors have been instrumental in helping *KidsFirst* clients to access information about tenants' rights and housing regulations and to complete housing application forms. The program

has also helped families by providing budgeting workshops and access to affordable food so that parents do not have to choose between paying rent or buying groceries, as is often the case, where families that face high rents have less money to afford their other basic necessities.

In many cases, home visitors have advocated for clients facing eviction by providing personal references or writing letters to landlords on behalf of families. *KidsFirst* workers sometimes go so far as to advocate for better housing standards. In one site, *KidsFirst* brought housing concerns to the municipality's attention by using the example of two children that passed away when their house caught fire due to poor housing conditions. At another site, involvement from *KidsFirst* and other local agencies led to the development of a bylaw to regulate property standards within the municipality.

Home visitors maintained that the situation of a home affects the wellbeing of a family. Once their housing needs are dealt with, families are better able to move forward with setting and meeting other goals. One home visitor described the process:

> *I identified my client, got her to apply for [municipal] housing, sat with her through the process, and it took a lot of work because they don't have a phone number for her. So when they're missing things like her signature, I've got to track her down [and] bring her back; normally in [that] situation, that's when the ball would have been dropped. We eventually got the family moved to a home of their own, and everything changed. She decided she wanted to go to school, [so she] put the child in daycare. She's living in her own environment now.*

Transportation and Additional Support

Transportation is a prominent issue for families across the province, especially during the cold winter months. Prior to *KidsFirst* participation, several families were unable to attend appointments with external agencies because they had no method of transport and could not afford the fees for public transportation. In smaller areas, the public transportation system is generally poor or non-existent. One site operates a public busing system that runs on a phone call basis.

> *Basically you have a phone number you call. You phone the bus and you have to ask [the driver] to stop. You have to phone before and ask him to stop otherwise he won't stop at that stop.*
>
> *- Home Visitor*

This system is considered poor among community members because there is only one bus; it can take up to an hour or more for the bus to finish its route and then return to the required stop.

Due to a lack of affordable transportation, families cannot always keep their appointments. This is a particular barrier for families in remote areas who are required to travel to larger urban centres to access specialized medical care or other services. *KidsFirst* home visitors have attempted to address this issue in various ways; the most common is by providing rides for families in their personal vehicles. Home visitors spend substantial amounts of time driving their clients around, particularly in small sites and throughout the North. For some home visitors, the

time they spend in the car with families is a good opportunity to learn about the family's situation, earn their trust and deliver curriculum materials.

> *Those are the best times to converse with parents, and when you do provide them the listening ear, whether in the vehicle or at home, you build a trusting relationship with them and they really disclose lots. They're really comfortable with you.*
>
> *- Home Visitor*

At other sites, *KidsFirst* addresses transportation barriers by lobbying municipalities for better public transportation. *KidsFirst* advocacy in one site led to the re-implementation of a local school bussing system for low-income children to go to and from school in the winter. At additional sites, both urban and rural, *KidsFirst* distributes public bus passes or arranges rides for families to get to and from various appointments. One site even has its own van, which they use to transport families to child care, school, or various appointments.

Unfortunately, even with their transportation concerns dealt with, some families with multiple children face additional challenges in attending their appointments or jobs due to insufficient child care options. In addition to providing transportation, *KidsFirst* staff members help these families by contracting temporary child care spots from existing community agencies. With these needs addressed, families are better able to access professional services, keep their appointments and attend local community events. Without *KidsFirst* support, however, families would continue to face significant barriers:

> *I honestly think that a high percentage of our children with specialist appointments would never get there without the home visitor support.*
>
> *- KidsFirst Staff Member*

Food Security

Access to affordable and nutritious food is another common concern. *KidsFirst* addresses this concern by providing vouchers for milk, food, eggs and juice. A few sites have also set up a system where families are given access to a food box, either for free or for a minimal price, which contains fresh fruits and vegetables.

> *I found that it's very helpful because they help with milk vouchers and [it's] not all the time [that] you can afford to have milk, you know. So, they do help that way. You can get the right nutrition for your baby [and] if you have a child. They do the good food box too, and that's very helpful to get nutrition as well.*
>
> *- KidsFirst Parent*

In addition to providing direct access to food, the *KidsFirst* program in many sites also offers nutrition workshops and cooking classes. Such activities not only expose families to healthy food practices, they also provide an opportunity for families to socialize and build relationships with other members from the *KidsFirst* program and the community at large.

KidsFirst workers have noted that once families address these essential concerns, they are able to take greater steps towards improving their lives.

5.2 Organizational Level Policies, Processes and Practices

Once families have joined *KidsFirst*, other factors influence how effective the program is for them. Specifically, we focus on the influence of three program mandates on family outcomes: curriculum delivery, the data collection system, and the targeted areas approach. Staff retention concerns are also highlighted as having a negative effect on service delivery, as discussed below.

5.2.1 Curriculum Delivery

The *Growing Great Kids* curriculum has been adopted by *KidsFirst* as a program standard across the province of Saskatchewan. The curriculum is intended to teach families about effective parenting with a focus on child development needs. It provides home visitors with a means to focus on child interaction and child-centered activities, which have been associated with positive child outcomes (Gomby, 2005; Love, et al., 2002; Raikes, et al., 2006; Sweet & Appelbaum, 2004).

Although the curriculum itself is a program requirement, the methods used to teach the curriculum vary from site to site, home visitor to home visitor, and family to family. For example, some home visitors prefer to make use of "teachable moments," moments that arise during a visit in which they model how to interact with children based on what is in the curriculum. Other home visitors prefer teaching in a more structured manner by outlining what parents will learn in a given day and spending time during visits looking through the curriculum book.

Regardless of the method of teaching, curriculum delivery is generally family-led across the province. If, during any given visit, the parent is not interested in focusing on the curriculum, the home visitor respects that. Further, when families are dealing with a crisis, the home visitor's first priority is to help them get through it. Home visitors relay the curriculum based on what stage a parent is at in their life, even if this does not follow the same order as what is in the curriculum book. For parents with learning disabilities, the curriculum is adapted.

> *I find that working with mothers who are diagnosed with FAS, their attention span is short and they are easily distracted. I try different ways of [delivering] the curriculum.*
>
> *- Home Visitor*

A practice common to several sites is the adaptation of the curriculum using culturally-sensitive approaches. *KidsFirst* is one among several programs that have recognized the value of ensuring that strategies and activities are consistent with the cultural beliefs of the family; these techniques have been associated with greater retention in other programs (Cowan, Powell, & Cowan, 1998; Gomby, 2005; Olds, et al., 2007; Slaughter-Defoe, 1993). In the North, Cree and Métis cultures are integrated into the curriculum and family activities. In the summer, home visitors and families engage in berry picking, wild mushroom harvesting and fishing activities in accordance with the subsistence cycle. For recent immigrant families in one *KidsFirst* site, the curriculum is delivered using relevant literacy approaches; community kitchens take place where families with limited English-language skills are taught how to cook through large picture cook-books.

Despite efforts made to make the curriculum relevant for families, in the North especially, family needs are more specialized and require exclusive attention. Some parts of the North face unique circumstances, such as language differences between the home visitor and family and extended-family involvement in *KidsFirst* curriculum delivery. Home visitors must address multigenerational family needs and help families overcome the impact of residential schools on parenting practices. Study participants noted that certain methods of curriculum delivery are not suited to the learning style of traditional Aboriginal families. For example, the methods used by home visitors to question parents may make them feel uncomfortable and intimidated.

More often than not, families find the curriculum useful. One family noted to their home visitor that the curriculum has *"completely changed how [we] parent."* Home visitors have also maintained that it leads to family development.

> *I have a family with a mom and dad. I was sitting talking with them, and the dad was teaching, or playing, with their daughter, and feeding the daughter, and he was doing one of the brain builders … she was only two years old … and I noticed the bonding between the [family]. They were working as a team.*
>
> *- Home Visitor*

5.2.2 KIMS, the Data Collection and Management System

The *KidsFirst* Information Management System (KIMS) is a mandatory system employed across all *KidsFirst* sites. This computerized system was designed to routinely collect, manage and report data on *KidsFirst* families. Even though KIMS is an essential support system for *KidsFirst* and has been improved since its introduction, some *KidsFirst* staff reported that they still encounter challenges in using this system. To address the difficulty that sites have had with KIMS, additional documentation methods, in some sites dual methods—manual documentation and typed narrative accounts—have been created. While this has reportedly improved the quality of documentation in many sites, it has doubled the amount of time required to complete paperwork.

> *It almost seems like they're doing double duty, because they have to do it with the parents on this hard copy and then come back and transfer it onto the KIMS system.*
>
> *- Home Visitor Supervisor*

Some home visitors commented that they lack a good understanding of how the entered data is being used and even what its purpose is. Other home visitors noted that KIMS only allows them to document a maximum of one visit per week,[16] which, along with management restrictions, hinders their ability to visit high-needs families more frequently.

> *You can't [visit a family more than once a week] because… on the KIMS program you can only count one visit a week, so therefore management doesn't want you to take another hour away to go when you could be with another family.*
>
> *- Home Visitor*

[16] According to information provided by the ECDU, KIMS does not restrict the number of visits per week for an individual client that can be entered by home visitors.

Further, in some sites, if their paperwork is not complete, home visitors are unable to go for visits.

> *There are times where the paperwork is too much [and we are told]: 'If you girls aren't done this paperwork you can't book visits.'*
>
> *- Home Visitor*

For those that find the computerized system difficult to use, have trouble typing and navigating through KIMS, or are unclear about information needed in some parts of KIMS, completing the required documentation is more time consuming.

> *The KIMS system is a very inefficient way of reporting... Nobody's ever, to this day, told us properly when you go to do a visit and she's not home, is that an attempted visit, is that a counsel visit, [or]… [management is] changing [their minds] all the time in terms of how we're required to report those things. They're vague. We never know for sure exactly what is expected of us ... We have an hour. What do you want? If something goes amiss or we didn't do a visit in the home that week, someone wants to know why we missed it... So there's a lot of weight and a lot of responsibility and a lot of burden.*
>
> *- Home Visitor*

One home visitor maintained that she could not decide if more time was spent in the field with families or in the office completing paperwork. Other home visitors noted that although documentation is important, it should not take as much time as it has been taking, especially when it takes away from time spent with families.

> *We also have a lot of paperwork for every phone call we make, for everything that we do we have to jot it down on paper on three different computer systems. Sometimes it's hard ... There's not enough time in the day.*
>
> *- KidsFirst Staff Member*

A few home visitors suggested that standardized training be implemented across the province on KIMS, what the system is intended for, what information is expected from upper management and how the data are being used. Other users recommended that if changes are to be made to the system, they be made with input from frontline workers.

> *If they ever decide to make changes to KIMS, or if they decide to come up with a new program for KIMS or computer system, please take home visitors from each program and each area and sit down with them at the grassroots and ask them: "Okay, this is what we want to see, how can you give it to us?" ... If you want changes and you want to see the changes that you can record up at head office, ask us the best way that we can get it to you the way you want it.*
>
> *- KidsFirst Staff Member*

One participant felt that KIMS should be removed all together, as it is time consuming and cumbersome:

I would get rid of the KIMS system. We use it because they need the stats, but we do a lot of our documentation on hard copy. It's easier to follow. It's just more simplistic ... The home visitors have to be on KIMS for all their stats, but then they have to go to another system to document on the hard copy. So it's cumbersome [and] it's time consuming. If I could do anything I would get rid of the KIMS system.

