Planning the evaluation of *KidsFirst*, one of the Saskatchewan government’s early childhood intervention programs

**WHAT IS *KidsFirst***?

*KidsFirst* is a federally-funded, provincially-run intervention program launched in 2002 that provides support and services to vulnerable families with young children (aged 0-5) in Saskatchewan. It is offered in nine areas of the province that were identified as having high levels of need when the program was established. There are *KidsFirst* programs in Meadow Lake, Moose Jaw, Nipawin, Northern Saskatchewan, North Battleford, Yorkton and selected neighbourhoods in Prince Albert, Regina and Saskatoon.

*KidsFirst* uses intensive home visiting to support children living in very vulnerable circumstances so that they can be nurtured and supported by healthy, well-functioning families. Home visitors work to build capacity in families, promote healthy child development and facilitate goal achievement for parents (such as returning to school or finding a job). *KidsFirst* also connects families with mental health and addiction services as well as early learning and childcare programs. Home visitors focus on the positive, building on each family’s strengths to build parents’ self-esteem and confidence.

**WHY EVALUATE *KidsFirst***?

This evaluation was designed to inform the emerging body of knowledge on promising or best practices in the area of early childhood intervention in Canada. By examining the research literature, and discussing evaluation with *KidsFirst* policy and program personnel, it was clear to the researchers that there is a lack of specific knowledge about what makes early childhood interventions successful, especially interventions directed at vulnerable families in Canada. This information is crucial in order to develop more effective policy interventions to reduce maternal and child health disparities.

**HOW WAS THE EVALUATION PLANNED?**

In 2007, an evaluation process began, looking at how effective *KidsFirst* has been in the short term at meeting its four goals as well as objectives specific to each goal. This evaluation was conducted as a partnership between the Early Childhood Development Unit at the Ministry of Education, which oversees the program, and the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), a bi-university research unit at the Universities of Saskatchewan (in Saskatoon) and Regina (www.spheru.ca). SPHERU researcher Nazeem Muhajarine led the evaluation, which was
funded primarily by the Canadian Population Health Initiative and the Government of Saskatchewan.

The evaluation team started by working with program managers of the KidsFirst sites to develop an evaluation framework, to guide how the evaluation would be conducted to determine if KidsFirst is meeting its goals and objectives (available at: www.kidskan.ca/node/174).

The evaluation was conducted in three phases:
1. the development of program logic models of the program (that describe how the program is intended to work) and the development of an evaluation framework (that describes a plan for evaluating whether a program is working as intended, and why it is or isn't working)
2. A core phase during which existing data were analyzed, and new data collected and analyzed, to determine the KidsFirst program's effectiveness; and
3. the integration of all evaluation findings, linking them to program goals and objectives as well as the broader context of provincial early childhood development.

As well as giving an idea as to how effective KidsFirst has been, findings from this evaluation add to the emerging body of knowledge around the practices used in early childhood community-level interventions.

THE EVALUATION’S KEY PRINCIPLES AND OBJECTIVES

The evaluation framework describes the process by which the evaluation was undertaken. It provides an overview of Saskatchewan’s KidsFirst Program; the KidsFirst Program Logic Model; the KidsFirst Evaluation Framework (key evaluation principles, evaluation objectives, and data sources and collection methods); the evaluation data collection matrix; and a review of six KidsFirst assessment tools.

The framework describes the key principles that guided the evaluation:
• Collaboration among key stakeholders
• Reliability and validity of the findings
• Professional standards (according to the Joint Committee on Standards for Educational Evaluation, on its utility, feasibility, propriety and accuracy)
• Ethical considerations (that participation is voluntary and that participants know the aims and methods of the study, the nature of their involvement, and any potential risks).

It also sets out the evaluation’s objectives:
• To create a community profile for each KidsFirst site.
• To describe the implementation and operation of KidsFirst at each site.
• To compare perinatal and early childhood health outcomes of KidsFirst participants with those of the comparison groups.
• To determine whether KidsFirst participants show better developmental outcomes than do children in the comparison groups, and if so, to what extent.
• To determine whether KidsFirst parents show higher levels of parenting confidence and knowledge than do parents in the comparison groups, and if so, to what extent.
• To determine whether the quality of parent-child interaction is better among KidsFirst parents than among parents in the comparison groups, and if so, to what extent.
• To identify the site-specific processes, practices, and policies that contributed most to positive short-term/intermediate outcomes related to families and child health and development.
• To assess selected outcomes/impacts of KidsFirst participants (e.g., child abuse and maltreatment outcomes, maternal mental health outcomes) in relation to the comparison groups.
• To assess the overall effectiveness of the KidsFirst Program.
• To evaluate whether the overall goals/objectives of the program were met, and, if so, to what extent.
• To provide feedback to key program stakeholders to facilitate the ongoing/future implementation of the KidsFirst Program.

