

Better Beginnings Better Futures

Baby's Breath Program

SUMMARY OF EVALUATION FINDINGS



OUR VISION

An Ontario where shared knowledge is transformed into positive impact for all youth.

OUR MISSION

To make research evidence and evaluation practices accessible and relevant to Ontario's grassroots youth sector through knowledge mobilization, capacity building and evaluation leadership.

ABOUT US

The Youth Research and Evaluation eXchange (YouthREX) is a province-wide initiative based at York University with five regional Hubs across Ontario that promote the integration of research evidence and evaluation in the development and delivery of Ontario's youth programs. YouthREX regional hubs engage local grassroots youth serving organizations, academic partners, youth and policy stakeholders in capacity building, knowledge mobilization, research and evaluation opportunities.

YouthREX is primarily funded by the Ontario Ministry of Children and Youth Services with extensive contributions from York University and the three YouthREX partner universities.

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"IT HELPS ME BOND WITH A
BUNCH OF PEOPLE. ALL THE TEEN MOMS,
ALL THEIR BABIES, THE WORKERS HERE,
WE ARE ALL LIKE A NICE BIG FAMILY."



Introduction

PROGRAM DESCRIPTION

The Baby's Breath Program provides free pregnancy and parenting support for teenagers 18 years old and under who live in the Greater Sudbury area. The Baby's Breath program provides support to address challenges that pregnant and parenting teenagers, their partners, family and friends face. The program offers nutritional support as well as prenatal and parenting education on fetal/child growth and development. Baby's Breath provides a safe space where young parents can socialize and share experiences. It also offers a meal program at the beginning of each program for teen parents and their babies. Partners and support persons are welcome and confidentiality is highly respected.

The Baby's Breath Program is a much-needed program in Sudbury. Research conducted by the Sudbury District Health Unity shows teen pregnancy rates for the Sudbury area to be higher than the rest of Ontario (SDHU, 2013). Teen pregnancy poses increased health risks to both the mother and child, including health problems such as anemia, hypertension, eclampsia and depressive disorders. It is a significant concern from a determinants of health perspective because the rate of teen pregnancy is more common among teens that are underprivileged. Teen pregnancy can also result in educational and social barriers later on in the mother's life. Additionally, children of teen mothers are more likely to have low birth weights, preterm births and are more likely to experience increased mortality and childhood morbidities including developmental problems, learning disabilities and respiratory problems. While Ontario public health units play a role in reducing teen pregnancy rates and providing services to support healthy teen pregnancies, they face challenges to meeting other needs of teen parents, such as providing clinical services and sexual health education.

PROGRAM ACTIVITIES OVERVIEW

Key activities include:

- Provide prenatal and parenting education through workshops
- Discuss social topics that affect the lives of teens and parents in discussion groups
- Networking with peers and other programs

- Referrals and information sessions on community resources that are available
- Support the education needs of program mothers and fathers
- A non-judgmental and confidential environment to promote emotional safety for participants
- Sensitivity training for school staff on the needs of young pregnant students
- Mom2Mom Program
- Feeding Group
- Teen Pregnancy Classes
- Cooking Club
- Parenting Groups
- Fetal Growth and Development
- Child Growth and Development
- Parenting Workshops and Courses
- Guest speakers
- Resources (e.g., bus tickets, nutritious meals)
- Prenatal, birth and child development resources
- Baby clothes, diapers, food and other apparels are available
- Guest speakers

PROGRAM GOALS AND OBJECTIVES

Short-term Outcomes:

- Prenatal participants increase their knowledge of pre-natal and post-natal care by program completion
- Pregnant young mothers are more confident about their parenting abilities
- Young mothers in Sudbury have a stronger and positive support network
- Improved knowledge of parenting skills
- Increased awareness of relevant social topics/issues
- Improved perceptions of well-being (self-reported)
- Reduced perceptions of stress (self-reported)
- Increased sensitivity towards young mothers among students and professionals

Medium-Term Outcomes:

- Improved maternal and infant bonding.
- Improved parenting skills among young mothers.
- Increased engagement in family activities (e.g., family dinners, celebrations, outings)
- More young mothers are staying enrolled in school

Long-term Outcomes:

- Children of young mothers in Sudbury are well cared for
- More young mothers are graduating from high school
- Improved family outcomes (greater cohesion, reduced family stress)
- Improved perception of young mothers and their capabilities within the community.

Refer to Appendix A for the program logic model.

PURPOSE OF EVALUATION

The Baby's Breath Program was interested in conducting a small scale evaluation using qualitative and quantitative methods to determine the extent to which the program has achieved its short term outcomes noted in the logic model (outcome evaluation). Their goal was to create an evaluation that provided evidence of the impact their program is having on the lives of the youth they serve. With the evaluation data they hope to strengthen their funding proposal to increase the likelihood of receiving funding and sustaining the program.

KEY EVALUATION QUESTIONS

The evaluation questions were focused around the evaluation methodology. The key evaluation questions for this project concern how the youth and community are impacted through their involvement with the project and if it is achieving its

intended purposes. The evaluation included both process and outcome-related questions.

Process Evaluation Questions

1. What is the program's reach? What is the profile of youth participants?
2. Are youth satisfied with their experience in the programs?
 - a. Do youth like the program workshops?
 - b. Is the program content appropriate, engaging, and interesting?
 - c. What don't they like?
 - d. Are there barriers to accessing the program?

Outcome Evaluation Questions

1. What skills and knowledge are the youth acquiring and developing as a result of their participation in the programs?
2. What impact is the program having on the youth's parenting skills and knowledge?
3. What impact is the program having on the youths' personal and social development?

YOUTH PARTICIPATION IN EVALUATION

Ten youth who have been involved with the Baby's Breath program participated in the focus group. They were also involved in a mini information session that was held a few

KEY STAKEHOLDERS FOR THE EVALUATION

Engaging stakeholders in an evaluation can have many benefits. In general, stakeholders include people who will use

the evaluation results, support or maintain the program, or who are affected by the program activities or evaluation results.

Stakeholder name, position and organization	What role did they play in the evaluation?	How will they use the evaluation findings?
Program Staff	Assisted with data collection	To inform their practice.
Youth	Participated in the focus group	Information/knowledge may affect how they experience the program.
Funders	N/A	Information may affect how they contribute to the program.
Community Partners	N/A	Information/knowledge may affect how they collaborate with the program.

months before the workshop to discuss the purpose and benefits of program evaluation. Feedback was gathered about the youths interest in participating and questions were answered about the process of the focus group.

Program Evaluation

The Baby's Breath Program applied to receive free Customized Evaluation Support (CES) from YouthREX. As part of this process, they completed a pre-evaluation capacity survey where they answered questions about their organization's current culture and practice around evaluation, level of commitment and support for evaluation, and level of knowledge and experience with evaluation. This information helped us create a customized Evaluation Service Plan (ESP) to suit the evaluative capacity of their particular organization.

EVALUATION TYPE AND DESIGN

The evaluation strategy for the Baby's Breath Program embraced a non-experimental multi-method approach that included both quantitative methods (surveys) and qualitative methods (focus groups). This approach allowed us to fully understand and document the Baby's Breath processes and outcomes. A multi-methods approach also allowed us to build on the limits of individual modes of inquiry. The integration of multiple methods will allow us to tell richer and more nuanced stories on what outcomes are achieved, how these outcomes have been achieved and why. This approach is also most suitable in identifying program areas for improvement. YouthREX recommended an evaluation plan comprising of three phases:

Phase 1 – Process Evaluation

The process evaluation documented, identified and analyzed key factors that influenced the implementation and operation of the Baby's Breath Program. The process evaluation looked at the culture, implementation, reach and resource use of the program, and explored how the project carried out its operations. For the process evaluation we reviewed all documentation from the Baby's Breath Program including intake assessment forms and workshop feedback forms. A review and analysis of these documents allowed us to provide a description of project activities that lead towards the achievement of outcomes, as well as provide information on

barriers to success, new challenges or crises, and required supports to overcome these obstacles.

Phase 2 – Outcome Evaluation

The outcome evaluation assessed the extent to which the Baby's Breath program does what it is intended to do. Outcomes are benefits or changes for individuals or populations during or after participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program. The outcome evaluation examined whether the Baby's Breath Program is achieving its intended outcomes. The outcome evaluation helped us to understand and demonstrate the nature of change that the participants experience.

Phase 3 – Preparation of Reports for Internal and External Learning:

The evaluation of the Baby's Breath Program allowed us to learn from program participants what they experience from the Baby's Breath Program and whether participation in the Baby's Breath Program programming builds skills, knowledge and parenting abilities among young parents. These insights will be used to inform reports and other communication materials that will detail these findings and learning from the evaluation.

EVALUATION METHODOLOGY

1. Document Review

In collaboration with the Baby's Breath Program, we reviewed existing data and documents to assess intake processes.

- The intake form for the Baby's Breath Program was reviewed and analyzed using SPSS. Survey improvement recommendations were made.
- Workshop feedback forms were also reviewed to ensure the appropriate data was being captured
- Workshop feedback forms were analyzed using Excel

2. Focus Group with Youth Participants

Two focus groups were conducted on October 12th and 13th, 2016. The focus groups were transcribed for the purpose of thematic analysis. See Appendix B for Consent Form and Appendix C for Focus Group Guide.

The focus group asked the participants to discuss how they feel the program is making a difference for themselves and their newborn children, as well as the community overall.

Questions were pulled from the key anticipated outcomes such as improved parenting skills and knowledge, improved prenatal and postnatal care, increased sensitivity towards young parents, reduced parental stress and greater family engagement.

The focus group also provided an opportunity for the participants to discuss what aspects of the program are working well, what needs to change, and what opportunities are ahead.

Finally, participants were asked to comment on how they believe the project can continue to make a positive impact on both the youth and community.