- Home Visitor Supervisor

Despite those who take such a hard-line view of KIMS, for most study participants it appears that the challenges lie in a misunderstanding of how to use the system, the value of the information it collects, and the burden of using multiple (computer and paper-based) recording systems.

5.2.3 Targeted Areas Approach

Across sites, targeted areas have become a cause for concern. For smaller municipalities, families that move even a short distance outside city limits no longer qualify for *KidsFirst*. When *KidsFirst* was first implemented, defined jurisdictions represented areas containing high concentrations of families with the greatest need. Participants acknowledged that while this may have been appropriate back then, they suggest that with socio-economic changes occurring in recent years this is no longer the case. Inflated housing prices in these jurisdictions have created patterns of gentrification that have pushed low-income residents out to other neighbourhoods.

Several sites have criticized the targeted program approach. Given that a majority of families face housing concerns going into the program, it seems illogical to conclude that these families will remain within the defined boundaries of service almost a decade later. *KidsFirst* staff noted a desire to see the program expanded universally across the province. Two sites mentioned situations where rural families give birth in the municipality and undergo the intake screening, but are unable to receive services because they do not reside within the targeted jurisdiction. In some parts of the North, families commonly travel to Manitoba for pre- and post-natal care. By doing this, they are not referred to the program even if they meet the eligibility requirements. *KidsFirst* home visitors therefore approach pregnant women on the streets to inform and encourage them to join the program.

A commonly-raised issue involved families that move away from the targeted areas to access more affordable housing. This has been detrimental for *KidsFirst*, as the program ends up operating under capacity within the targeted areas. For families, the move has put them in an awkward position in terms of being able to receive ongoing *KidsFirst* support.

We had a home visitor working with a family to apply for safe and secure housing. They applied to the housing authority, were successful, got a unit but it happened to be [outside the target area]… their home visitor [was forced to ask]: "Do you want safe, affordable housing for you and your family, or do you want to continue with KidsFirst?"

- Home Visitor Supervisor

Home visitors admitted to facing a personal ethical dilemma in not being able to serve populations outside the defined jurisdiction. Despite the restriction, however, several sites continue offering services to current *KidsFirst* families that have moved to a non-targeted area. One site, to help meet capacity, has partnered with a prenatal agency and accepts referrals for identified at-risk families, regardless of where the families reside.

5.2.4 Staff Retention

Several sites noted that low home visitor retention works against positive parent outcomes. Of the nine sites, only three identified high retention rates. The remaining sites listed various reasons that discouraged staff retention, the most common being:

- High burnout rates,
- High-risk work,
- A lack of workplace support,
- Insufficient income levels, and
- Alternative growth opportunities.

High Burnout Rates

Various participants noted the high burnout rate associated with being a *KidsFirst* home visitor. According to these participants, when they were first employed their job description was not clear, and they were unaware of the nature of work they would encounter.

> *If you would have told me what [the work] entails now compared to when I first started I would have [said] "No." In fact we didn't know what our jobs were when we first started.*
>
> *- Home Visitor*

As a result of the demanding and sensitive nature of the workload, some home visitors become overwhelmed and have difficulty placing boundaries between their work and home lives. One participant noted the workload made her feel as if she were being pulled in several directions, while another explained she felt as if she were working a full-time job in a part-time position.

High-Risk Work

Several home visitors shared a concern for their safety at various levels. In smaller towns, *KidsFirst* families are aware of where their home visitors reside and have visited their homes outside of work hours to request assistance. Due to the nature of the work, home visitors interact with families involved in addictions and substance abuse and who reside in high-risk areas. One participant described a visit during which one parent posed a safety risk to the family and to the home visitor. She noted: "I didn't know what was happening, so it became very scary, very quickly." Another home visitor explained: "We're putting ourselves at risk all the time with the families we work with and with the job that we do."

Another safety risk for home visitors is their exposure to disease hazards. The homes they visit may be infected with mice, lice, mould, and bed bugs. Home visitors have noted multiple occasions where they have contracted these parasites: "I worry about taking something home, like bedbugs, [which is] one of my biggest fears, and I've caught lice twice."

Lack of Workplace Support
Another reason cited for high staff turnover is insufficient workplace support. Given the nature of their positions, home visitors rely on support from their colleagues and supervisors to help them balance their responsibilities.

To decrease home visitor burnout, one site offers various training opportunities for home visitors. When they first begin in their position, home visitors are given training in dealing with vicarious trauma, self-care, and setting boundaries. Another effective technique employed by one site is limiting the amount of work given to a home visitor so their focus is restricted to a few cases and they are not overwhelmed with too many responsibilities. Several sites hold periodic self-care events, where they take weekly walks with their colleagues or meet informally for dinner every week and spend time debriefing with their colleagues before moving on to social matters. One site also offers annual healing sessions where First Nations healers are brought in, sweat lodges are used, or retreats are offered to workers.

Various sites noted the importance of having an open, encouraging workplace and described an informal policy around the office whereby the supervisor's door is always open for home visitors to talk or vent. In some sites, supervisors offer to go on visits with the home visitors in situations where they feel unsafe or overwhelmed by a family. Home visitors in two sites described feeling criticized rather than supported in their work, which is unmotivating, works against retention, and does not follow the highly emphasized strength-based approach.

> *I feel like there are so many times [where] I didn't do [something] right and I should have done it better … you feel so beat down that you don't want to be there anymore because you're not feeling [any] support.*
>
> *- Home Visitor*

Tensions between the management committee and the program manager, between the home visitor supervisor and the program manager, or between various home visitors and upper management have also led to increased staff turnover. Staff have noted that a lack of common vision between the team contributes to increased tensions: *"You start to wonder after a while [if the work is] about KidsFirst families [anymore]."*

Insufficient Salary
Insufficient salary was cited as another reason for low staff retention.[17] Several participants noted the income they earned, included capped-off wages, is not enough for them to live on. Home visitors also noted that they are not compensated enough for the high risk and heavy workloads they are exposed to daily. Two home visitors explained:

> *All of us, we need to live. We need to have money for food, for life. And of course, if [the home visitors] get better [paying] jobs ... they decide to go. You know, this is the reality, right?*

[17] Updated figures provided by the ECDU show the salary range for home visitors is between $20,000 and $48,555 per year.

I think it's pretty hard to live on this wage for the rest of your life.

Several participants noted that they are unable to support their families without supplemental income. As such, home visitors often take on a second job or run a side business to supplement their wages. To address this issue, in one municipality, multiple agencies have agreed to a standard higher pay scale across all *KidsFirst* home visitors. At another site, the pay scale has been upgraded to reflect home visitors with more experience and/or qualifications.

Growth Opportunities

According to participants, home visitors have better opportunities for growth and development at other agencies. Given that *KidsFirst* operates on a lay home visitor model, the program often employs individuals with minimal education and qualifications and is therefore treated as a first step towards greater things.

> *I think a lot of people use KidsFirst as a stepping-stone sometimes just to see if this is their kind of field ... We have had a few [individuals] go on to [study] Social Work; we've had a couple that have [gone] on to get their degree and stuff like that.*
>
> *- Home Visitor*

For a few individuals, *KidsFirst* provides the relevant training and experience that then allows them to continue on as a semi-professional home visitor in a higher-paying position elsewhere. For others, there are greater employment opportunities in bigger municipalities with better pay.

Effect on Parents

The reasons cited above that contribute towards high staff turnover rates have a significant impact on parents. Parents noted that they missed having visits once their home visitor leaves the job, even though they enjoyed them, and that higher case loads between the remaining home visitors meant that parents were not provided with the required attention. Others maintained that it is *"frustrating"* and *"stressful,"* leads to a loss of faith in *KidsFirst,* and it becomes difficult to trust a new home visitor and therefore difficult to retain families in the program. In order to minimize these negative effects on families, several sites have implemented strategies to encourage staff retention, as outlined below.

Encouraging Staff Retention

Several sites recognized the importance of maintaining high retention rates and have, therefore, implemented policies to encourage staff retention. At some sites, potential home visitors are matched with families that would best suit them. In some cases these home visitors are required to have formal qualifications that would enable them to support a family better, whereas in other cases the home visitor is required to have more personal experience, rather than a formal set of skills, to help serve a family's needs. This method of matching has been recognized by Gomby (2005) as effective because high-needs families are able to receive more intensive services by a more highly-trained professional. As mentioned earlier, at one site, families are asked to attend hiring interviews with potential home visitors. Based on the family's comfort level with the potential home visitor, they are hired.

Another important practice encouraged by various sites is promoting a common vision among *KidsFirst* staff. To this end, one site operates on the basis of collective responsibility for social change, where all staff members subscribe to this belief. Another site conducts community meetings, where the entire community meets at regular intervals to discuss how to improve outcomes for all children in their early years. Yet another site continuously emphasizes the program mandate of being holistic by promoting a family-centered rather than a child-centered approach.

5.3 Community Level Policies, Processes, and Practices

Various factors exist at the community level that influence how *KidsFirst* operates within a specific site, including the amount of support, if any, that it receives from different community agencies. This subsection presents participants' views of the relationships that exist between various actors and agencies in each site, specific policies, processes and practices that have been undertaken to influence these relationships, and how these factors affect program delivery and, by extension, family outcomes.

5.3.1 Community Relationships

KidsFirst is situated within a broader community context that directly influences how well the program functions at a higher level. Community partnerships are a program mandate across the province. At the time of inception, local community planning committees were formed to ensure input in the planning and implementation of the program. There is also an Accountable Partner at each site, who is either a health district or a school division. In addition, local *KidsFirst* Management Committees are formed to maintain ongoing collaboration with various key community representatives and to ensure that the program continues to serve the needs of the community as a whole. *KidsFirst* Program Managers lead the Management and Planning Committees at each site and are encouraged by the program to draw on existing community resources and expertise so as to avoid the duplication of services whenever possible.

Across sites, *KidsFirst* has tried to involve the broader community, including Aboriginal groups, in the program planning process. However, not all sites have engaged community agencies to the same extent. The inclusivity of the program is often contingent on the relationship it has with other community agencies and organizations. In sites where the program has established good relationships with peer organizations, it tends to be better supported by the community. In one site where the program is reportedly well received by the community, the program staff has made an effort to take the time to build both rapport and collaborative relationships with other organizations and services.

Unfortunately, for two sites in particular, it has been difficult to garner community support. Prior to the announcement introducing *KidsFirst*, some communities had already identified and strategized ways to meet the needs of vulnerable families. Yet, due to constraints on how funding was to be used, *KidsFirst* was unable to adopt these strategies and programs, which led to raised tensions between community agencies. To give a specific example, one community wished to establish a family centre; however, given that *KidsFirst* is mandated to draw on existing programs and resources, this proposal was not adopted. Accordingly, agencies doubted the value of community consultation, and this negatively affected their relationship with the program.

