



NATIONAL CRIME PREVENTION CENTRE

Building the Evidence – **EVALUATION SUMMARIES**

2007-ES-11

HEALTHY FAMILIES PROJECT AND KWANLIN DUN FIRST NATION'S PROJECT

The Healthy Families model, which is based on the Healthy Families America program, was tested in five sites across Canada: three sites in Edmonton (Norwood Child and Family Resource Centre, Bent Arrow Traditional Healing Society, and Terra Association), the Kwanlin Dun First Nation Healthy Families Program in Whitehorse, Yukon, and Best Start Healthy Families in Charlottetown, Prince Edward Island. The Kwanlin Dun First Nation Healthy Families Program (Yukon site) focused primarily on Aboriginal children.



Each site targeted parents with children aged 0-6 who were considered at high risk for future criminal behaviour and victimization. The aim was to reduce the risk factors associated with anti-social behaviour, such as delinquency and criminal behaviour, child abuse and neglect, poor parenting skills, exposure to domestic violence and parental criminality.

The projects utilized an intensive family home visitation program to provide parents with the support they need to get their children off to a healthy start in life. The home visits were tailored to the needs of each family and were conducted by family support workers. Each visit consists of three major components: parenting, child development and parent-child interaction. The aim was to reduce the multiple risk factors associated with anti-social behaviour, delinquency and criminal behaviour, child abuse, neglect, poor parenting skills, exposure to domestic violence and parental criminality.

Project assessment

Process and outcome evaluations were conducted. Standardized instruments were used to collect data. Administered over a 32-month period, they provided pre- and post-information on participants in the study.

Evaluation findings reported on the number of clients who completed the standardized measures in five sites across Canada. Between July 1999 and December 2001, outcome data was collected from 370 clients across these five sites. The comparison group was based on Prince Edward Island's families (n=18 control families).

Key findings

The process evaluation showed that:

- The Healthy Families model was successfully implemented across all five sites;
- 70% of time was spent on client-focused activities such as discussing child development, family functioning and health issues and helping parents with community resources and referrals;
- The Healthy Families model worked best with younger and first time parents.

More specific to Kwanlin Dun Project, the process evaluation found that:

- The project incorporated culturally appropriate components such as recognition of the extended family, cultural preferences, use of verbally shared program materials, privacy concerns and prior contacts with child welfare authorities;

HEALTHY FAMILIES PROJECTS AND KWANLIN DUN FIRST NATION'S PROJECT



- The number of cases was smaller than anticipated, but the degree and intensity of risk experienced by families in the program was higher than expected;
- The original project model was not designed to address the needs of families with such a high degree of risk;
- A history of strained relations existed between First Nation communities and Family and Children's Services. The Healthy Families project had a significant and positive impact on these relationships.

- New procedures are needed to track families' contact and involvement with their community's resources and activities;
- High staff turnover can negatively influence a family's progress through the Healthy Families project. Participants found it difficult to accept a new family support worker after working closely with another;
- For the Kwanlin Dun Project, barriers are often raised when trying to provide services to Aboriginal communities. Efforts must be made to incorporate Aboriginal values and principles within the Healthy Families programs.

Overall, the outcome evaluation showed that:

- Prince Edward Island's Best Start Healthy Families site showed a high satisfaction rate among participants although the data did not show significant differences between the participant and comparison groups;
- Four of the five sites demonstrated improvements in family functioning. The data showed that parents' expectations of their children, their levels of empathy and beliefs about punishment changed across all programs;
- Parents felt that the best parts of the program were learning about child development and parenting; learning about and gaining access to community services; and their relationship with the family support worker;
- Parents felt that social support they received did help them become more child-focused, strengthened their ability to cope and helped them build relationships with others;
- In the evaluation of the Best Start Healthy Families site, one finding stood out: 35% of the comparison group reported child welfare involvement during the time of the study compared to only 5% of Best Start clients.

Conclusion

The Healthy Families Project was successful in working in partnership with parents and connecting them and their children with culturally-relevant services in their community. Knowledge about the Healthy Families model has been gained in a First Nation Community and follow-up assessments will provide useful information on how well the Healthy Families curriculum can be adapted to First Nations communities.

Early intervention programs, such as 'Healthy Families', have been found to be successful for supporting families at-risk and providing a healthy and safe environment for their children.

For more information or to receive a copy of the final evaluation report please contact the National Crime Prevention Centre at 1-877-302-6272, or visit the website at: www.PublicSafety.gc.ca/NCPC.

You can also visit the website of the Healthy Families Canada at: <http://www.healthy-families.ca>.

If you wish to register for the NCPC mailing list to receive information from the Centre please visit the subscription page at: www.PublicSafety.gc.ca/prg/cp/maillinglist/subscribe-en.aspx.

Lessons learned

Lessons learned included:

- Involving a broad range of experts with a variety of perspectives and knowledge can help programs connect with other agencies and infrastructures;
- A high rate of potential clients qualify, but refuse to participate in the program. Policy-makers and program administrators need to develop strategies to address the needs of these hard-to-reach groups;