SUMMARY OF FINDINGS

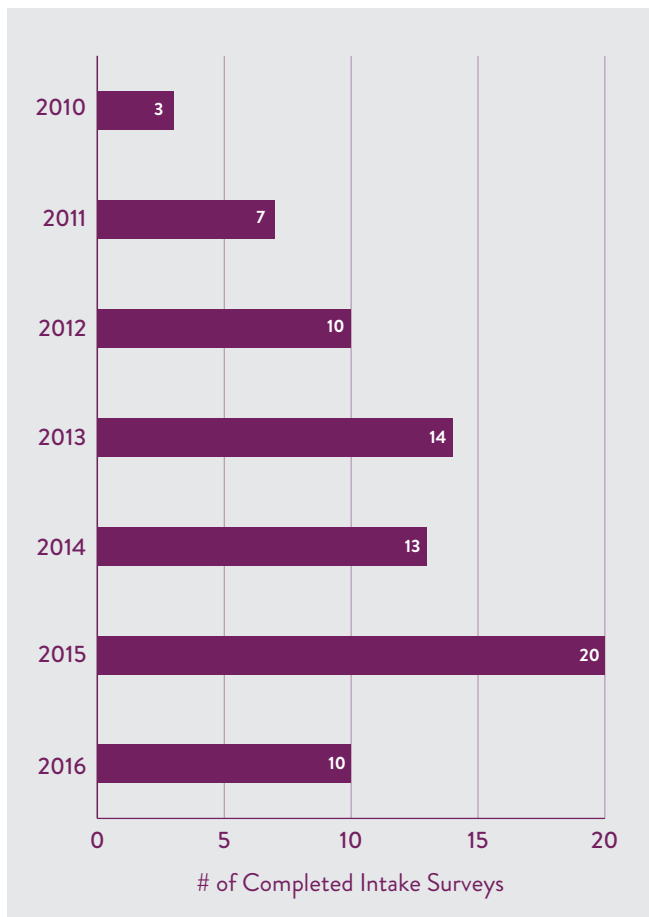
This report will first review the Baby's Breath Intake Form data to describe characteristics of the program users. Next, the results of the workshop feedback forms will be reviewed followed by a description of the focus group findings.

SECTION 01

Baby's Breath Intake Survey Summary

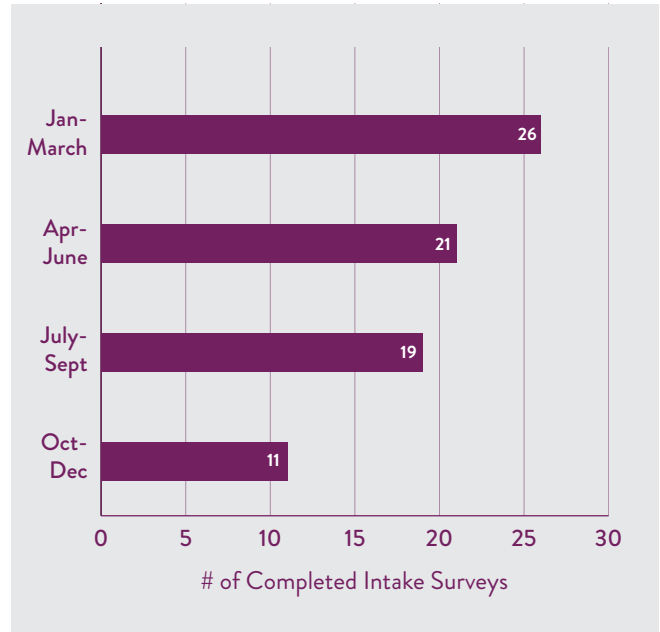
This report provides the results of a data analysis conducted by YouthREX for the Better Beginnings Better Future's Baby's Breath program. For the purpose of this analysis, existing program data from intake surveys was assessed. Data was collected from 81 participants using paper surveys from 2010-2016, which were then entered electronically and analyzed using SPSS. In total, 3 male participants were excluded from analyses because (1) they were answering on behalf of their partner who had also completed an intake survey (n = 1), and (2) because it cannot be known whether the information they provided reflected themselves or their partner, and/or whether they could accurately answer many of the questions on behalf of their partners (n = 2). The final sample consisted of **78 female participants** who joined the program between 2010 and 2016.

FIGURE 1
Baby's Breath Intake Survey (2010-2015)



Notably, a larger number of participants joined the program in 2015. Further, based on the dates listed on the forms, program intake was relatively stable across all months across all years with the exception of October-December.

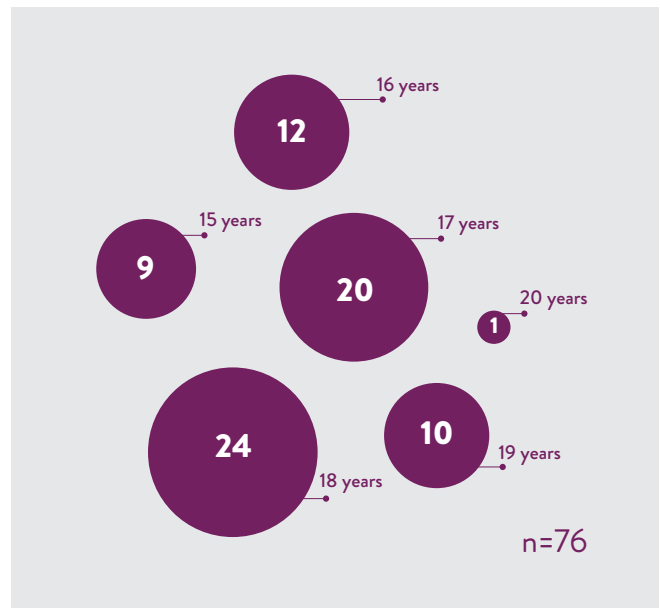
FIGURE 2
Baby's Breath Intake Survey by Months



Demographics

At intake, the average age of program users was 17.22 years old (SD = 1.25 years) with a range of 15-20 years. The majority (73.7%) of participants were between the ages of 16 and 18.

FIGURE 3
Age of Program Users



The majority of participants self-identified as English (66.66%) and reside in Sudbury (71.8%). When asked about bus tickets (n = 73), 63 (86.3%) selected Yes and 10 (13.7%) selected No.

When participants were asked how they heard about the Baby’s Breath program, 64.2% (n = 43) reported hearing about the program through word-of-mouth (e.g., friends, other participants) and their healthcare providers. Other sources include other programs/ shelters, CAS, school, and online sources (e.g., Kijiji).

	Frequency	%
English	52	66.66
English and French	14	17.95
French	4	5.13
English and Aboriginal	4	5.13
Aboriginal	2	2.56
English and Other	2	2.56
Total	n = 78	100

City	Frequency	%
Sudbury	56	71.8
Chelmsford	3	3.8
Copper Cliff	3	3.8
Garson	3	3.8
Hanmer	3	3.8
Val Caron	3	3.8
Coniston	2	2.6
Azilda	1	1.3
Lively	1	1.3
Markstay	1	1.3
Wahnapiitae	1	1.3
Unlisted	1	1.3
Total	n = 78	100

Source	Frequency	%
Word-of-mouth	27	40.3
Health care provider (Doctor, Midwife)	16	23.9
Other programs/shelters	9	13.4
CAS	4	6
Online (Kijiji)	4	6
School	4	6
Poster/other print media	3	4.5
Total	n = 67	100

Housing

Concerning participants’ housing situations, the majority indicated that they are living with relatives (n = 45) or renting (n = 21). Notably, six participants reported homelessness or unsustainable housing. In particular, four participants indicated that they are using shelters (two are using Foyer Notre Dame, one is in a group home with CAS, and one did not provide details). Of the two participants who indicated that they are homeless, one is couch surfing, and one is at Foyer Notre-Dame.

	# Selected
Living with relatives	45
Renting	21
Shelter	4
Own	2
Subsidized renting	2
Homeless	2
Total	n = 76

Sources of Income

Participants were asked to select all possible sources of income from a provided list. Results show that the largest sources of income for the group were Ontario Works and employment sources. Notably, the No income option was selected by seven individuals. The sources of income selection frequencies are presented below in descending order.

	# Selected
Ontario Works	21
Part-time job	9
No income	7
Full-time job	6
Employment insurance	2
ODSP	2
OSAP	1
Child support payments	0
Other (e.g., Children Aid Society, partner, maternity leave, Child Tax Benefit, Babysitting)	13

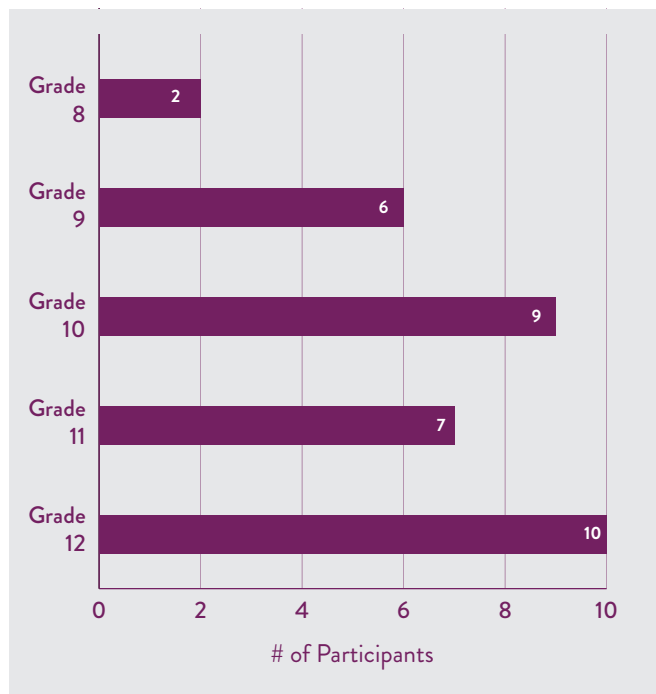
Employment

Fifteen participants indicated that they are working either part-time or full-time. For those participants who provided additional employment information (n = 14), they reveal that they mostly work in retail or food services (e.g., Tim Horton's, Wendy's, Esso, and Home Depot) and have an average shift length of 6.61 hours (SD = 2.21 hours). When asked how they feel after their shifts, 9 out of 15 (60%) participants reported feeling tired and nauseous. Other participants reported having headaches and sore/swollen feet after their shifts.