Another issue preventing community collaboration involves ongoing territorialism between different agencies. Other agencies, especially at implementation, felt they were being phased out of existence. In one site, agencies refused to speak with the Program Manager for *KidsFirst* when they were contacted for meetings, for example. This site, along with another, responded to these issues by clarifying the roles between community agencies and *KidsFirst*. Unfortunately, these concerns have continued to the present day in another site and have resulted in a breakdown of integrated service delivery for families.

5.3.2 Community Collaboration

Given that *KidsFirst* is structured to contract services through external agencies, enabling the program to work closely with different community organizations, opportunities have arisen to reshape how other services perceive, approach and work with participating families. Program staff noted that when community agencies have a better understanding of families, they work more effectively to serve and help bring them closer to the community.

Bridging clients with the community requires integrated services, which involves working together with multiple agencies in the community to deliver a continuum of services to families. In several sites, *KidsFirst* collaborates with multiple community agencies and works to achieve a common vision centered on participating families. In one site, agencies meet once a week to talk about the families they share. Another site holds case management meetings every few months, where the families themselves sit at the head of the table and form a plan with agencies. At yet another site, families encourage joint home visits between multiple agencies.

At a broader level, various agencies work together to create community services for families, such as women's addiction programs and community kitchen groups. In one site where there is a high incidence of fire fatalities among *KidsFirst* families, the program works with the local fire department to raise awareness about fire safety and holds a fire safety carnival for community children.

Despite these attempts to work collaboratively, for some sites this is not easily achieved. *KidsFirst* staff noted the importance of keeping lines of communication open with agencies. This is difficult in sites facing territorialism, but also difficult where agencies work with families but operate independently from one another without defining their roles and working towards a common vision.

> *Folks have a notion that, "Well, this is my client. This is our agency's client. We can't share this information," and actually they're a program client … Supporting people to understand a conceptualized circle of care and what that means in a program like KidsFirst that's multi-faceted, interdisciplinary and has several agencies involved has been a real struggle.*
>
> *- Program Manager*

Several sites have also noted this is difficult to achieve where they have conflicting interests with a specific agency, for example, Social Services. When asked about this relationship, one participant noted that they felt *KidsFirst* is a "dumping ground" for Social Services, where *KidsFirst* is expected to handle all the cases that Social Services cannot accommodate in their

caseload. Another participant noted the opposite, stating that *KidsFirst* relies on Social Services too much. Several individuals agreed that more clarity is required in defining the roles and responsibilities of each agency and better methods should be used to streamline integrated case management. One site has taken the initiative to set up monthly meetings with Social Services to review common families and define which will be the primary agency involved in a case so that services do not overlap[18].

If defining program boundaries and roles help improve the collaborative relationships between agencies, home visitors advocating on behalf of families to external agencies helps change the ways in which service providers view and work with these families. Some home visitors reported that they address common misperceptions and stereotypes by encouraging other service providers to be more accessible. As a result, in one site an external community agency has begun to transport families to and from their appointments. At other sites, community agencies provide child care, food and transportation during their evening events and have since noted an increase in family attendance. Members of the general public are invited to attend *KidsFirst* programming at other sites, as volunteers or participants, so that their awareness of the program grows.

Collaboration with external agencies has given *KidsFirst* access to a broader range of clients. In one site, home visitors are contracted through a community organization that works exclusively with recent immigrants and refugees. The work performed by these home visitors is unlike what is typical for those serving a different demographic within *KidsFirst*. Data collected from interviews highlighted important distinctions between immigrant populations and other *KidsFirst* clients. Clients that are served through this external organization, as well as other immigrants and refugees enrolled in *KidsFirst* in other sites, reportedly had a lower incidence of drug/alcohol abuse, FASD and other cognitive disorders compared with non-immigrant families. Periods of crisis are also not as frequent and, when they do occur, are usually shorter. Two-parent households are also more common than in other *KidsFirst* families, and many immigrants and refugees have the support of a diaspora community.

Immigrant families appeared to identify and pursue both short- and long-term goals more easily than their Canadian-born counterparts. In our opinion, this likely reflects the fact that immigrants and refugees have had to learn to be resourceful as a survival strategy in life. Without strong coping and planning skills, most of these families would not have managed to emigrate from unstable circumstances in the first place. Because of these factors, families respond more quickly to the program, and social isolation is often less of a concern. Participants are also able, eager and grateful to access available services such as educational institutions and medical services once they have been shown how.

> *They appreciate it, because they are in Canada; because they hadn't any rights over there;, they didn't have to come to Canada right; you know, they appreciate everything they get here.*
>
> *- Home Visitor*

[18] According to the ECDU, there is a Provincial Protocol in place that governs the relationship between *KidsFirst* and Social Services for all nine sites.

5.3.3 Enhancing Social Opportunities

Successful programming occurs in sites where the program has been adapted and supported by the community. This also applies, however, to where *KidsFirst* is physically situated within a community. Some sites have located their program office in a building that houses a school, recreation centre and/or library. This set-up facilitates social networking and community building for families and *KidsFirst* staff. In another site, the program office is set up like a drop-in centre, where families may visit any time for coffee, snacks, and to chat. This office carries a social atmosphere where parents meet each other and other *KidsFirst* staff members. Both parents and staff have the opportunity to develop relationships with each other outside of the home environment, which contributes to reduced isolation and helps families face their intimidation of professional agencies. For example, in one site where *KidsFirst* programming occurs inside an elementary school, a family was able to face their fear when it became time to register their child for the school year because they had already overcome their intimidation of the school building, having been inside it several times before.

Co-location of the *KidsFirst* office and other agencies also contributes to the program's success as it facilitates the integration of services and collaboration through increased contact and communication between members of different agencies. It also reduces barriers and encourages families with limited transportation, for example, to access services.

While serving families, *KidsFirst* also plays a role in community building. In each site, the program organizes various workshops, including parenting and nutrition classes, and activities, such as community baby showers, community picnics and other celebratory gatherings, for both *KidsFirst* families and the community at large. These events help break the social isolation that many participating families face. Several families reported that they made friends through these events. In addition, such activities also help address stereotypes within communities. For example, one site organizes a community gardening program, where several families are involved and will soon become contributing members of the community.

> *This year we've had more families involved in the Garden Project then we ever have and we've had to expand … Some of the families are doing plots together, and they are growing their own stuff. They are able to feed their family ... And maybe at some point they will be ready to sell their stuff too so to become more self-sufficient financially.*
>
> *- Supporting Agent*

KidsFirst also organizes culturally-inclusive activities. At a few sites, the research participants reported organizing or participating in cultural activities where they learnt more about other cultures and traditions. In one site, a home visitor took the initiative to deliver anti-racism education.

> *She has done racism presentations in partnership with others, so she's done all the classrooms in this K-3 school, and those were very well received. But we've [also] done some others, like rock painting and stuff, as part of Aboriginal awareness activities and stuff, and actually as part of the racism program, [the home visitor] had one of the*

parents from one of our families participate with her in delivering the program, so that was really effective too.

- Program Manager

In addition to running activities contributing to community cohesion, the program is financially equipped to fill in various gaps in community services. For instance, in certain sites the program was able to supplement community programs suffering from poor funding. In one particular site, with the deferred revenue, *KidsFirst* funded a position that was crucial for the continuation of an important program in the community. Funding has been identified by *KidsFirst* staff as an important source of leverage and has been a mechanism for drawing agencies together.

I know that the partnerships that we have with Kids First and other partnerships with organizations probably would have taken a lot longer to develop and get supports for if that funding partnership wasn't in place.

- Supporting Agent

5.4 Summary and Discussion

While specific *KidsFirst* program components have played a significant role in impacting child and family development, from this section it is evident that policies, practices, and processes employed at the organizational and community levels to engage and retain families in the program also influence positive, or negative, outcomes for families.

Home visitors have recognized that engaging families in the program is not as easy as simply having families go through the screening process. Although *KidsFirst* staff have implemented various approaches to attract families to the program, it is more difficult to engage and retain high-needs families who face ongoing crises and are not as easily accessible due to homelessness or transiency issues.

Furthermore, certain policies that are implemented as program mandates across the province hinder home visitors from providing effective service delivery. Defined targeted areas are a prime example. Home visitors face personal dilemmas in not being able to provide services to all families that require it, despite where they live. KIMS provides another example. This system, when combined with additional paper-based documentation, is time-consuming and burdensome and is seen as an inefficient reporting system. For some sites, reporting needs takes equal or more precedence than providing visitation to families. Staff retention concerns are yet another example. Sites with regular staff turnover are not able to establish and maintain ongoing trust with participating families, nor are they able to meet family needs, so much so that parents themselves have noted the negative impact this issue has had on them.

For *KidsFirst*, one of the predominant factors influencing a program's success at a given site is not only the support that home visitors provide to families but also how well received the program is at the community level and how well integrated service delivery is for families. Through this study, it was apparent that these factors either strengthened or weakened the program to a great extent in several sites.

Section Six: Factors that Impact the Overall Effectiveness of *KidsFirst*

KidsFirst allows for substantial flexibility in its programming and use of funds at each site. Consequently, the program has taken on different forms and functions in each location to reflect particular community needs, local resources, history, and leadership. Because the program functions differ by site, the relative effectiveness of the program is contingent upon the ability of the local community to adapt it to their needs. Where this has been accomplished, the program has had a transformative impact on how agencies work together to identify and meet the needs of vulnerable families.

Over time and across sites, *KidsFirst* has brought about positive changes in the families that it serves, improved the ways in which service providers collaborate and work with vulnerable families and contributed to critical community development. The effectiveness of the program in bringing about improvements in early childhood development amongst vulnerable families has been accomplished to varying degrees; however, the relative effectiveness of the program differs greatly across communities and families.

6.1 Structural Flexibility: a Simultaneous Strength and Weakness

The flexible structure of *KidsFirst* is both a strength and weakness. The flexibility has allowed each of the sites to adapt programming and funding to meet the needs of its community, which has been a very important feature in its success. Because the challenges in each *KidsFirst* site are distinct, rigid guidelines on how to implement the program would be restrictive. The flexibility to make autonomous decisions about how money should be spent has been important in establishing support and encouraging community-building activities in each site.

The open-ended nature of the program has facilitated community involvement by bringing various agencies together in dialogue and partnership. From this have come many innovative community development initiatives that have strengthened interagency relationships and established new networks between community leaders. Furthermore, it has allowed for a broad exchange of information and the pooling of resources. Perhaps one of the most important effects of this is that the needs of the vulnerable population at each site are articulated to middle and upper management in decision-making positions at local institutions.

In various cases, this has transformed some of the operations of these institutions because they have discovered that many of their former practices were discouraging marginalized families from accessing their services. Many statements affirming this were made by participants in Management Committee focus groups. Management Committee members relayed past experiences they had of providing free services that would go unused until *KidsFirst* staff members explained the need to make these services not only free but also accessible (through the provision of transportation or child care, or by taking the services into the home).

The flexibility has allowed diverse partnerships, for instance, with the fire department in one site, and with housing authorities in another. The collaboration and exchange of information resulting from these partnerships has been successful in increasing fire safety and making improvements in the housing conditions of these respective communities. Such dialogue may not have occurred

if the structure of the program mandated how partnerships were formed and specifically with whom.