DEVELOPING PROGRAM LOGIC MODELS

A program logic model is a visual model—like a flowchart—that outlines the goals and objectives of a program (objectives are specific items highlighted within the four overall goals for KidsFirst), the activities undertaken to fulfill these objectives, and the intended outcomes. A program logic model helps identify the values and assumptions that underpin a program, as well as the resources available in the program. It provides a broad overview of the program’s functioning, so can be used as a communication tool. Another way to think of it is as an idealized, causal path between what the program is trying to achieve, what activities it is doing to bring about these achievements, and what actually happens in the program.

In order to better understand how the program operates, researchers developed the KidsFirst program logic model through consultation with program managers and staff, and by reviewing program documents. The logic model summarizes the goals of Saskatchewan’s KidsFirst program, and acknowledges that services and supports vary among the nine program sites, as well as from family to family.

The process started with a day-long workshop with the program managers in Regina in January 2007. During the workshop, the participants identified the objectives, outcomes and indicators for the following program components:
• prenatal casefinding and in-hospital screening;
• in-depth family assessment
• home visiting
• mental health and addictions services
• early learning and child care

* Page numbers refer to pages in the full report (available at www.kidskan.ca/node/174).
An overview logic model was created for the whole program (see page 3), as well as more detailed logic models for each program component (see pages 9-14 of the Framework, available at: www.kidSKAN.ca/node/174). The logic models show objectives, key activities, short-term outcomes and intermediate outcomes for each program component. After the initial workshop, these models were created, reviewed, and revised until consensus was reached.

For example, the logic model for the home visiting program component shows:

**Objective:** *KidsFirst* families are provided with intensive support and mentoring.

**Key Activities:** A dozen activities are listed at the family level, including: engaging families in the home visiting program; establishing a trusting and nurturing relationship with the family; providing learning opportunities, and assessing family vulnerability on an ongoing basis. At the system level, the key activity is to advocate for families with appropriate government agencies.

**Short-term Outcomes:** There are several activities listed at the family level, including: the family’s acceptance of home visits and their retention in the program; parents’ better understanding of children’s growth and development; the strengthening of parent-child interaction; and increased family self-reliance. At the system level, the key outcomes are that vulnerable families are better supported, and that provincial policy is informed.

**Intermediate Outcomes:** Again, there are several listed, including: families are able to provide nurturing and safe care for their children; social support networks, housing, food security, nutrition and education, employment and income for families are improved; and families are satisfied with *KidsFirst* services.

**DATA COLLECTION, ANALYSIS AND REPORTING**

The evaluation framework describes collection methods and data sources to be used to evaluate how well the program has met its goals and objectives. These include: literature reviews, document reviews, key informant surveys and interviews, the *KidsFirst* data management system, administrative data, comparative group data, case studies and a cost-benefit analysis.

The evaluation framework includes a data collection matrix, which links possible evaluation questions, indicators, and data sources and collection methods with the objectives of the evaluation, as well as the overall goals of the *KidsFirst* Program.

As part of the initial evaluation process, the researchers reviewed the assessment tools used in the *KidsFirst* program: the Larson Prenatal Screen; the In-Hospital Birth Questionnaire; the In-Depth Family Assessment; the Ages and Stages Questionnaire; the Ages and Stages Questionnaire–Social-Emotional; and the Parent Satisfaction Survey. This review determined the purpose of each tool, what it measures, and its reliability and validity.

It is important to recognize that evaluating *KidsFirst*, a large, multi-site program, is a complex and time-consuming undertaking. Although it is a provincial program, it is delivered entirely at a local level in nine communities. The needs of multiple stakeholders, service organizations and program administrators need to be addressed, and the varying capacity and socioeconomic realities of program sites recognized. Evaluators need to recognize the delicate balance between the program’s service delivery mandate, on the one hand, and the need for evidence of the program’s effectiveness, on the other. Given the complexity of this work and the many potential pitfalls that may compromise its success, a carefully planned, policy-engaged, and patient approach to evaluation is necessary.