Education

Information concerning educational level was collected from a subset of the sample (n = 34). Of these 34 participants, the majority (n = 26, 76.5%) listed grades 10-12 as the highest level of education that they have completed. Furthermore, of the 70 participants who responded, 65.7% (n = 46) indicated that they are currently enrolled in school.

FIGURE 4
Highest Level of Education Completed



Mother's Health and Medical History

Allergies (n=29)

- 18 participants noted that they had allergies (e.g., penicillin)
- 11 noted that they do not have allergies
- 49 incomplete responses (i.e., missing data)

Medication(s) (n = 40)

- 16 participants indicated that they take medication(s) and over-the-counter drugs (e.g., Diclectin, Tylenol, anti-histamines, inhalers, and anti-depressant and anti-anxiety medications, iron supplements)
- 24 indicated that they do not take medication
- 38 incomplete responses (i.e., missing data)

Medical Issues

Concerning client medical history, 10 participants noted medical issues on the survey (e.g., asthma, ADHD, depression, anxiety, borderline personality disorder, eating disorder, low iron, high stress). Further, participants were asked to select all potential health issues from a list. Eating disorders, a history of seizures/ epilepsy and sexually transmitted diseases were the medical issues selected most frequently by participants. The medical issue selection frequencies are presented below in descending order.

Medical Issues	# Selected
Eating disorders	11
History of seizures/ epilepsy	5
Sexually transmitted diseases	4
Risk of infectious diseases	2
Hepatitis C	2
Liver disease (hepatitis-cirrhosis)	1
Diabetes	0
HIV/AIDS	0
Tuberculosis	0
Other (Responses: Yeast infections, UTIs, Thyroid, mild spina bifida, shortness of breath (SOB), hearing impaired, gastrophelia, depression, anxiety, borderline personality disorder, asthma)	9

Based on clients' responses, it is recommended that the intake survey be revised to include mental health conditions (e.g., depression, anxiety disorders) on the list.

Smoking¹

Current Behaviour

- When asked how much they currently smoke, 22 participants indicated *Less than 10 cigarettes a day*; 7 participants indicated *10+ cigarettes a day*
- When asked to list the actual number of cigarettes they smoked a day, 16 participants responded that they smoked an average of 8.63 cigarettes a day (Range: 2-25 cigarettes a day)
- When asked if they have cut down on the number of cigarettes smoked while pregnant, 30 out of 32 (93.8%) selected *Yes* and the remaining 2 (6.3%) selected *No*

Past Behaviour

- The majority of participants who responded to this question (55 out of 68, 80.9%) indicated that they have smoked in the past

Quitting

- If you quit, when did you quit?
 - 22 selected *before* pregnancy
 - 28 selected *during* pregnancy
 - 2 selected *after* pregnancy
- 14 out of 39 (17.9%) indicated that they were interested in talking about quitting; 25 out of 39 (32.1%) were not interested in talking about quitting

Smoking and the Baby

- 44 out of 63 (69.8%) respondents reported that their home is smoke free; 19 out of 63 (30.2%) reported that their home is not smoke free
- 44 out of 45 (97.8%) respondents indicated that their home would be smoke free after the baby is born; 2 out of 45 (2.2%) indicated that their home would not be smoke free

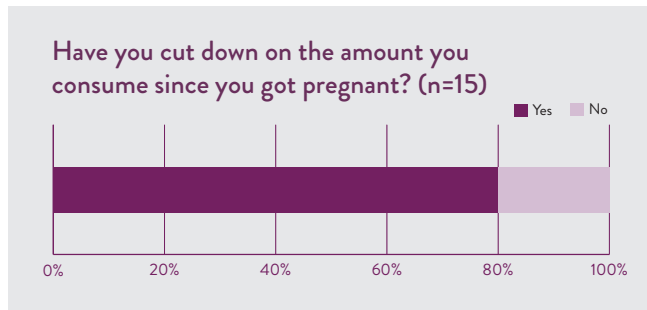
¹ Considerable amount of missing data/ data inconsistency; survey revisions are recommended.

Drug Use²

The majority (75%) of participants indicated that they are not consuming street drugs.

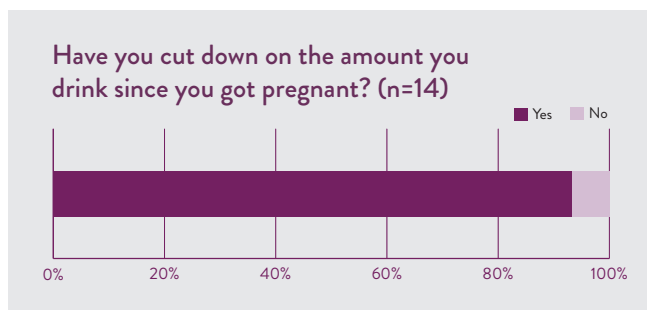
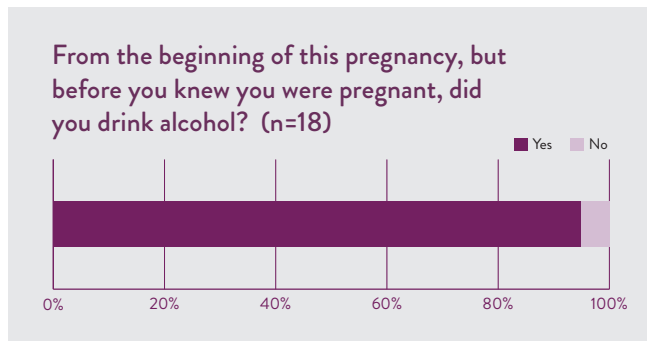


For those who are consuming, 80% (n = 12) noted that they have cut down since becoming pregnant.



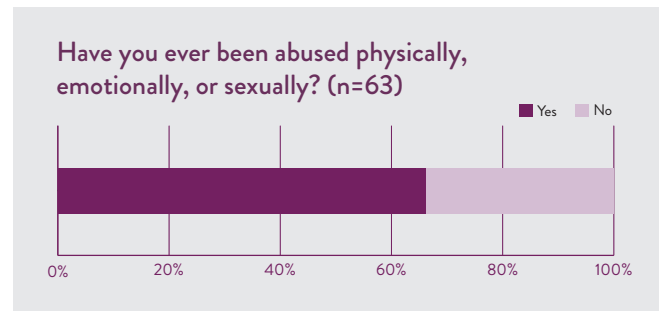
Alcohol Use³

The majority of participants (94.4%, n = 17) reported alcohol use at the beginning of their pregnancies before they knew they were pregnant. The majority of respondents (92.9%, n = 13) report cutting down their usage since becoming pregnant.

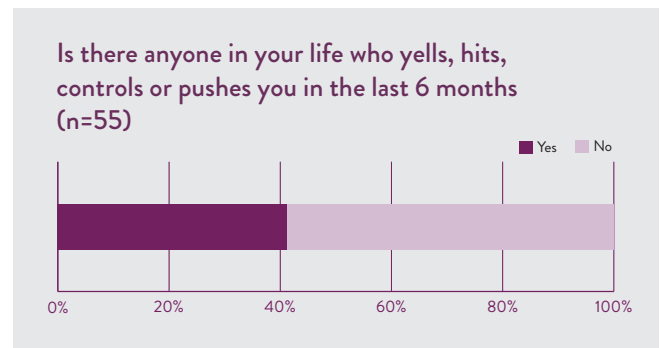


History of Abuse⁴

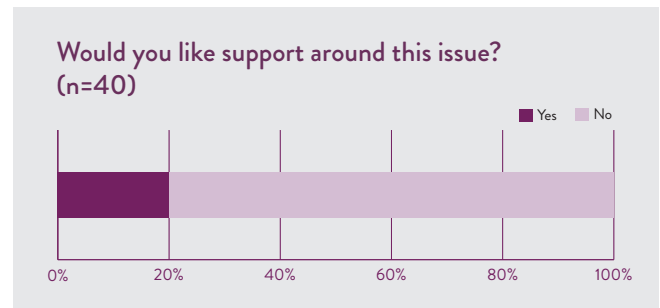
Concerning histories of abuse, 66.7% (n = 42) of participants reported experiencing abuse at some point in their life.



When asked about recent experiences of abuse, 41.8% (n = 23) indicated that they had experienced abuse in the last 6 months while 58.2% (n = 32) reported no recent incidents of abuse.



When asked if they would like support around the issue of abuse, 80% (n = 32) said No.



Considering only those 23 participants who reported experiencing abuse in the last 6 months, 8 indicated that they would not like support, and 6 indicated that they would like additional support. Data for this question is missing for the remaining 9 participants.

² Considerable amount of missing data/ data inconsistency; survey revisions are recommended.

³ Considerable amount of missing data/ data inconsistency; survey revisions are recommended.

⁴ Response rates vary; considerable amount of missing data.

Type of Abuse	Past # Selected	Present # Selected	No # Selected	Unknown # Selected
Physical abuse	6	3	1	0
Sexual abuse	6	0	3	0
Emotional/verbal abuse	5	7	0	0
Institutional abuse	2	0	5	0
War trauma	0	0	7	0
Other abuse	1	0	0	0

Baby's Breath Screening for Abuse Documentation Form

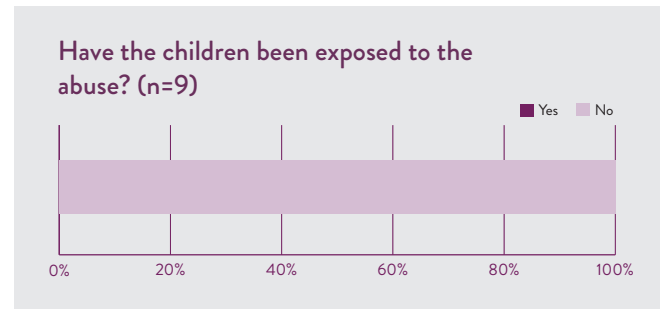
In addition to these questions, participants also completed the Baby's Breath Screening for Abuse Documentation Form. On this form, 20 participants reported experiencing some form of abuse in the past, and 10 participants reported experiencing some form of abuse within the past 12 months. Physical, sexual and emotional abuses were the forms of mistreatment reported most frequently. Abuse selection frequencies are presented above.