Conversely, the flexibility has created ambiguity about program roles that has sometimes proven problematic. *KidsFirst* is designed to bridge gaps in existing services andis structured as a contract-out service. That is, it is a program that can only thrive through a collaborative relationship with other community-based organizations and social services. However, many *KidsFirst* staff reported that they had to deal with professional territorialism and had to clarify the program roles and boundaries in order to work more effectively with other agencies. When and where territorialism has occurred, it has hindered community cohesion and the smooth integration and delivery of services to families.

While the spirit of collaboration underlying the *KidsFirst* program is mostly positive, there are a few issues that arise from the inter-agency, contract-out structure. First of all, many layers of accountability are built into the collaborative process, which means that *KidsFirst* staff have to report to and get approval from various authorities, which can delay the implementation of certain program decisions.

It has also created issues around accountability and management because home visitors who work for *KidsFirst* are usually physically situated away from the *KidsFirst* management office and report to the managerial staff of their affiliated organizations. Home visitors are accountable to the supervisors at the agency for which they work, rather than being directly accountable to *KidsFirst*.

In those sites where the home visitors are contracted out through different agencies, regulation of home visitation has been particularly difficult because there are often variations in authorization procedures, hiring practices, benefits, and salary between different agencies. There are also variations in regulation and supervision standards. The program manager does not have any supervisory control over home visitors who are contracted out through particular agencies, despite being ultimately responsible for the work that they carry out.

Despite having very little control over the hiring and supervision of home visitors, the program manager is accountable to the Management Committee for the direction and success of the program. Not only does this structure create a large disconnect between home visitors and program managers in most sites, but it can also create tension between agencies rather than facilitating collaboration.

Lastly, as reported by some interviewees, in some communities there exists a need to streamline case management so that agencies working with the same families are up to date with the needs and risks of these families.

6.2 Ambiguity of Roles

The ambiguity over roles between community service providers has been complicated by service gaps and shortages. Due to large gaps in service provision, *KidsFirst* has been forced to take over functions that are not a part of its mandate and should not fall within its purview. The underfunding of other agencies has meant that *KidsFirst* is occasionally required to take on the

functions of existing services. This is well illustrated by the sometimes tense and often unclear relationship between *KidsFirst* and Social Services in many of the sites.

There often do not appear to be clearly-defined guidelines regarding who is responsible or who can best manage families with child safety issues, particularly because in many communities the capacity to provide effective and timely social services is either severely overextended or non-existent. Many examples were given in interviews of Social Services withdrawing their involvement from families that enrolled with *KidsFirst* (the rationale being that if *KidsFirst* is working with a family, *KidsFirst* will take on the role that Social Services was playing and, in this way, the overburdened Social Services workers can focus on other families).

Although this arrangement may be preferable to the families in *KidsFirst*, it shifts the time that home visitors can spend on child development because they have to spend more time on and give attention to high-needs families in crisis situations. This also causes layperson home visitors to take on work that might be better dealt with by a professional social worker.

The role ambiguity resulting from the program's flexible structure has caused home visitors to be put in difficult or unclear positions. On the one hand, home visitors enter a family home with a strength-based, non-judgmental approach. One of the benefits of using a layperson model is that it facilitates the establishment of trust between a home visitor and a vulnerable family that might be more difficult to achieve with a professional.

Even the building up of basic rapport between a family and a home visitor is not always a small feat. For many families in the program, opening themselves up to strangers is a difficult process which requires time and patience on the part of the home visitor. Over time, a close bond of trust is often created between the home visitors and their clients. This trusting relationship is a central feature in the success of the program, and yet home visitors are legally obligated to report families to Social Services in instances where they witness child abuse or neglect.

Although this obligation to report abuse is important for protecting children from harm, reporting the family to Social Services does not always improve the quality of life for the children in question. This point was made a number of times, particularly in relation to Northern and small communities where a much higher proportion of children experience domestic abuse than the overextended Social Services agency has the capacity to adequately address.

What further complicates this scenario is that in the predominantly Aboriginal communities, the legacy of residential schools, and of the removal of Aboriginal children from their families and communities, is still acutely felt. Residential schools can be understood to be a contributing factor in the loss of parenting knowledge over the course of generations and can help explain why instances of child abuse and neglect are disproportionately high in these communities. This history makes the removal of children from abusive or neglectful circumstances a particularly sensitive and difficult issue.

In many cases, *KidsFirst* acts as a stabilizing force that, while not eliminating abuse altogether, improves the circumstances within the home to the extent that it is preferable to have the child

remain in the home, with some additional supports and counselling in place, rather than moving the child into a temporary or equally unsatisfactory, or worse, alternate environment.

6.3 Additional Support Required for Home Visitors

The layperson model used for *KidsFirst* home visiting has limitations, particularly with high-needs families who require the attention and support of trained professionals. One hour a week of home visitation cannot address the needs of these families. Home visitors work with many families that fall into habitual states of crisis. These crises are wide-ranging but often involve one or more of the following: precarious living circumstances, such as housing or food insecurity; domestic abuse that requires police and/or Social Service involvement; drug, alcohol and/or gambling addictions; mental health issues. For some families, where there is an ongoing relationship with the same home visitor, the home visitor is the only stable fixture in their lives. Being put in this position can be overwhelming for home visitors.

Because home visitors must often address such large struggles within families, the delivery of curriculum and the documentation of home visits can sometimes be a challenge to complete. Furthermore, because home visitors are not trained in social work, and often have minimal education and computer skills, these tasks can be very taxing on them. Many home visitors reported feeling inadequately supported in their workplaces. A common sentiment expressed was that the expectations of the job are very high, given the relatively small pay,[19] and many said that the only reason they remain in the job is because they feel a personal attachment to the families with whom they work. In many sites, home visitors expressed feeling under-appreciated and misunderstood by the home visitor supervisors, who do not fully understand the challenges they face with high-needs families.

Another hardship expressed by home visitors is occasionally feeling insecure in family homes, or being confronted with issues surrounding safety, particularly in homes connected with gang and illegal activity, or in households where domestic violence or substance abuse is a problem.

The lack of consistency in pay and benefits is reflected in the wide-ranging level of contentment with financial compensation, although in most interviews, home visitors complained about feeling inadequately compensated given the heavy time and emotional demands of the job. This was particularly the case in small sites because *KidsFirst* clients frequently show up on the doorsteps of their home visitors outside of work hours when they require help.

All of these issues have contributed to the difficulty that many of the sites have had in retaining home visitors. High turnover rates in home visitors greatly limit the effectiveness of the program, because establishing a bond of trust between a family and a home visitor is central to outreach, and such a relationship takes time to establish. Furthermore, the constant turnaround of staff requires increased training, which is costly in terms of both time and money. Parents reported high levels of dissatisfaction when their home visitor was switched.

Improved staff retention is one area of the program that should be addressed. One possible direction would be for *KidsFirst* to hire specialized home visitors for the high-needs families.

[19] Although this perspective was shared by many home visitors, the level of contentment with their salaries varied between home visitors to reflect a wide salary range. Refer to footnote 14 for the salary range of home visitors.

This would better address the needs of families experiencing exceptionally challenging circumstances, and would also ease the burden felt by home visitors. Furthermore, this would offer home visitors additional supervision and support, which may improve retention.

There appears to be a disconnect in understanding at various levels of management regarding how the program is working and what should be done to improve it. One area where this was the most evident was regarding the system of data management. Strong sentiments were expressed by many home visitors and other staff members, who noted that there are significant shortcomings in the current system of documentation.[20] According to the ECDU (email correspondence, March 16, 2010), KIMS data entry should take no longer than ten minutes to complete. This contradicts statements made by some front-line staff members, who claimed otherwise. This disconnect reveals that KIMS is not being used in the way that it was intended to be. This may be because of insufficient skills or a lack of clarity over how to use the system on the part of staff members, and/or because the system is not an efficient or effective method of documenting home visitation. Some sites have supplemented KIMS by adding paper-based or narrative-style computer entry documentation. While this has resolved some of the issues, it has necessitated additional data entry, which has reportedly been time-consuming and burdensome for some staff members.

Home visitors expressed clearly that the challenges that they face in trying to make contact with their complex-needs families are not understood by their superiors. This statement was affirmed by management-level participants who questioned why fewer than anticipated visits were completed by home visitors. Many home visitors suggested that home visitor supervisors take on a more active role in the field. For those home visitors that felt adequately supported in their work, many worked in sites where supervision involved more collaboration, direct supervision, and shared field work. One apparent issue with *KidsFirst* is that the perspectives of those who work in the field are not always properly conveyed to supervisors and management. This may be because home visitors do not feel comfortable expressing their concerns when consulted or else because opportunities to provide feedback to supervisors, program managers, management committees, or the ECDU are rare.

Similarly, it appears that there are some inconsistencies between what is expected by some management of the program and what is carried out by front-line workers and home visitor supervisors, which suggests that there are communication difficulties occurring at various levels. Efforts should be made to open up dialogue and increase communication in a two-way direction and at every level within the program. If program standards[21] are not consistently or universally being met because of supervisory inconsistencies, re-evaluating and defining the role of supervisors and implementing more universal guidelines for partnering agencies might resolve some of these problems.

6.4 Bridging Gaps in Services: an Ongoing Challenge

There are a number of constraints that limit the impact that *KidsFirst* is able to make. In instances where community needs are very great, the gaps in service provision are too large to be filled. Transportation is a common challenge for *KidsFirst* families, particularly in the smaller

[20] Refer to section five for examples of these shortcomings.
[21] For a list of Program Standards, see Appendix D.

sites and in the North. In order to access specialized medical services and counselling, large distances must sometimes be traveled. The transportation provided by home visitors has been essential in making these services accessible to their clients; however, the provision of transportation is costly in terms of time and money spent. The effectiveness of the program is greatly limited by the heavy burden *KidsFirst* faces in trying to make up for a lack of adequate and affordable transit in addition to a lack of other crucial services in many communities, for instance drug counselling and rehabilitation programs. The gaps in services are particularly pronounced in Northern communities, where qualified counsellors and medical staff are difficult to recruit and retain.

A lack of child care spaces has been a challenge throughout the province and has made it difficult for families, particularly single-parent families, to enter the workforce. *KidsFirst* has been able to secure child care spaces and subsidize these spaces for a small number of families, but the program is greatly limited by the inadequate infrastructure in every site. This remains a large challenge that requires substantial investment, which is beyond the scope of *KidsFirst*.

Although *KidsFirst* can sometimes improve the home environment and future prospects for children as well as for parents in the program, it cannot address the problem of pervasive poverty, which is the root of many symptoms the program works to address. Inequality amongst Saskatchewan residents has been growing over the last three decades. Simultaneous to cutbacks in social spending and social assistance and the introduction of a flattened tax rate has been a growing gap in earnings. 2006 data indicate that median earnings for families with children have not grown since 1976, and the share of earnings amongst the bottom half of families with children has fallen below 20%. This figure is down 6% from 1970 (Gingrich, 2009). This gap has been particularly pronounced for the province's Aboriginal population: according to 2005 figures, Aboriginal individuals earned less than 60% of the income of non-Aboriginal individuals. Furthermore, because this number does not count those living on reserves, the reality of this income gap is not fully reflected in the numbers (Gingrich, 2009). In 2006, the unemployment rate for Aboriginal adults living outside of reserves in Saskatchewan was 18.2 %, versus 4.2% for non-Aboriginal adults (Gingrich, 2009).