Clients Experiencing Abuse

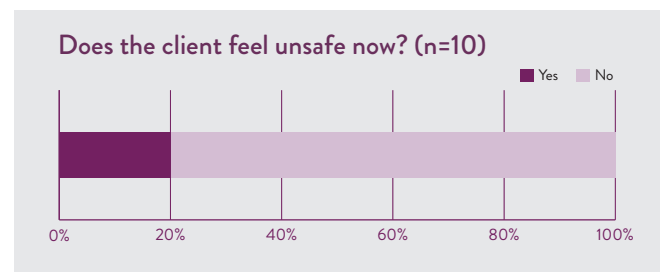
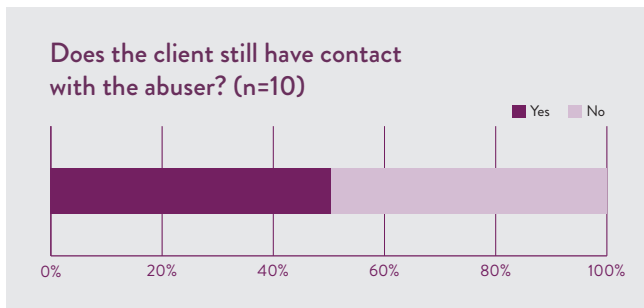
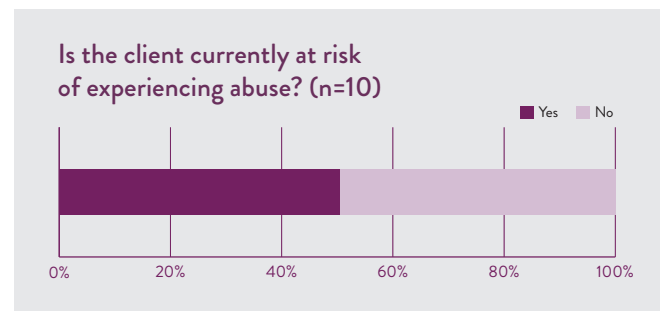
Clients who reported abuse were asked some additional screening questions concerning current levels of contact with their abuser, current risk for abuse, and whether their children are exposed to the abuse. Depending on client responses concerning the abuse, staff may have a duty to report. Information concerning referrals for clients who disclose abuse was also provided on the intake form. Care should be taken to follow up and track additional reporting and referrals.

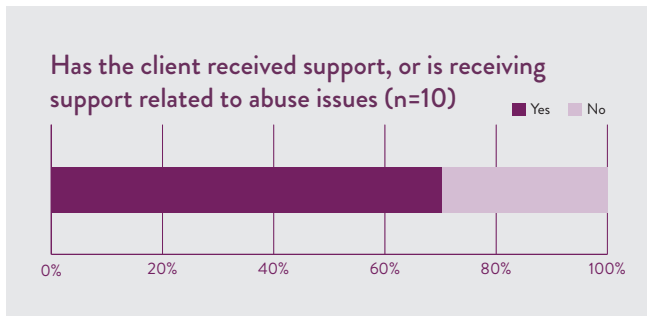
When asked about current levels of contact with their abuser, the 10 responses were split with half reporting contact and half reporting no contact.

All participants indicated that their children have not been exposed to the abuse.



Concerning current risk of experiencing abuse, 50% (n = 5) of participants were noted as being at-risk. Despite this, the majority of clients (80%, n = 8) reported that they do not feel unsafe. The remaining two participants reported feeling unsafe. Further, 70% (n = 7) report receiving support relating to the abuse.





Pregnancy, Past Pregnancies and Children

Valid due dates were obtained from 54 women. On average, participants were **4.94 months pregnant** at program intake (SD = 2.35 months) with a range of 1 month pregnant to 9 months pregnant. This was the first pregnancy for the majority of participants (51 out of 66, 77.3%). When asked if the pregnancy was planned, the majority of participants (57 out of 63, 90.5%) indicated that the pregnancy was not planned. Further, only 32.3% (20 out of 62) reported that they use birth control. Responses concerning commonly used birth control methods were obtained from 34 participants and are presented below.

	Frequency	%
Hormonal BC	17	50
None	12	35.3
Condoms	4	11.8
IUD	1	2.9

Children

For the 15 participants who have been pregnant before, their average number of previous pregnancies is 2.13 (SD = .35; Range 2-3 pregnancies). Fourteen participants provided information regarding their current children. The majority of participants (n = 13) noted having one child and one participant reported having two children. The average age of these children is 17.55 months or 1.46 years (SD = 32.38 months) (Range – 0 months to 9 years old); however, the standard deviation is quite large due to the one participant who has a 9 year old. When this outlier is removed, the average age of children is 8.30 months (SD = 10.96 months; Range 0 months to 34 months). The average birthweight of participant’s first child was 6.83 pounds (SD = 1.13 pounds; Range 5-9.10 pounds), and mothers reported gaining an average of 48.81 pounds (SD = 30.02 pounds; Range 0-90 pounds) during their pregnancies.

What Types of Supports do Participants Have?

Participants were asked to list the various types of support person(s) they have (i.e., Partner, General Practitioner, Obstetrician, Midwife, and Other Support); 75 respondents provided this information. All participants reported having at least one support person (Range 1-3 unique supports). Specifically, 33 (44%) reported having one support person(s), 32 (42.7%) reported having two support persons, and 10 (13.3%) reported having three support persons. Further, when asked if one of their support person(s) would attend Baby’s Breath, 63 participants responded. Of those 63, the majority (n = 57, 90.5%) reported that someone would accompany them. The types of supports are described below.

Partner

- Of the 72 participants who responded, the majority (n = 63, 87.7%) indicated that their partner was involved in their life, and 9 (12.3%) indicated that their partner was not.
- Birth date information was obtained for 62 partners, and on average, they were 19.29 years old (SD = 2.80 years) at the time of intake.
- Additionally, address information obtained from 19 partners reveal that the majority of partners (n = 15, 78.9%) live in the same city as the mother.

Obstetrician

- 35 participants indicated that they have an obstetrician, and 32 listed the name of their obstetrician. Overall, over half (56.3%) of respondents are being treated by three obstetricians.

	Frequency	%
Dr. Slaney	7	21.9
Dr. Splinter	6	18.8
Dr. Jocko	5	15.6
Dr. Vijay	4	12.5
Dr. Garisa	3	9.4
Dr. Connolly	2	6.3
Dr. Mirka	2	6.3
Dr. Dufour	1	3.1
Dr. Provatopoulos	1	3.1
Dr. Richardson	1	3.1
Total	32	100.0

General Practitioner

- 39 participants noted that they have a family doctor, and 38 listed the names of various doctors.

Midwife

- 12 participants indicated that they have a midwife (n = 8 listed a name; n = 6 listed Midwives of Sudbury)

Other Supports

- 41 participants listed other supports (e.g., Nurse practitioner (x2), Healthy Families Healthy Babies (x1), and the names of friends and family members).

Family Reactions to Pregnancy News

When participants were asked how their family reacted to the news of their pregnancy, a wide variety of responses were obtained. The most commonly selected options were Supportive and Accepting. Notably, the participants reported different reactions for different parents (e.g., supportive mother, disappointed father), and a few mothers noted that they were very scared to break the news to their families. Many participants noted that “Shock” and “Surprise” tended to be their parents’ initial reactions, followed by acceptance and support. Unfortunately, 10 participants reported that their families were non-supportive, with one participant noting that she was told to leave their house. When asked how this made her feel, she responded “Extremely hurt and abandonment”. For those participants whose families were accepting of the pregnancy news, they indicated that they were “appreciative” and “grateful” for their support.

	# Selected
Supportive	44
Accepting	28
Reactive	13
Non-supportive	9
Told to leave house	1

First Contact with Healthcare Provider (n = 54)

The majority of participants were 10.37 weeks pregnant (SD = 5.10 weeks; Range: 1 week to 23 weeks pregnant) when they had their first appointment with a healthcare provider.

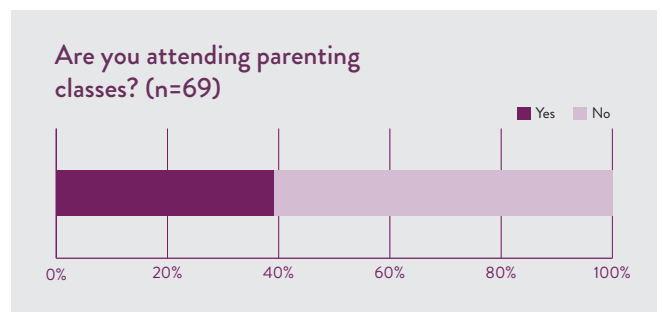
Healthcare Visits (n = 60)

61.7% of participants report seeing their healthcare provider(s) on a somewhat regular basis (i.e., biweekly-monthly). Only 2 participants reported not seeing their healthcare provider yet.

	Frequency	%
Monthly	26	43.3%
Biweekly	11	18.3%
Weekly	11	18.3%
< Once per month	5	8.3%
Not seen yet	2	3.3%
Other/cannot be coded	11	18.3%
Total	60	100%

Parenting Classes (n = 69)

When participants were asked if they are attending parenting classes, 42 (60.9%) reported that they are not attending parenting classes. The remaining 27 participants (39.1%) are attending parenting classes at Baby’s Breath, Pregnancy Care Centre, Friendship Centre, Health Unit, Our Children Our Future, Creating Healthy Babies, Infant Food Bank, Rose of Durham/Oshawa, and Sudbury Secondary.



Involvement with Other Agencies

When participants were asked what other support agencies they were involved with in addition to Baby’s Breath, they listed several other programs and organizations. The sources of support selection frequencies are presented on the following page in descending order.

Other Agencies	%
Health Unit	16
Other e.g., Pregnancy Care Centre, HBHC, Friendship Centre, Sudbury Midwifery Clinic, Ontario Works, Foyer	13
CAS	12
High School	12
OCOF	3
Continuing Education Programs	2
Daycare	0
Children's Mental Health Agencies	0
Pre-admission Clinic	0
Genevra House	0

Nutrition

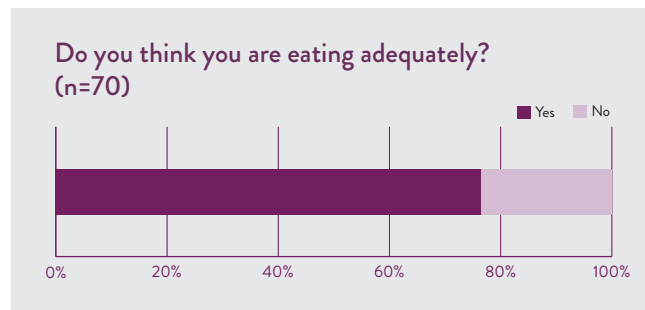
Meals and Snacks (n = 65)

Participants report eating an average of 2.55 meals a day (Range: 1-5 meals), and having an average of 3.71 snacks per day (Range: 0-12 snacks). When asked if they were worried about weight gain during pregnancy, the majority (n = 50, 73.5%) said that they were not. The remaining 18 (26.5%) participants indicated that they were.

Food Resources

When asked if they are using any community food resources, some participants indicated that they were. The food resource selection frequencies are presented below in descending order. When asked if they thought they were eating adequately, 75.3% of respondents felt that they were.

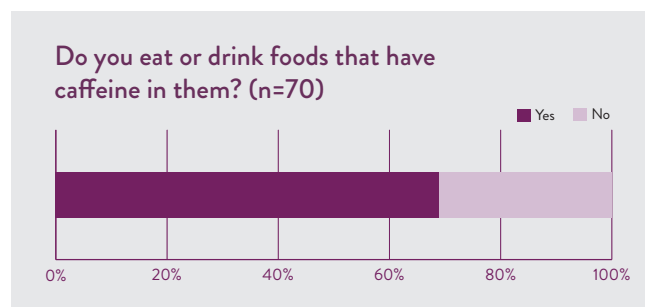
	# Selected
Food Bank	44
Any hot meal program	28
Other e.g., Baby's Breath, Creating Healthy Babies (CHB)	13
Good Food Box	9



Participants who felt that they were not eating adequately were asked to list what was missing from their current diet. Participants listed meat and fruits and vegetables most often, followed by dairy and grains. Two participants mentioned that their morning sickness has left them without much of an appetite.

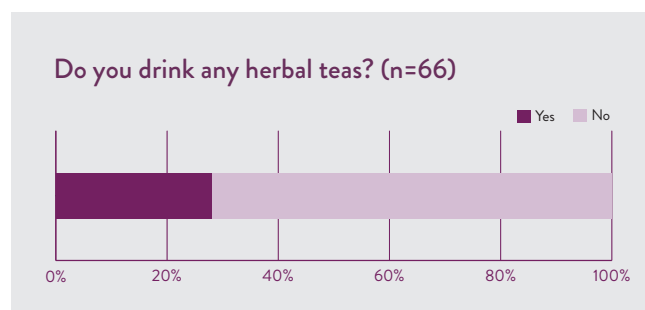
Caffeine

68.8% of participants reported consuming food and drinks that contain caffeine. On average, of the 26 responses that could be coded, they consumed caffeine 4.63 times per week (range .21 – 10.50 times).



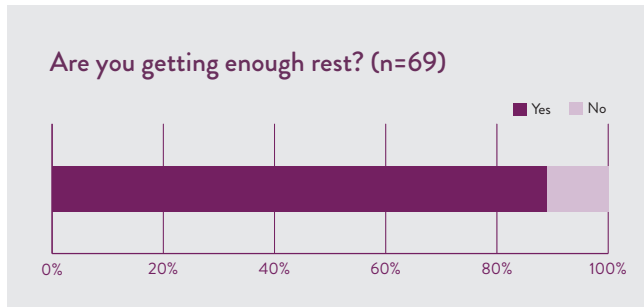
Herbal Teas

Participants did not report significant consumption of herbal teas with 72.7% (n = 48) responding No when asked.



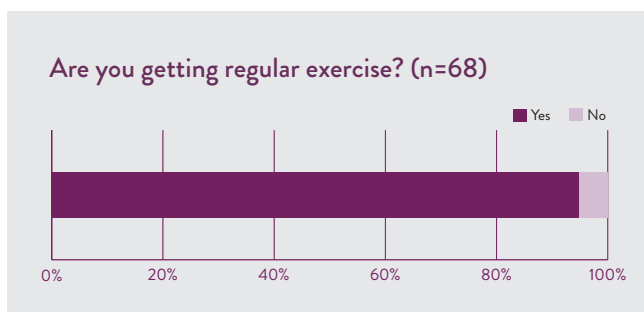
Rest

88.6% (n = 52) of participants reported that they are getting enough rest. On average, participants report getting 8.89 hours (SD = 2.44 hours) of sleep per day (range 4-14.50 hours/ day).



Exercise

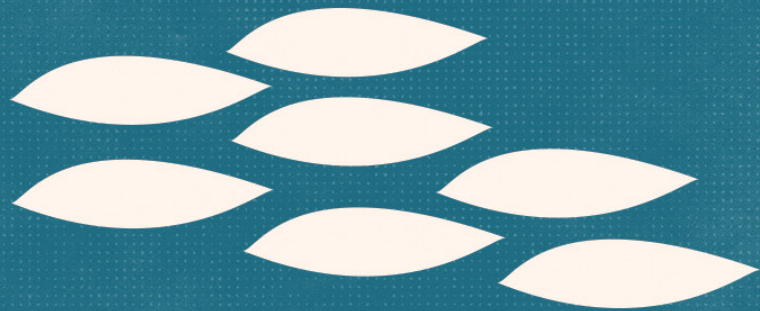
The majority of participants (n = 59, 86.8%) report getting regular exercise (e.g., walking, swimming, gym).



Feeding Baby (n = 68)

When asked how they planned on feeding their baby, the majority (n = 54) selected breast milk while a smaller number (n = 12) selected formula. Further, 95% of respondents indicated that they were interested in obtaining information on feeding their baby.

"WHEN I WAS FIRST PREGNANT, I WAS REALLY SCARED THAT I WASN'T GOING TO BE ABLE TO DO IT, BUT THIS MOTIVATES ME TO BE BETTER. SEEING EVERYONE ELSE DO IT, IT'S LIKE, WELL IF THEY MADE IT TO A YEAR. I CAN MAKE IT TO A YEAR, AND JUST KEEP GOING."



SECTION 02

Results of Workshop Feedback Forms

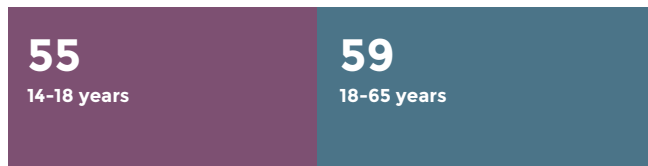
In addition to collecting participant information during intake, participants were invited to complete paper-based workshop feedback forms from January 2015 to June 2016 where they provided feedback on workshop content and delivery. Data was collected from **124 participants** attending 15 workshops. The survey data was entered electronically and analyzed using Excel.

GENDER



The result of the analysis showed that of the 124 participants who provided feedback for the workshop, 20 were male, 80 were female, and 24 were unknown.

AGES



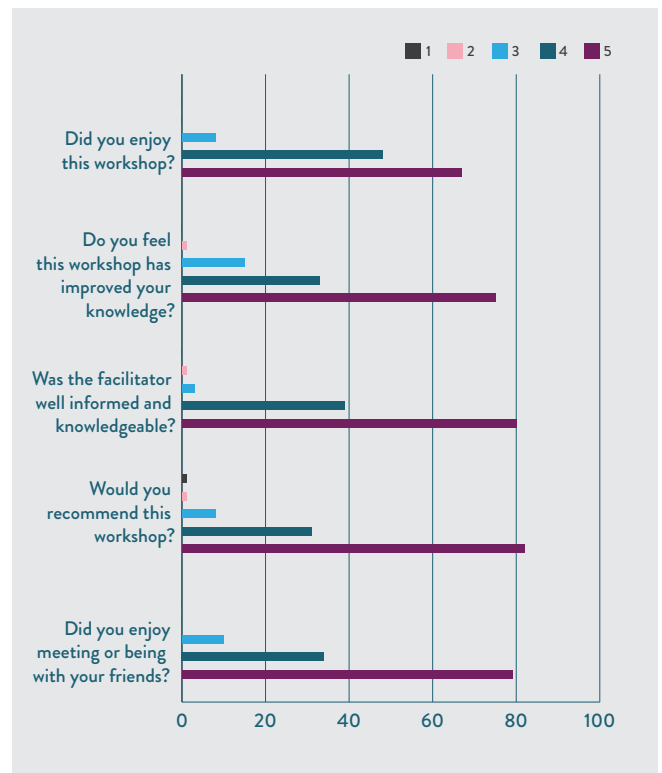
With respect to age, 55 (48%) of the participants were between the ages of 14-18, and 59 (52%) of participants were between the ages of 18-65.

The majority of feedback forms were collected for the Baby’s Food workshop (16); Health Relationships Workshop (14); Ten Tiny Toes (12); Let’s Talk About Sex (12); and Time Management (12).