This growing income inequality has had a profound impact on the quality of life for Saskatchewan residents in the lower income brackets, particularly in the face of the rising cost of living. A recurring topic at each site was the lack of affordable housing. Precarious living arrangements are a central concern for many parents in the program, and the stress caused by having to focus on survival can have ramifications on parenting practices and domestic accord. Inflation in housing costs, and the concurrent cutbacks to Social Assistance, has meant that families are increasingly unable to keep up with the rising cost of living. This creates stress, which can exacerbate violent and self-destructive behaviour and lower one's sense of self-efficacy. Furthermore, financial constraints greatly reduce options for families, who might otherwise have more resources at their disposal to address these concerns.

In many instances, *KidsFirst* staff must commit their time and resources to addressing immediate needs of families in crises. While this may provide stabilization to families facing hardship (such as temporary homelessness, food scarcity, mental illness, and domestic turmoil of various kinds), it at best provides temporary relief from what are often pervasive problems. The extent of these

problems requires much more than what *KidsFirst* is equipped to offer. In rural and northern areas, insufficient infrastructure and increasingly fewer resources and employment opportunities has been a hardship. This requires substantial investments and regional planning initiatives. The impact of *KidsFirst* in improving the quality of life in many of these areas is limited.

6.5 Summary and Discussion

This section examined various factors which influence the impact that *KidsFirst* can make. Despite numerous constraints, the data from this research suggests that the program has brought about many positive changes in the families and, more broadly, the communities that it serves. The extent to which the program has achieved its goals cannot be fully addressed by this qualitative study; the quantitative figures help to provide a more complete picture of the overall effectiveness of *KidsFirst* (See *Appendix C* for a list of *KidsFirst* Program Goals).

Although the full extent to which the program is meeting its goals for child development cannot be ascertained by this study, what has emerged from the data is that the program is highly valued by many of its clients, staff and partner agencies and holds much promise for contributing to community development and supporting vulnerable families in the future.

Section Seven: Discussion and Recommendations

KidsFirst aims to ensure the healthy development of children from vulnerable families by influencing changes in various settings, including at the family and community levels. This study attempted to determine whether the program has achieved its goals and how. We determine that with different degrees of success, the program has improved parents' capacity to raise healthy children, led to holistic service delivery for families, and helped families integrate better into their communities. The program works through two simultaneous mechanisms: the first is to improve parents' knowledge, confidence and practices, and the second is to remove barriers that prevent families from seeking help from, and becoming part of, their larger communities.

In this section, we discuss our research and introduce recommendations that will help improve *KidsFirst*.

7.1 Discussion of the Research

One strength of this research is that it captures the views and opinions of those involved with *KidsFirst* in various capacities. Further, study participants' perceptions largely converge as far as the effectiveness of *KidsFirst* at their particular sites is concerned and in terms of the strengths and weaknesses of the program. Although participants held divergent opinions about how to improve *KidsFirst*, we focused extensively in this report on certain issues and suggestions which repeated themselves across interviews and focus groups. In cases where individuals held contradictory views, we presented their opinions and described their respective cases.

Our study was not able to include, to the extent that we wished, the voices and opinions of complex-needs parents. Nor was the study able to evaluate the needs of pregnant women who might have qualified for the program but were either unaware of *KidsFirst* or else chose not to join. These research limitations partly reflect the same limitations as the *KidsFirst* program as a whole. For example, some participants mentioned that it was extremely hard for the program to reach out and retain complex-needs families. As well, staff members at some sites noted that not many women join the program at the prenatal stage, showing that the program is still having trouble reaching out to these parents[22].

Findings, to a great extent, reflect the *Program Logic Model*. Across sites, *KidsFirst* has engaged in all the activities listed in the Program Logic Model. Program outcomes reported by study participants also correlate with program outcomes specified in the model, although to varying degrees of success with families at different need levels. For example, for some families, it is not realistic to have their parenting needs addressed without them addressing their basic survival needs first.

7.2 Recommendations

Based on our research findings, we propose the following changes for the program:

[22] According to ECDU, between April 2004 and March 2009, the average percentage of prenatal referrals was 23.5% of the total number of referrals, thus prenatal intake has been, in general, quite close to the program's initial target of 30%. While some sites have had more success at recruiting women prenatally, other sites have found this challenging.

1. *Intake should focus more on increasing prenatal recruitment*. Our findings suggest that *KidsFirst* has not been effectively reaching out to prenatal women in some sites. The target for prenatal recruitment should be reconsidered and increased, and more emphasis should be placed on trying to meet the new target. Findings from the literature review on home visiting suggest that results are more pronounced with early exposure, and, by maximizing exposure of mothers to home visitors early on, the program might produce better results (Gates, et al., 2009).

2. *Increase the intensity of services provided in the first year*. Some home visitors and parents, in particular, asked for more frequent home visitation. The literature also maintained that intensive home visiting, especially during the initial period when families are involved in home visitation programs, benefits parents the most (Gates, et al., 2009). We suggest that home visitors should offer more intensive visiting services to all of their families for the first six months to one year so that the exposure level is initially higher. The level of intensity (i.e. frequency of visits per unit of time) should be set after consultation with program delivery staff at all of the sites. After the initial six months to one year, the frequency of visits can be reduced or discontinued, but the program should still be available until the child is five years old. Intensive service delivery may reduce the high drop-out rate of complex-needs clients, which has been an ongoing challenge for *KidsFirst*.

3. *Complex-needs families should be assigned to specialized home visitors.* Our findings show that complex-needs families are hard to reach and retain in the program. Some respondents also related that lay home visitors are not able to deal with some of the specialized issues that arise with complex-needs families in particular. We recommend that specialized case workers with training in psychology, nursing, mental health, and social work take a greater role in serving high-needs families. This recommendation is supported by findings from the literature review, which suggested that those with complex needs benefit more from intensive services provided by professionals than they do from less intensive services provided by paraprofessionals (Gates, et al., 2009). Having specialized home visitors to deal with complex-needs families would also enable lay home visitors to focus more time on other, lower-needs families.

4. *Targeted area restrictions should be reviewed and updated or eliminated all together.* There was wide consensus among all participant groups in this study that targeted area restrictions are not appropriate as families reside in other areas or outside of the jurisdiction for reasons presented earlier (see *Section 5*). The targeted areas approach should be reviewed and either updated or eliminated all together so that families that require support from *KidsFirst* are able to receive it.

5. *KIMS should be reviewed and adjusted to reflect the needs of all user groups.* Home visitors specifically noted that KIMS is an inefficient and time-consuming method of documentation. Some sites have developed more user-friendly systems in addition to KIMS data entries. This double data entry has helped address some shortcomings of the KIM system but has doubled the paperwork required by home visitors. By reviewing KIMS and ensuring that it meets the needs of all *KidsFirst* stakeholder groups, including

6. *More training opportunities should be provided to KidsFirst staff to learn to use KIMS.* Although there is currently KIMS training in place for staff, results showed that home visitors have a difficult time understanding certain parts of KIMS and what the data being collected are used for. If more training opportunities were provided that incorporate the value of data collection, clarify what the data are being used for as well as how to enter certain information, frontline workers may better understand the system. Increased training might make documentation less burdensome, which may enable home visitors to spend more time in the field with families. Incidentally, the analysis of developmental data (ASQ) and family assessment data (In-depth Assessment and Ongoing Assessment) derived from the KIMS that was used in the quantitative evaluation of the *KidsFirst* program is itself a powerful example of how KIMS data are used to understand the program and its effects better.

7. *Guidelines on the roles of various agencies and staff members who are involved in KidsFirst programming should be better defined*. Various staff members noted that, when they began working for *KidsFirst*, they were unaware of what their duties and responsibilities included. By better defining these roles, staff will be in a better position to understand the responsibilities that come with their job and to meet those responsibilities effectively. This is emphasized for the home visitor supervisor, where the literature specifies that paraprofessional home visitors have a strong need for close supervision and support by a trained professional in order for the dyad model to function efficiently (Gates, et al., 2009). While this already occurs in some sites, it is lacking in others and should be made consistent throughout all sites. This will also help reduce staff retention issues at all sites.

8. *Community agencies should be encouraged to share information in an effort to streamline case management*. Perhaps a new program mandate that should be implemented is the ability for community agencies to share information with each other concerning the *KidsFirst* families they share. Although some sites already do this, others do not. This mandate should also apply to agencies within different jurisdictions that share families with *KidsFirst*, for example the on-reserve Aboriginal Head Start Program.

By implementing these recommendations, *KidsFirst* will be in a position to provide greater support to families and encourage more positive outcomes through better service delivery.

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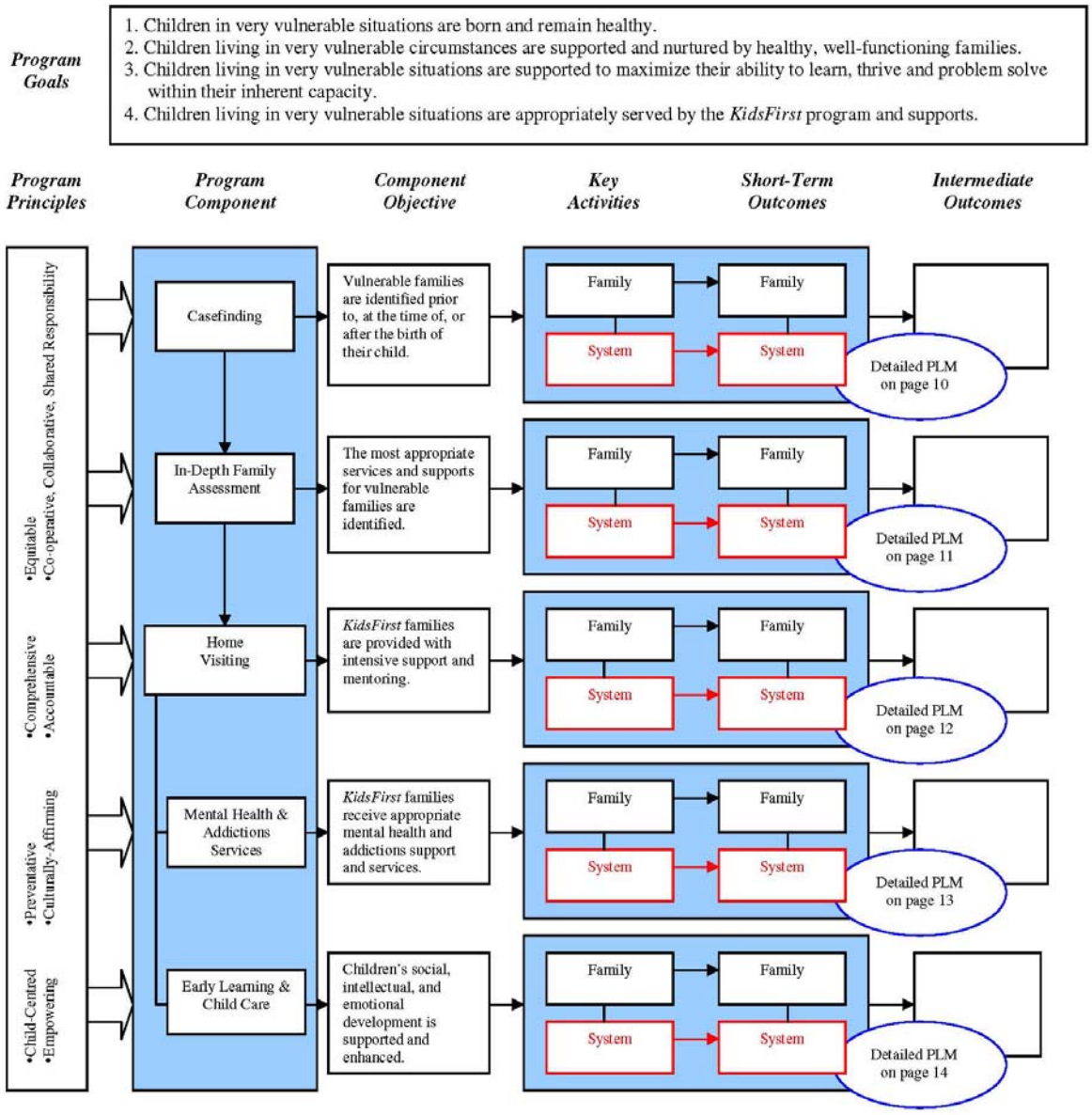
Appendix A: *KidsFirst* Program Logic Model

This PLM is copied from the *KidsFirst* Evaluation Framework (Muhajarine, Glacken, Cammer, & Green, 2007).