Facilitator	# of Workshops
Johanne	89
Kayla and Amanda	5
Jessica	18
Marilyn	12

Response	Count
Self-Esteem	5
Bathing A Baby	4
Time Management	12
Budgeting	6
Anger Management	5
Let's Talk About Sex	12
Breast Feeding	3
Healthy Relationships	14
Ten Tiny Toes	12
Labour and Delivery Part 3	5
Feeding Mom	4
Discussion Group	8
Baby Food	16
Toilet training	9
Prenatal care	9

FIGURE 5
Workshop Feedback Results



	Self-Esteem	Bathing A Baby	Time Management	Budgeting	Anger Management	Let's Talk About Sex	Breast Feeding	Healthy Relationships	Ten Tiny Toes	Labour And Delivery	Feeding Mom	Feeding Mom	Baby Food	Toilet Training	Prenatal Care	AVERAGE
Did you enjoy this workshop?	4.20	4.00	4.67	4.50	4.60	4.17	4.67	4.38	4.75	4.40	4.50	4.62	4.62	4.44	4.33	4.48
Do you feel this workshop has improved your knowledge?	4.40	4.25	4.42	4.50	4.60	4.08	5.00	4.14	4.83	4.60	4.25	4.12	4.75	4.56	4.67	4.47
Was the facilitator well informed and knowledgeable?	4.80	4.75	4.58	4.50	4.80	4.50	4.33	4.57	4.92	4.60	4.50	4.38	4.75	4.56	4.38	4.61
Would you recommend this workshop?	4.80	4.25	4.67	4.50	4.80	4.42	4.33	4.43	4.67	4.60	4.75	4.12	4.81	4.5	4.56	4.56
Did you enjoy meeting or being with your friends?	4.20	4.0	4.50	4.67	4.80	4.42	4.67	4.71	4.75	3.40	4.25	4.88	4.81	4.5	4.67	4.56

With respect to workshop feedback, participants provided feedback by answering questions on a likert scale from 1-5, with 1 being 'Awful'; 2 being 'Not Very Good'; 3 being 'Good'; 4 being 'Really Good'; 5 being 'Brilliant'.

Did you enjoy the workshop?

Of the 123 responses, 67 answered this questions with a rating of 5 (Brilliant), and 48 respondents gave the workshop a rating of 4 (Very Good).

Do you feel this workshop has improved your knowledge?

Of the 124 responses, 75 answered this question with a rating of 5 (Brilliant) and 33 gave the workshop a rating of 4 (Very Good).

Was the facilitator well informed and knowledgeable?

Of the 122 responses, 80 answered this question with rating of 5 (Brilliant), and 39 answered the question with a rating of 4 (Very Good).

Would you recommend this workshop?

Of the 122 responses, 82 people answered the question with a rating of 5 (Brilliant) and 31 with a rating of 4 (Very Good).

Did you enjoy meeting or being with your friends?

Of the 123 responses 79 people gave an answer of 5 (Brilliant), and 34 gave an answer of 4 (Very Good).

An analysis of the ratings between different workshops was also provided. Above are the responses to each of the five questions across the individual workshops offered.

Summary

Overall the feedback for the workshops was very positive. A total of 124 feedback forms were collected from January 2015 to June 2016, most of which were facilitated by the program lead, Johanne Thompson. Of the 124 responses 80 were filled out by participants who identified as female. The majority of participants answered all five questions on the feedback form with a rating of 4 or 5, and the average rating for each of the individual workshops fell between 4-5. The most feedback forms were collected for the Baby's Food workshop and secondly for the Healthy Relationships workshop.

"THEY HAD AN ANGER MANAGEMENT WORKSHOP AND RELATIONSHIP ONES. IT TEACHES YOU A LOT ABOUT PROPER WAYS TO DEAL WITH CONFLICT IN A RELATIONSHIP. IT'S NOT JUST TEACHING YOU ABOUT BEING A PARENT, BUT TEACHING YOU HOW TO PROPERLY, MATURELY, SOLVE CONFLICT IN THE REAL WORLD."



SECTION 03

Baby's Breath Focus Group Findings

Ten youth in total participated in the two focus groups. Of the ten youth who participated, eight were female and two were male. All of the participants were over the age of 16 and signed consent to participate forms. The objectives of the focus groups were to discover how youth experience the program (i.e., thoughts about the staff, workshops, activities and resources) and identify ways to improve the program.

The Analysis

The analytical process began with becoming familiar with the data by reviewing the transcripts several times. First level coding was then conducted to (1) identify meaning units, (2) search for themes among the codes, (3) review the themes, (4) define and name the themes, and (5) summarize results. Analysis of the two focus group transcripts resulted in the emergence of four key themes that described the youth's experience in the program. The themes are: (1) Learning, (2) Support, (3) Positive Relationships, and (4) Non-Judgmental Environment.

Learning

The youth participants often spoke about how much they learned by attending the Baby's Breath Program, and talked about how beneficial it was for them to learn how to care for newborns and toddlers during various stages of development. They spoke about how they acquired new knowledge and parenting skills through the program that they may have not acquired otherwise. One participant stated:

"Baby's Breath definitely makes me a better mom. I wouldn't know a lot of stuff if I didn't come here and attend the classes"

The word "teach" was often used when the participants were asked to describe the program. The youth participants all stated that the most beneficial aspect of the Baby's Breath Program was that they were being taught how to successfully and appropriately parent to their children.

"I feel like the program is making successful teen parents. We can do it ourselves because they're teaching us how to do it."

The following are other quotes taken from the focus group discussion that reflect the learning that the participants experienced.

"As a young parent, they give you a lot of knowledge that you don't really have."

"When you come here, you learn more than you would expect."

"They had an anger management workshop and relationship ones. It teaches you a lot about proper ways to deal with conflict in a relationship. It's not just teaching you about being a parent, but teaching you how to properly, maturely solve conflict in the real world."

"They've showed us how to put a diaper on properly an all that, and gave us really helpful tips."

"It's teaching you new life skills that you need to learn basically for the future."

"They've taught us everything from newborn to when they're in their toddler years."

"They are really helpful and informative, and if you have any questions they will try and find out the answers."

"I think there will be a lot more knowledgeable young parents."

"They teach you about stuff that you want to learn."

It was evident that the program participants felt that they gained a lot of knowledge from attending the program. When asked where they would go if the Baby's Breath Program didn't exist they all said they wouldn't be attending groups because the other groups were all play groups and they were most attended by "older" moms.

Support

The theme support emerged from the discussion with focus group participants where they frequently spoke about how they felt very supported by program staff. When asked in what way Baby's Breath staff are supportive, the participants stated that they provide emotional support, advice, and basic essentials such as formula, diapers and clothing for the care of their children.

“You get a lot of support, and you can get other necessities, like if you need diapers or food”

They stated that many of their needs as young parents are met by attending the program. One participant acknowledged the challenges of being a young parent and how it helps to have people you can talk to.

“It’s not something easy to go through, on top of school, on top of life in general. Being a young parent is really hard, so it’s nice to have people you can talk to about your struggles.”

Below are some additional quotes by focus group participants that reflect the support they receive from the Baby’s Breath Program:

“You’re with other people who know what you go through every day of your life.”

“It’s nice to have a bunch of people support you with what you are going through.”

“They help with necessities like diapers, which you need. It’s a really big help for me because I don’t have a really huge income.”

“I’ve recommended it to quite a few people, because it’s really helpful to me and I really enjoy coming here.”

“I always tell other teen moms about it because if they don’t have much support, then they’re just sitting at home like I used to do.”

“There is always support around you. They’ll help you through everything and you just know they’ll give you advice.”

“If you need an apartment she can help you with that, family doctors, appointments, everything like that, she helps you find ways to get there.”

“They’re there for you.”

“I find that they go out of their way just for us, to help us.”

The young parents in the focus group spoke about the program staff positively and reiterated several times how helpful they are. They said that they made efforts to meet their needs and answer their questions. They appreciated that the staff talked to them and listened to them when they had a problem. It was

evident in speaking with the young parents that they respected the staff a great deal, and they appreciated their commitment to the young parents and their children.

Positive Relationships

The theme positive relationships emerged from the two focus groups as the participants spoke frequently about how attending the Baby’s Breath helped them develop a positive circle of friends, and a strong social support network. They spoke about how they feel a sense of belonging because “everyone is in the same situation”. Some participants spoke about being encouraged and motivated by others in the group, and feeling like they are not alone in caring for their child. One participant was emotional in talking about how her friends stopped talking to her when they found out she was pregnant, and how she made new friends by attending the Baby’s Breath Program. The following are quotes from the participants that reflect the theme positive relationship:

“I like the experience of getting out of the house and meeting other parents and their kids.”

“Considering I’m pregnant and don’t have a child yet, I can get advice from all the other moms that have already been through certain things.”

“I have a much better friend group than I did before I had the baby.”

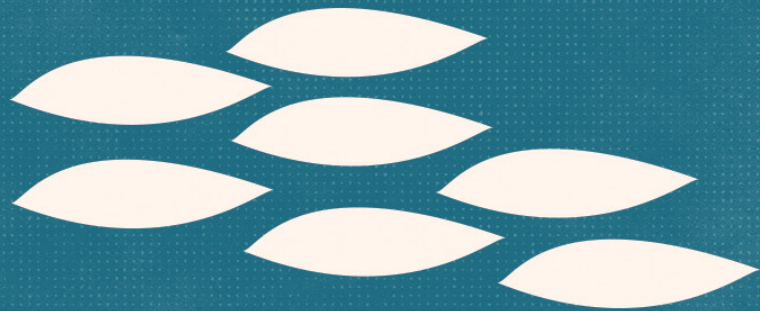
“When I was first pregnant, I was really scared that I wasn’t going to be able to do it, but this motivate me to be better. Seeing everyone else do it, it’s like, well if they made it to a year. I can make it to a year, and just keep going.”

“It helps me bond with a bunch of people. All the teen moms, all their babies, the workers here, we are all like a nice big family.”

“When we went to the pumpkin patch, a lot of us actually hung out all together and it made our friendship stronger.”

“I find that it supported us a lot of the fact that we made a lot of new friends here.”

"IT'S NOT SOMETHING EASY TO GO THROUGH, ON TOP OF SCHOOL, ON TOP OF LIFE IN GENERAL. BEING A YOUNG PARENT IS REALLY HARD, SO IT'S NICE TO HAVE PEOPLE YOU CAN TALK TO ABOUT YOUR STRUGGLES."



Non-Judgmental Environment

Lastly, the focus group participants often spoke about the Baby's Breath Program as being a non-judgmental environment. They spoke about the stigma associated with being a teen parent and how they always felt out of place at other programs where they were often the youngest expecting or new parent. They spoke about how they do not feel judged at Baby's Breath. They also stated that if the Baby's Breath Program did not exist they likely would not be attending programs, as they felt uncomfortable in doing so. The non-judgmental environment was a key factor in their attendance of the program for this particular group of parents. Below are some quotes that speak to how important it is for these participants to not feel judged as young parents:

"Honestly, everyone's in the same situation. They're all teen parents so we can't really judge each other. It's like the one place you can come that you know nobody is going to judge you."

"I would describe it where it's a really friendly environment, you don't get judged for anything."

"They're actually showing that they believe that we're responsible enough, so I find that it's more impacting on the society saying, maybe it's o.k. to have teen parents."

"I like that it's a nonjudgmental environment because there's other parenting programs that if you go with a bunch of older moms, they tend to kind of judge you."

"I was always the youngest when I went to all the other play hubs, I was the youngest mom. This is just for our age category, which I really like."

"I went to another prenatal class and I felt like everyone was looking down on me, so it's a lot better that it's specifically for our age group."

"I find that whenever I go somewhere with older moms, they judge you or try to tell you how to parent, when Baby's Breath just give you input and you can use it how you want."

In summary, the young parents that participated in the focus group expressed that the Baby's Breath program has not only taught them essential parenting skills, but has provided them with the support and resources needed to be successful parents to their children. The participants expressed that they

felt comfortable attending the program, accepted, and they felt that it was a nonjudgmental environment. They talked about not only acquiring new skills and knowledge, but also new relationships that were positive and supportive. The results of these two focus groups are consistent with other findings in the literature that show prenatal and parenting programs provide teens with the skills needed to enhance their parenting abilities, and that these programs help to reduce isolation and enhance social support. Also, it is essential when working with teen parents to provide both emotional support and access to resources (e.g., food) (Cox et al., 2008).

Program Recommendations

With regards to program recommendations, the focus group participants were asked specifically what the Baby's Breath Program should change or keep doing. All participants stated that they should keep "doing what they are doing", especially the parenting workshops. With respect to changes, seven participants said they would like the program to offer activities for different age groups, on different days, throughout the week, rather than having the age groups "bundled" at one time. They spoke about the fact that there are parents with varied age children, and when the activities are specific to one age group the other parents and children cannot participate fully. The remaining three participants did not make any recommendations with respect to program improvement but did state that they would like to see a few more highchairs added to the program as the parents are always "fighting" over them. Overall, all of the participants were very pleased with the program and described positive program experiences. They spoke highly of the staff and felt that the program was making a significant difference in their lives.

"Just an awesome team, an awesome program, and I hope they continue it for as long as possible."

Summary of Findings

Program Users

Analysis of the intake forms provided insightful information about the 78 program users that joined the Baby's Breath program between 2010 and 2016. The average age of these program users was 17.22 years old and the age range of participants was 15-20 years, with the majority of participants being between the ages of 16-18. For the 54 participants who listed valid due dates during intake, they were on average 4.94 months pregnant with their first child. The majority of participants noted that their pregnancies were not planned. Concerning support with the pregnancy, all participants reported having at least one support person (Range 1-3 unique supports). Of the 78 participants, 71% resided in central Sudbury while the remaining live in outlying areas of Greater Sudbury. Although the majority of participants reported living with relatives, 6 were experiencing homelessness. The largest source of income for participants was Ontario Works and the majority (76%) listed grades 10-12 as their highest level of education. This analysis also provided useful information about program user health (e.g., allergies, nutrition, substance use, and histories of abuse). Notably, many participants reported histories of abuse and mental illness. Most users reported adequate levels of nutrition, sleep, and good levels of exercise.

Workshop Feedback

Concerning workshop feedback, participants rated the workshops favorably, specifically with respect to enjoyment, facilitator knowledge, knowledge gained, and whether they would recommend the workshop to others.

Focus Group

The results of the focus group showed that program participants are enjoying the services offered, particularly the educational workshops and meals. The participants report having more parenting knowledge and skills as a result of attending the program. Additionally, participants note that they have developed positive relationships with others in the program, and really appreciate the non-judgmental atmosphere that the program provides. They spoke highly of program staff and acknowledged that both the emotional and resource support they get from the program staff is very helpful and beneficial to their ability to parent.



Program Recommendations

1. Continue to offer educational workshops

It was evident in speaking with the focus group participants that they feel that the teaching component of the Baby's Breath program is having a positive impact on their parenting skills and knowledge. They spoke about learning parenting strategies in the workshops that they would not have otherwise learned. This programming should continue to be offered regularly.

2. Continue to provide resources

The Baby's Breath program, whenever possible, should continue to provide resources to young parents, such as diapers, formula and clothing. The majority of program participants report Ontario Works as their major source of income, and many of the young parents in the focus group expressed that receiving resources was a motivator in attending the program as they sometimes struggle to purchase essentials on their limited income.

3. Continue outreach strategies

The Baby's Breath program should continue to outreach to small rural communities in the Greater Sudbury area to recruit parents and expecting parents for the program as 71% of participants reside in central Sudbury. Parents in these areas have challenges that are compounded by the isolation they experience being removed from Sudbury's downtown core.

Evaluation Recommendations

The evaluation conducted on the Baby's Breath program in collaboration with YouthREX involved several phases, including the discovery phase (evaluation planning), action phase (data collection and analysis), and the legacy phase (reporting findings). Each phase was successfully carried out; however, several recommendations for future evaluations are:

1. Continue to collect intake information

For continuous ongoing program evaluation it is recommended that the Baby's Breath program continue to collect intake

information from their program participants. A new tracking system was developed for the program participants and it recommended that the program staff continue to input demographic information to have a clear picture of who is accessing the program.

2. Update intake survey

Update intake survey format and content based on recommendations provided by YouthREX.

3. Continue to collect feedback from youth

The Baby's Breath program should continue to collect feedback from their youth participants about their experiences in the program, and the impact of the program on their lives and the community. Data collection should focus on qualitative forms of inquiry, such as focus groups, due to the smaller sample of program participants. Opportunities to provide feedback or have discussion can be worked into the existing program model. These discussions can be documented or audio recorded and can be used to inform future programming.

Conclusion

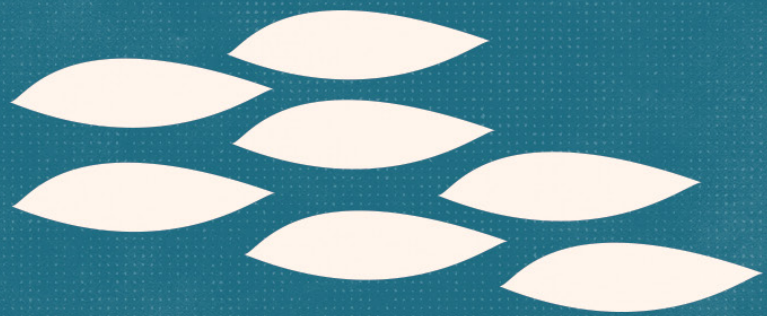
In conclusion, the program evaluation conducted on the Baby's Breath program produced insightful findings regarding the program participants, their experiences with the program activities and staff, and the positive impacts the program has had on enrolled youth. The youth reported enjoying the workshops offered through the program and spoke positively of all the staff. They discussed how they developed positive and supportive relationships in a non-judgmental environment, while developing their parenting skills and knowledge.

The evaluation has also provided recommendations that can aid in improving programming and service-delivery. The findings and recommendations from this evaluation should be brought forward and shared with Baby's Breath staff, stakeholders and youth participants. It is important that the findings of this evaluation are relayed to those who participated as well as any potential changes that may occur as a result of this evaluation. Informing participants can also increase their commitment to the program as they may feel a sense of empowerment and recognize that their opinion truly matters.

"I FEEL LIKE THE PROGRAM IS MAKING
SUCCESSFUL TEEN PARENTS. WE CAN DO
IT OURSELVES BECAUSE THEY'RE TEACHING
US HOW TO DO IT."



APPENDICES



Appendix A: Logic Model

PROGRAM

Better Beginnings Better Futures
Baby's Breath Program

SITUATION

Young mothers in Sudbury are in need of prenatal and parenting education to help them provide adequate care to their unborn and newborn children.

PRIORITIES

Educating young mothers and supporting them in caring for their unborn and newborn child(ren).

INPUTS
Program space (2 workshops and 1 kitchen)
2 program staff and 1 cook to provide Healthy meals and to teach cooking skills.
Office supplies including program computer
Teaching materials such as handouts and workbooks for participants
Program Supplies
Program partnerships
Transportation and bus tickets.
Funds for program publicity and promotion
Free Childcare (3hr/week)

OUTPUTS	
Activities	Participation
Provide prenatal and parenting education through workshops (46 individual workshops)	Pregnant and expecting teen mothers and fathers.
Discuss social topics that affect the lives of teens and parents in discussion groups.	Teen mothers and father's who are parenting newborn or toddler age children.
Networking with peers and other programs.	
Exposure to community resources. Support the education needs of program mothers and fathers.	
Provide a non-judgmental and confidential environment to promote emotional safety for participants.	
Sensitivity training for school staff on the needs of young pregnant students.	
Mom2MoM Program	
Feeding Group	
Celebrate cultural holidays to foster the importance of healthy family relationships and traditions such as Easter dinners, Thanksgiving dinners, belly art photo-shoots, summer outings etc.	
Sensitivity workshops for students and professionals.	