Appendix B: Compiled Interview and Focus Group Guides

B.1: Focus Group Guide for *KidsFirst* Staff

('KidsFirst Staff' refers to home visitors, `home visitor supervisors, and any other staff – such as mental health and addictions counsellors and child care workers- the program manager deems to fit into this category.)

Consent Form Review
I would like to review the focus group consent form with you, so that it is clear why this focus group is taking place, and how the research team will keep the information you share private and confidential. By private, we mean that what you share will not be linked to you.

(For facilitator: Please read the consent form aloud with the participants, and ask them if they have any questions. If you cannot answer their questions, please take note of them. Finally, please ensure that a form is signed by each participant before continuing with the interview).

Introduction
I would like to start by asking all of you to introduce yourselves. Please share your name, your role in the *KidsFirst* Program, and how long you have been working with *KidsFirst*.

Questions under Topic 1: Effectiveness of *KidsFirst* in bringing about positive changes in parents and communities

We would like to find out the different kinds of changes that you think *KidsFirst* has contributed to, first in parents and families, then in institutions and agencies, and then in the community overall. We'd also like to know what specific aspects of *KidsFirst* you think led to these changes. Let's start with changes in parents and families:

1. Could you talk about the changes you have seen among parents and families that participate in the *KidsFirst* Program, after their first year of participation, and also after their second year of participation in the program (i.e. once they have been in the program longer)? Please give specific examples related to the changes in parents and families you see.

   (Please use the following probes if the participants are having trouble understanding the question)
   - Do parents show higher levels of parenting confidence and knowledge? If so, in what ways does this show?

   - Did the quality of parent-to-child interactions improve among *KidsFirst* families? If so, in what ways does this show?

   a. Can you talk about the ways that the *KidsFirst* Program has helped to bring about the changes you describe above?

(Important: The focus group facilitator should modify the responses from the last question to help the participants answer this question. For instance, if the participants respond, "Parents have shown higher levels of confidence and knowledge," the focus group facilitator should follow-up with, "You have indicated that parents have shown higher levels of confidence and knowledge – how has the KidsFirst Program helped to bring about higher levels of confidence and knowledge among participating parents?" The facilitator should do this for the changes that the participants identify).

A probe to further flesh-out responses is:

- Can you think of some practices that contributed most to the changes you have described?

2. What changes have you seen in how institutions and agencies work, and how they work with each other as a result of *KidsFirst*?

(Please use the following probes if the participants are having trouble understanding the question)

- Do agencies work together better because they are linked to *KidsFirst*?
- Did the quality of service to parents and families improve because *KidsFirst* was working with an agency?

Next, please tell me how the *KidsFirst* Program has helped to bring about these changes.
(Important: The focus group facilitator should modify the above question to help the participants understand it. For instance, if the participants respond, "Institutions and agencies have shown higher levels of collaboration and reciprocity between one another, and with KidsFirst," the focus group facilitator should follow-up with, "You have indicated that Institutions and agencies have shown higher levels of collaboration and reciprocity – how has the KidsFirst Program helped to bring about higher levels of collaboration and reciprocity among organizations?" The facilitator should do this for every change that the participants identify).

A probe to further flesh-out responses includes:

- Which *KidsFirst* processes, practices, and/or policies contributed the most to the changes you have described?

3. Has *KidsFirst* helped to improve a sense of community? If so, how?

(Please use the following probes if the participants are having trouble understanding the question)

- Is there a decrease in negative actions that create divisions in the community (such as racism, etc.)? If so, in what ways is this shown?
- Have healthy relationships increased in the community? If so, in what ways have they done so?

(Ask this question if the participant responds affirmatively to the above question)

a. Which processes, practices, and policies contributed the most to the changes you have described?

3. Are there any changes in parents, supporting agencies, or the community as a result of *KidsFirst* that you have observed that you did not expect? If so, what are those? *(If answers cluster around one of those areas, query other areas as well).*

5. What about the community helped *KidsFirst* get established here?

6. What slowed down the establishment of *KidsFirst* in your community?

7. What are some strengths of the *KidsFirst* Program?

8. What are some weaknesses of the *KidsFirst* Program?

9. How might the program be improved?

    - Is *KidsFirst* trying to do too much? What should it limit its focus to if it's doing too much?

    - Is *KidsFirst* doing too little? What should it expand its focus to if it's doing too little?

10. Is there anything else about the *KidsFirst* Program that we haven't already talked about that you feel is important for me to know?

Thank you for your time. ***(Depending on the situation in which the focus group took place, participants may be offered reimbursement for their expenses. If this is the case, please ensure that participants sign the receipt provided, indicating that they have received the reimbursement)***

B.2: Focus Group Guide for *KidsFirst* Management Committees

Consent Form Review
I would like to review the focus group consent form with all of you, so that it is clear why this focus group is being conducted, and how the research team for the *KidsFirst* evaluation will maintain confidentiality and anonymity in relation to what you share. This means that we will make sure that what you share cannot be linked back to you.

(For focus group facilitator: Please read the consent form aloud with the participants, and ask them if they have any questions. If you cannot answer their questions, please take note of them. Finally, please ensure that the forms are signed by all participants before continuing with the focus group).

Introduction
I would like to start by asking all of you to introduce yourselves. Please share your name, agency, and how long you have been with the management committee.

Questions under Topic 1: Effectiveness of *KidsFirst* in bringing about positive changes in parents and communities

We would like to find out the different kinds of changes that have taken place among parents and families, among institutions and agencies, and in the community as a result of the launching of *KidsFirst* in your community. We'd also like to know what specific aspects of *KidsFirst* you think led to these changes. So to begin…

1. What changes have you seen in how institutions and agencies work, and how they work with each other as a result of *KidsFirst*?

(Please use the following probes if the participants are having trouble understanding the question)

- Do institutions and agencies show higher levels of collaboration between one another, and with *KidsFirst* as a result of their link to the program? If so, in what ways does this show?
- Did the quality of services delivered to parents and families improve as a result of the increased collaboration between *KidsFirst* and other organizations? If so, in what ways does this show?

Next, please tell me how the *KidsFirst* Program has helped to bring about these changes.

(Important: The focus group facilitator should modify the above question to help the participants understand it. For instance, if the participants respond, "Institutions and agencies have shown higher levels of collaboration and reciprocity between one another, and with KidsFirst," the focus group facilitator should follow-up with, "You have indicated that Institutions and agencies have shown higher levels of collaboration and reciprocity – how has the KidsFirst Program helped to bring about higher levels of collaboration and reciprocity among organizations?" The facilitator should do this for every change that the participants identify).

A probe to further flesh-out responses includes:

- Which *KidsFirst* processes, practices, and/or policies contributed the most to the changes you have described?

2. Has *KidsFirst* helped to improve a sense of community? If so, how?

(Please use the following probes if the participants are having trouble understanding the question)

- Is there a decrease in negative actions that create divisions in the community (such as racism, etc.)? If so, in what ways is this shown?
- Have healthy relationships increased in the community? If so, in what ways have they done so?

(Please ask this question if the participant responds positively to the above question)

a. Which processes, practices, and policies contributed the most to the changes you have described?

3. What about the community helped *KidsFirst* get established here?

4. What slowed down the establishment of *KidsFirst* in your community?

5. What are some strengths of the *KidsFirst* Program?

6. What are some weaknesses of the *KidsFirst* Program?

7. How might the program be improved?

- Is *KidsFirst* trying to do too much? What should it limit its focus to if it's doing too much?

- Is *KidsFirst* doing too little? What should it expand its focus to if it's doing too little?

8. Does the Program Manager for your site have a clear understanding of your role as a Management Committee?

    a. Are there any changes that you'd like to see with regards to the relationship you have as a Management Committee with the Program Manager?

9. Is there anything else about the *KidsFirst* Program that we haven't already talked about that you feel is important for me to know?

Thank you for your time. ***(Depending on the situation in which the focus group took place, participants may be offered reimbursement for their expenses. If this is the case, please ensure that participants sign the receipt provided, indicating that they have received the reimbursement)***

B.3: Focus Group Guide for *KidsFirst* Supporting Agencies

Consent Form Review
I would like to review the focus group consent form with all of you, so that it is clear why this focus group is being conducted, and how the research team for the *KidsFirst* evaluation will maintain confidentiality and anonymity in relation to what you share. This means that we will make sure that what you share cannot be linked back to you.

(For focus group facilitator: Please read the consent form aloud with the participants, and ask them if they have any questions. If you cannot answer their questions, please take note of them. Finally, please ensure that the forms are signed by all participants before continuing with the focus group).

Introduction
I would like to start by asking all of you to introduce yourselves. Please share your name, your role in the *KidsFirst* Program, and how long you have been involved with *KidsFirst.*

Questions under Topic 1: Effectiveness of *KidsFirst* in bringing about positive changes in parents and communities

We would like to find out the different kinds of changes that you think *KidsFirst* has contributed to, first in parents and families, then in institutions and agencies, and then in the community overall. We'd also like to know what specific aspects of *KidsFirst* you think led to these changes.

Let's start with changes in parents and families:

1. Could you talk about the changes you have seen among parents and families that participate in the *KidsFirst* Program, after their first year of participation, and also after their second year of participation in the program (i.e. once they have been in the program longer)? Please give specific examples related to the changes in parents and families you see.

(Please use the following probes if the participants are having trouble understanding the question)
- Do parents show higher levels of parenting confidence and knowledge? If so, in what ways does this show?
- Did the quality of parent-to-child interactions improve among *KidsFirst* families? If so, in what ways does this show?

2. What changes have you seen in how institutions and agencies work, and work with each other as a result of *KidsFirst*?

(Please use the following probes if the participants are having trouble understanding the question)
- Do institutions and agencies show higher levels of collaboration and reciprocity between one another, and with *KidsFirst* as a result of their link to the program? If so, in what ways does this show?

- Did the quality of services delivered to parents and families improve as a result of the increased collaboration between *KidsFirst* and other organizations? If so, in what ways does this show?

3. What changes have you seen in the community in general (that haven't been identified through the above questions) that may be a result of *KidsFirst*?

(Please use the following probes if the participants are having trouble understanding the question)

- Has *KidsFirst* strengthened the capacity of the community? If so, in what ways has it done so?
- Has it over-stretched or taxed the community in any way? If so, in what ways has it done so?
- Is there a decrease in negative actions that create divisions in the community (such as racism, etc.)? If so, in what ways is this shown?
- Have healthy relationships increased in the community? If so, in what ways have they done so?

4. How might the program be improved?

- Is *KidsFirst* trying to do too much? What should it limit its focus to if it's doing too much?

- Is *KidsFirst* doing too little? What should it expand its focus to if it's doing too little?

5. Is there anything else about the *KidsFirst* Program that we haven't already talked about that you feel is important for me to know?

Thank you for your time. ***(Depending on the situation in which the focus group took place, participants may be offered reimbursement for their expenses. If this is the case, please ensure that participants sign the receipt provided, indicating that they have received the reimbursement)***

B.4: Focus Group Guide for the Early Childhood Development Unit

Consent Form Review
I would like to review the interview consent form with you, so that it is clear why this interview is happening, and how the research team will keep the information you share private and confidential. By private, we mean that what you share will not be linked to you.

(For interviewer: Please read the consent form aloud with the participant, and ask him/her if he/she has any questions. If you cannot answer his/her questions, please take note of them. Finally, please ensure that the form is signed before continuing with the interview).

The first section is intended to help us get a better sense of the roles of the ECDU in the *KidsFirst* program.

1. Please tell us about the work that you carry out in relation to these various roles:

a. Your role as an administrative unit for *KidsFirst* provincially
b. In being accountable for resources to the provincial cabinet table
c. In being accountable for performance
d. Your role as a program model/standards overseer
e. Your work in supporting and consultation to sites
f. Your role as an evaluator of the program

The second section is intended to get a better sense of the policies and practices of *KidsFirst* in various communities

Now I'd like you to think about the policies and practices of the *KidsFirst* program (for instance: flexible resource allocation and programming, multi-tiered levels of administration, management and accountability, collaborative planning and implementation of programming, the targeted approach to program delivery, setting guidelines for staff qualifications and responsibilities, etc.). We would like to know which policies and practices you feel have contributed the most and least in bringing about positive changes in families, communities, and amongst agencies. Let's begin with families and communities:

2. What are the KF policies and practices that are most useful in bringing about positive changes within families and communities?

3. What are the *KidsFirst* policies and practices that are the least useful in bringing about positive changes within families and communities?

4. What are the *KidsFirst* policies and practices that are most useful in bringing about collaboration amongst agencies?

5. What are the *KidsFirst* policies and practices that are the least useful in bringing about collaboration amongst agencies?

6. Is there anything else about the *KidsFirst* Program that we haven't already talked about that you feel is important to add?

Thank you for your time.

B.5: Interview Guide for *KidsFirst* Parents

Consent Form Review
I would like to review the interview consent form with you, so that it is clear why this interview is happening, and how the research team will keep the information you share private and confidential. By private, we mean that what you share will not be linked to you.

(For interviewer: Please read the consent form aloud with the participant, and ask him/her if he/she has any questions. If you cannot answer his/her questions, please take note of them. Finally, please ensure that the form is signed before continuing with the interview).

Demographic Questions
My name is *[state interviewer's name]*. I will be interviewing *[state full name of participant]*, in *[state name of community]*. Today's date is *[state the date]*.

The following questions will provide some background for the main interview:

1. How many children do you have?
2. How old is each child?
3. How old are you?
4. Is there another adult in your home who participates with you in *KidsFirst*? If so, whom?

Questions under Topic 1: Effectiveness of *KidsFirst* in bringing about positive changes in parents and communities

The following questions are related to the *KidsFirst* Program in your community:

1. Why did you first choose to join to the *KidsFirst* Program?

2. Has *KidsFirst* helped you and your family? If so, please tell me about how.

(Please use the following questions as a probe. That is, please use only if the participant is struggling with understanding or responding to the question)

Has the *KidsFirst* Program helped to improve your skills as a parent? If so, what was most helpful?

- Do you sing/read/play with your child? How has this program helped you improve how you interact with your child?
- What have you learned about your child's behaviour from participating in *KidsFirst*?

a. Has this program helped you access services (such as immunization clinics, physician visits, Well Baby and child care) for your child? If so, what has been most helpful?

b. Has this program helped you access services (such as prenatal care, housing, food banks, schooling, and jobs) for yourself? If so, what services were you able to access through the program? How were they helpful?

c. Have you been able to access supports (such as those for addictions, depression, family violence) that are offered through the program? If so, have you found these supports helpful? In what ways?

d. Tell me about how your food situation works –
   - Since joining *KidsFirst*, have you been able to feed yourself and your children in adequate amounts?
   - Is the food you eat now more nutritious?
   - Do you worry about not having enough food? If so, please tell me about it.

3. Has the *KidsFirst* program helped your family's chances of getting more income from a better job? Please tell me about it.

4. Are there any other ways that the *KidsFirst* program has helped you and your family meet its needs?

5. Does the *KidsFirst* Program respect your culture? If so/not, how?

6. What do you like about the *KidsFirst* Program?

7. What don't you like about the *KidsFirst* Program?
   - Would there ever be a reason why you might leave the program?

8. What could *KidsFirst* do better to keep families like yours in the Program?
   - How might the program be improved?

9. Is there anything else about the *KidsFirst* Program that we haven't already talked about that you feel is important for us to know?

Questions under Topic 2: Understanding the Home Visiting Component of *KidsFirst*

(At this point, the interviewer should remind the participant about key aspects of the consent form, such as the protection of their privacy and anonymity)

The following questions are related specifically to the home visiting part of *KidsFirst*:

10. When did you start seeing a home visitor?

11. How often do you see your home visitor?

12. Has the number of visits you get per month changed from the time you started the Program?

a) When did the number of home visits change?

b) Why do you think the number of home visits changed?

13. What do you and your home visitor do during your home visits?

(Please use the following questions as a probe. That is, please use only if the participant is struggling with understanding or responding to the question)

- Do they go through any books or sheets with you? Tell me more.
- Do they answer your questions and give you information on services you can access to help you? Tell me more.
- Do they listen to you, and then share their experiences? Tell me more.

The next questions are about how your home visitor has helped you:

14. What community services (that you did not know about before) have you learned about through your home visitor?

- Did your homes visitor also help you access these services? If yes, how did he/she help you?

15. What do you like best about *KidsFirst* home visiting?

16. What do you like least about *KidsFirst* home visiting?

17. Has your home visitor helped you identify any of your goals?

a. If so, what goals have you set for yourself?
b. Is your home visitor helping you to reach your goals?
c. If so, what does he/she do to help you reach your goals?

18. Has your home visitor helped you stand up for yourself? If so, what did your home visitor do to help you stand up for yourself?

(Please use the following questions as a probe. That is, please use only if the participant is struggling with understanding or responding to the question)

- Did your home visitor help you get help when you needed it?
- Did your home visitor help you stand-up for yourself when it came to getting a service for your child?
- Did your home visitor's sharing of experiences help you feel more able to meet challenges you were facing?

19. How easy is it for you to reach your *KidsFirst* home visitor or other *KidsFirst* staff when you need to?

20. Would you change anything about the home visiting part of *KidsFirst*? If yes, what would you change?

21. Is there anything else about *KidsFirst* home visiting that we haven't already talked about that you feel is important for me to know?

Thank you for your time. I would like to offer you this reimbursement gift on behalf of the researchers for the time and effort it took for you to participate in this interview.

(Please have the participant sign the receipt form to indicate that they have received their reimbursement)

B.6: Interview Guide for *KidsFirst* Home Visitors

Consent Form Review
I would like to review the interview consent form with you, so that it is clear why this interview is being conducted, and how the research team for the *KidsFirst* evaluation will maintain your privacy and anonymity in relation to what you share. This means that we will make sure that what you share cannot be linked back to you.

(For interviewer: Please read the consent form aloud with the participant, and ask him/her if he/she has any questions. If you cannot answer his/her questions, please take note of them. Finally, please ensure that the form is signed before continuing with the interview).

Demographic Questions
My name is *[state interviewer's name]*. I will be interviewing *[state full name of participant]*, in *[state name of community]*. Today's date is *[state the date]*.

Only ask for KidsFirst North home visitors: In what communities do you work as a home visitor for the *KidsFirst* program?

- How long have you been a home visitor with *KidsFirst*?
- Have you ever served in another capacity with the *KidsFirst* program? If yes, in what role(s)?

Questions under Topic 2: Understanding the home visiting component of *KidsFirst*

The following questions are related to the home visiting component.

1. What are some of the key things you do as a home visitor in a typical visit?

2. Are there any other key things you do as a home visitor in a typical day? If so, what?

3. How often do you meet with families?

    a. What impacts your ability to meet?

4. How often do you deliver the Growing Great Kids curriculum?

    a. How much time do you need to adequately deliver the curriculum?

    b. How much do you rely on the curriculum during a home visit?

    c. What impacts your ability to deliver the curriculum?

5. Can you tell me about the ways in which you've seen your families change as a result of the home visiting program?

(Please use the following probes if the participants are having trouble understanding the question)

- Can you provide an example of how parenting confidence or knowledge improved as a direct result of *KidsFirst*?

Is there a threshold dose *(by 'threshold dose' we mean a specific necessary amount of home visits)* of services for most families, above which most families experience positive changes? If so, what is that threshold?

a. How about for more families in more challenging situations?

6. What are some things you have done that have been particularly helpful to families?

(Prompts – if necessary) E.g., goal setting; case planning

a. What are some things you believe have not been helpful to families?

7. Have you noticed any outcomes in families that you did not expect? If so, tell me about them.

8. What role(s) do home visitors play in the *KidsFirst* program with families?

a. What about in your community generally?

9. What drew you to this work?

10. What keeps you doing this work?

11. Why do you think some home visitors leave their jobs?

12. What are you most proud of in working with families?

13. What is challenging about working with *KidsFirst* families?

14. What has been helpful to you in dealing with the stresses of this work?

15. Do you feel well-trained and prepared for your work?

16. Do you feel adequately supported and supervised?

17. Are there well-defined guidelines in place for your work? For instance, when to increase/decrease services; when to involve Mental Health and Addictions Services (MH&AS); when to cease attempts to contact unresponsive families? *(if necessary, prompt participants to provide more information, e.g. you could say, "Could you tell me more about that?")*

18. What suggestions do you have for improving the program?

- Is *KidsFirst* trying to do too much? What should it limit its focus to if it's doing too much?

- Is *KidsFirst* doing too little? What should it expand its focus to if it's doing too little?

19. Is there anything else about the *KidsFirst* home visiting component that we haven't already talked about that you feel is important for me to know?

Thank you for your time. ***(Depending on the situation in which the interview took place, the participant may be offered reimbursement for her/his expenses. If this is the case, please ensure that the participant signs the receipt provided, indicating that she/he has received the reimbursement).***

B.7: Interview Guide for *KidsFirst* Home Visitor Supervisors

Consent Form Review
I would like to review the interview consent form with you, so that it is clear why this interview is being conducted, and how the research team for the *KidsFirst* evaluation will maintain confidentiality and anonymity in relation to what you share. This means that we will make sure that what you share cannot be linked back to you.

(For interviewer: Please read the consent form aloud with the participant, and ask him/her if he/she has any questions. If you cannot answer his/her questions, please take note of them. Finally, please ensure that the form is signed before continuing with the interview).

Demographic Questions
My name is *[state interviewer's name]*. I will be interviewing *[state full name of participant]*, in *[state name of community]*. Today's date is *[state the date]*.

The following questions will provide some background for the main interview:

1. How many home visitors do you supervise?
2. How long have you been a home visitor supervisor?
3. Have you ever served in another capacity with the *KidsFirst* program? If yes, in what role(s)?

Questions under Topic 2: Understanding the home visiting component of KF

The following questions are related to *KidsFirst* home visiting in your community:

4. What sort of activities do home visitors perform in your community?

5. What changes have you observed in families as a result of the work of home visitors?

6. Have you noticed any changes that you did not expect to see? If so, please tell me about them.

7. What do you see as your role in working with home visitors?

8. How do you help with the most high needs families?

9. How often do you attend home visits to family homes?

10. If you could make changes to improve the home visiting aspect of the program, what would they be?

11. How could the home visiting supervisor's work be improved?

12. What support would be necessary for this?

13. Would you like to share any other comments?

Thank you for your time. (Depending on the situation in which the interview took place, the participant may be offered reimbursement for her/his expenses. If this is the case, please ensure that the participant signs the receipt provided, indicating that she/he has received the reimbursement).

B.8: Interview Guide for *KidsFirst* Program Managers

Consent Form Review
I would like to review the interview consent form with you, so that it is clear why this interview is being conducted, and how the research team for the *KidsFirst* evaluation will maintain confidentiality and anonymity in relation to what you share. This means that we will make sure that what you share cannot be linked back to you.

(For interviewer: Please read the consent form aloud with the participant, and ask him/her if he/she has any questions. If you cannot answer his/her questions, please take note of them. Finally, please ensure that the form is signed before continuing with the interview).

Demographic Questions
My name is *[state interviewer's name]*. I will be interviewing *[state full name of participant]*, in *[state name of community]*. Today's date is *[state the date]*.

The following questions will provide some background for the main interview:

1. How long have you been a program manager?
2. Have you ever served in another capacity with the *KidsFirst* program? If yes, in what role(s)?

Questions under Topic 1: Effectiveness of *KidsFirst* in bringing about positive changes in parents and communities

We would like to find out the different kinds of changes that you think *KidsFirst* has contributed to, first in parents and families, then in institutions and agencies, and then in the community overall. We'd also like to know what specific aspects of *KidsFirst* you think led to these changes. Let's start with changes in parents and families:

3. Could you talk about the changes you have seen among parents and families that participate in the *KidsFirst* Program, after their first year of participation, and also after their second year of participation in the program (i.e. once they have been in the program longer). Please give specific examples related to the changes in parents and families you see.

(Please use the following probes if the participants are having trouble understanding the question)

- Do parents show higher levels of parenting confidence and knowledge? If so, in what ways does this show?

- Did the quality of parent-to-child interactions improve among *KidsFirst* families? If so, in what ways does this show?

4. Can you talk about the ways that the *KidsFirst* Program has helped to bring about the changes you describe above?

(Important: The interviewer should modify the responses from the last question to help the participant answer this question. For instance, if the participant responds, "Parents have shown higher levels of confidence and knowledge," the interviewer should follow-up with, "You have indicated that parents have shown higher levels of confidence and knowledge – how has the *KidsFirst* Program helped to bring about higher levels of confidence and knowledge among participating parents?" The interviewer should do this for the changes that the participants identify).

A probe to further flesh-out responses is:

- Can you think of some practices that contributed most to the changes you have described?

5. What changes have you seen in how institutions and agencies work, and how they work with each other as a result of *KidsFirst*?

(Please use the following probes if the participants are having trouble understanding the question)

- Do agencies work together better because they are linked to *KidsFirst*?
- Did the quality of service to parents and families improve because *KidsFirst* was working with an agency?

6. Next, please tell me how the *KidsFirst* Program has helped to bring about these changes.

(Important: The interviewer should modify the above question to help the participant understand it. For instance, if the participant responds, "Institutions and agencies have shown higher levels of collaboration and reciprocity between one another, and with *KidsFirst*," the interviewer should follow-up with, "You have indicated that Institutions and agencies have shown higher levels of collaboration and reciprocity – how has the *KidsFirst* Program helped to bring about higher levels of collaboration and reciprocity among organizations?" The interviewer should do this for every change that the participants identify).

A probe to further flesh-out responses includes:

- Which *KidsFirst* processes, practices, and/or policies contributed the most to the changes you have described?

7. Has *KidsFirst* helped to improve a sense of community? If so, how?

(Please use the following probes if the participants are having trouble understanding the question)

- Is there a decrease in negative actions that create divisions in the community (such as racism, etc.)? If so, in what ways is this shown?
- Have healthy relationships increased in the community? If so, in what ways have they done so?

(Ask this question if the participant responds affirmatively to the above question)

a. Which processes, practices, and policies contributed the most to the changes you have described?

8. Are there any changes in parents, supporting agencies, or the community as a result of *KidsFirst* that you have observed that you did not expect? If so, what are those? (if answers cluster around one of those areas, query other areas as well).

9. What about the community helped *KidsFirst* get established here?

10. What slowed down the establishment of *KidsFirst* in your community?

11. What are some strengths of the *KidsFirst* Program?

12. What are some weaknesses of the *KidsFirst* Program?

13. How might the program be improved?
    - Is *KidsFirst* trying to do too much? What should it limit its focus to if it's doing too much?

    - Is *KidsFirst* doing too little? What should it expand its focus to if it's doing too little?

14. Is there anything else about the *KidsFirst* Program that we haven't already talked about that you feel is important for me to know?

Questions under Topic 2: Understanding the home visiting component of *KidsFirst*

The following questions are related to *KidsFirst* home visiting in your community:

15. What sort of activities do home visitors perform in your community?

16. What changes have you observed in families that you believe are primarily the result of the home visiting component?

17. Have you noticed any changes as a result of the home visiting component that you did not expect to see? If so, please tell me about them.

18. What do you see as your most important roles regarding the home visiting component?

19. If you could make changes to improve the home visitor aspect of the program, what would they be?

20. How could the program manager's work be improved?

21. What support would be necessary for this?

22. Does the Management Committee for your site have a clear understanding of your role as a Program Manager?

23. Are there any changes that you'd like to see with regards to the relationship you have as a Program Manager with the Management Committee?

24. Would you like to share any other comments?

Thank you for your time. (Depending on the situation in which the interview took place, the participant may be offered reimbursement for her/his expenses. If this is the case, please ensure that the participant signs the receipt provided, indicating that she/he has received the reimbursement).

Appendix C: *KidsFirst* Goals and Possible Outcomes

The following program goals and objectives are stated in:

Saskatchewan Learning, Early Learning and Child Care Branch and Early Childhood Development Unit (2007). 2007-2008 Performance Plan: KidsFirst Strategy. Regina: Government of Saskatchewan

Goal #1 Children in very vulnerable situations are born and remain healthy.

Objectives:

- Pregnant women in the program access adequate prenatal care.
- Primary caregivers address their mental health and addictions issues.
- Children maintain good physical health status or improved health status over time.

Goal #2 Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families.

Objectives:

- Social support networks, housing, food security, education, employment and income for families will improve over time.
- Family interactions improve over time.
- Families develop and maintain a safe and secure home environment.

Goal #3 Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity.

Objective:

- Support and nurture children's ability to learn.

Goal #4 Children living in very vulnerable situations are appropriately served by the *KidsFirst* program and support.

Objectives:

- Establish and maintain shared accountability mechanisms for processes and outcomes.
- Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive.
- Identify appropriate families in a timely manner and retain them in the program.
- Families are satisfied with *KidsFirst* services.

Appendix D: *KidsFirst* Program Standards

Copied directly from: *KidsFirst* Program Manual (2001). Government of Saskatchewan.

- The Accountable Partner will be a school Division or a Health District.
- The Accountable Partner, in consultation with the Local *KidsFirst* Management Committee, will hire the *KidsFirst* Program Manager.
- The *KidsFirst* Management Committee in the targeted communities will include senior level representatives from the Health District, Metis Nations of Saskatchewan, School Divisions, Social Services, and Tribal Council. Metis Nation of Saskatchewan and Federation of Saskatchewan Indian Nations will appoint their representatives to the Management Committee.
- Community Planning Committees will be in place in each targeted community.
- Targeted communities will not run deficits for the *KidsFirst* program. If deficits are incurred, they will not be covered by the provincial government.
- Funds transferred to the accountable partner for the *KidsFirst* program will be designated as externally restricted, and any surplus amounts at year end will be transferred to a deferred revenue account for future expenditures on the *KidsFirst* program only.
- Communities must report on the financial results of the program, using the approved format (which is presently under development).
- All communities must submit and receive approval for their five-year plan prior to the release of funds to the community for the *KidsFirst* program. The only exception to this is the initial allocation for start up costs.
- The tool that may be used for prenatal screening is the Larson, Collet and Hanley.
- Communities will provide nutritional supplements as part of the prenatal outreach component.
- All staff using the screening tool will receive local training.
- Women who enter the program prenatally, will remain in the program after their baby is born, should they have continuing need.
- An assessment of needs will be completed on women accepted to the program prenatally. This must be done by a professional.
- All babies born in Saskatchewan hospitals, and their families, with their consent will be screened for risk using the In-Hospital Screening tool developed by Parkyn.
- Screening results will be sent to the public health agency in the health district in which the family resides.
- All staff involved in the use of the screening tool will be trained.
- The assessment tool that will be used is the *KidsFirst* In-Depth Family Assessment, This tool has been adopted from the Healthy Babies, Healthy Children In-depth assessment Tool, Ontario Ministry of Health and Long-Term Care and Ministry of Community and Social Services.
- The assessment will be completed within three to six weeks after birth.
- Staff conducting the assessment will be professionals and will be trained in the use of the tool. Training will be delivered through the Early Childhood Development Unit.
- The Home visiting program will employ lay home visitors. The home visitors employed will reflect the cultural composition of the client group.

- All staff will be trained in the use of the provincial curriculum for home visitors.
- Prenatal and postnatal home visiting will be provided by the same agency.
- A strength based approach will be used.
- Staff will be hired by existing mental health and addiction services.
- Staff hired will be dedicated to the *KidsFirst* program.
- Community plans must ensure all program elements are available or developed with *KidsFirst* resources for families referred to the *KidsFirst* program.

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SPHERU is a bi-university, interdisciplinary research unit committed to critical population health research. The SPHERU team consists of researchers from University of Saskatchewan and University of Regina who conduct research in three main areas - northern and aboriginal health, rural health, and healthy children.

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