OUTCOMES		
Short (6-12 months)	Medium (1-2 years)	Long (3-5 years)
Prenatal participants increase their knowledge of pre-natal and post-natal care by program completion.	Improved maternal and infant bonding.	Children of young mothers in Sudbury are well cared for.
Pregnant young mothers are more confident about their parenting abilities.	Improved parenting skills among young mothers.	More young mothers are graduating from high school.
Young mothers in Sudbury have a stronger and positive support network.	Increased engagement in family activities (e.g., family dinners, celebrations, outings)	Improved family outcomes (greater cohesion, reduced familial stress)
Improved knowledge of parenting skills	More young mothers are staying enrolled in school.	Improved perception of young mothers and their capabilities within the community.
Increased awareness of relevant social topics/issues		
Improved perceptions of well-being (self-reported)		
Reduced perceptions of stress (self-reported)		
Increased sensitivity towards young mothers among students and professionals.		

Appendix B: Consent Form

CONSENT TO PARTICIPATE IN A SURVEY FOR AN EVALUATION OF The Better Beginnings Better Future: Baby's Breath Program

STUDY NAME: "THE EVALUATION OF GRASSROOTS YOUTH ORGANIZATIONS IN ONTARIO"

ORGANIZATION: YOUTH RESEARCH AND EVALUATION EXCHANGE, YORK UNIVERSITY

RESEARCHERS: UZO ANUCHA (PRINCIPLE INVESTIGATOR – YORK UNIVERSITY); CARL JAMES, ALEXANDER LOVELL, JESSICA NOBLE (YORK UNIVERSITY); SARAH TODD / STEPHANIE RATTELADE (CARLETON UNIVERSITY); DIANA COHOLIC / VIVIAN OYSTRICK (LAURENTIAN UNIVERSITY); PETER DONAHUE/ LAURA HOGARTH (KING'S COLLEGE UNIVERSITY, WESTERN UNIVERSITY); and ED RAWANA/KARLI BROTHIE (LAKEHEAD UNIVERSITY)

You are invited to participate in an evaluation study by the Youth Research and Evaluation Exchange (YouthREX) that seeks to understand the impact of Young Leaders on Board on youth well-being.

YouthREX is a pan-provincial initiative based at the School of Social Work at York University with regional hubs at four universities across the province. YouthREX is funded by the Ontario Ministry of Children and Youth Services, and provides Ontario's youth sector with research and evaluation resources, tools, supports and services that are culturally appropriate and relevant to organizational culture and localized contexts.

Purpose of the Research

This research will help us learn about how well the Baby's Breath Program meets its goals of improving youth well-being.

Participation

If you consent to participate, your participation in this evaluation will consist of participating in a focus group:

(2) Focus group:

You will be asked to attend a focus groups on October 12, 2016 at 5pm with the research team. During these focus groups, you will have an opportunity to discuss your experiences as a group, the strengths and weaknesses of the program and what it was like for you to participate in the program. The focus group is meant to be informal, fun, and conversational. Total time commitment: **90 minutes**

Risks and Discomforts

There are no known risks to you as a result of participating in this research. All surveys are anonymous and will not be used to identify issues or opinions relating to individuals.

Benefits of the Research and Benefits to you

There are no immediate benefits from participating in these research activities. Your answers will allow YouthREX to provide the program with feedback, and support the larger goal of building evaluation capacity in the youth sector.

Voluntary Participation

Your participation in this research is voluntary. You are free to withdraw from the research at any time without any explanation. Your decision to withdraw from this research will not influence or jeopardize your current or future relationships with the program, government officials, funders, the researchers, institution, or the other universities. If you decide to withdraw from the study after you have completed a survey or other research activity, your information will be removed from the data set when possible. Additionally, the investigator may withdraw you from this research if circumstances arise which warrant doing so. You will be provided an explanation on this decision. **In plain language—this means that you can decide not to complete these surveys, focus groups or activities, and still be involved in the program.**

Confidentiality

Confidentiality in this research will be provided to the fullest extent. Any information you provide us in connection with this research will remain confidential. Your name will not appear on the collected data, nor will your name or any identifying information appear in any reports that will arise from the research. At all times during the evaluation, hard-copy data and consent forms will be stored separately in a locked office. Electronic data will be stored on a password-protected folder on a secure server and accessible by only the YouthREX research team. The data will be used for academic and research purposes only. All data will be destroyed in two years upon completion of the study. Your answers will be kept confidential and no one other than the researchers will know your specific answers.

Quotes: Finally, we may use direct quotes from you and the other participants in reports, publications and presentations, with your consent. Again, all personal identifying information will be removed from the quotes and we will ensure that the quotes cannot be linked to you as an individual.

Contact

If you have questions about the research in general or about your role in this study, please feel free to contact Dr. Coholic at (705) 675-1151 ext.5053 or by email: dcoholic@laurentian.ca. This research has been reviewed by the Human Participants Review Sub-Committee, Laurentian University and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process or about your rights as a participant in the study, please contact Research Ethics Officer, at Laurentian University Research Office, telephone: 705-675-1151 extension 3213 or 2436 or toll free at 1-800-461-4030 or email: ethics@laurentian.ca.

Legal Rights and Signatures:

I, _____, consent to participate in this study conducted by researchers from the Youth Research and Evaluation eXchange (YouthREX). I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

CONSENT FORM – YOUTH OVER 16

_____ Yes, I consent to participate in the *Evaluation of the Baby's Breath Program*

_____ No, I do not consent to participate in the *Evaluation of the Baby's Breath Program*

Name (please print) _____

Signature _____ Date _____

CONSENT FOR USE OF QUOTES

Sometimes researchers like to use quotations of research participants to emphasize certain points in the participants' own words when we make presentations and publish papers. We would like to ask for your permission to use quotations from your data. Your name will not be linked to the quotes and we will remove any potentially identifying information before quotes will be used.

My de-identified/anonymous quotes may be used in any way (e.g., publications, presentations).

I do not want to be quoted

Appendix C: Focus Group Guide

Baby's Breath Focus Group Guide Script

Focus Group Facilitator(s):

Number of Participants:

Date (MM/DD/YYYY):

Start Time (HH:MM):

End Time (MM:MM):

Facilitators (please read to group):

Thank you everyone for agreeing to participate in today's focus group. As you may know, this focus group is one of the components of the program evaluation that is being performed on the Baby's Breath program. As a participant, you have an important perspective on how the program is being conducted. We would like to learn about your experiences in the program so far and how your participation in the program is affecting you.

The focus group will be recorded in order to transcribe it to text. After we transcribe the focus group, all information that could identify you will be removed from the document. However, other focus group participants will know your identity and we cannot guarantee that others in this group will respect the confidentiality of the group. We strongly urge you to respect each other's privacy and not discuss what is said in the focus group with others. Also, we ask that you try not to interrupt others while they are talking so that everyone gets a chance to share.

This focus group is not meant to be stressful. There are no right or wrong answers. We would like to hear about what you do not like about the program as well as what you do like. Also, feel free to ask any questions at any point during the focus group. Also ask us if you want us to repeat anything.

Do you have any questions or comments before we start recording?

(Wait for response and respond to any questions)

I'm going to turn on the recorder now and will let you know when we stop recording.

(Turn on recorder)

PROGRAM EXPERIENCES

1. Where did you hear about the Baby's Breath program?
 1. How long does it typically take to get to the Baby's Breath Program?
 - i. Is it a long commute? Do you have to take transit?
2. So far, how have your experiences at the Baby's Breath been? Are your expectations being met?
 - a. What are you getting out of your participation (e.g., skills, resources, support)?
 - b. What are you not getting out of your participation that you thought you would?
 - c. What makes the Baby's Breath program a good place to attend? What are some of the positive/your favorite things about attending Baby's Breath?
 - i. Particular activities?
 - ii. Resources?
 - iii. The people?
 - iv. Do you feel safe at Baby's Breath?
 - v. Is the environment nonjudgmental and confidential?

d. What are some things that aren't so good about Baby's Breath? Are there some workshops that you find less enjoyable?

i. What's challenging?

e. What do you think of the staff at Baby's Breath?

i. Are they helpful? Nice? Supportive?

3. How would you describe Baby's Breath to someone who was no idea what it is?

4. Does the program environment meet your needs as a young parent, and the needs of your young child(ren) (e.g., accessibility, child care, change tables, toys)? If so, how? If not, how can it improve to meet yours and your child(ren) needs?

COMMUNITY & SOCIAL IMPACTS

5. Baby's Breath was developed for young parents who reside in Sudbury,

a. Why do young parents in Sudbury need a place like Baby's Breath to go to?

b. How is the Baby's Breath program affecting your community? Other young parents?

i. What do you think the long-term impacts of a place like Baby's Breath will be in your community? (e.g., increased sensitivity towards young parents; perception of young parents capabilities, successes of young parents, health and wellbeing of children)

6. How has visiting Baby's Breath influenced your support network?

a. Do you have new relationships or supports as a result of attending Baby's Breath? Tell me about those relationships? Who are they with?

i. Friends, mentors

b. Do you feel a greater sense of belonging and/or acceptance in your community after being involved with Baby's Breath program?

PERSONAL IMPACTS

7. How has attending the Baby's Breath program affected you?

a. Self-confidence (in parenting)?

b. Skillsets (in parenting)?

c. Awareness (social topics/issues)?

d. School attendance?

e. Reduced Stress?

8. How has attending the Baby's Breath program been beneficial to your new or unborn child(ren)

a. Nutrition?

b. Socialization?

c. Education?

d. Overall care?

e. Safety?

9. What kinds of opportunities has the Baby's Breath program provided for you?

a. Educational?

b. Social?

c. Learning?

d. Any others?

10. Is there anything that you do differently, as a new or expecting parent, now that you attend the Baby's Breath Program?
- a. Maternal/Infant Bonding
 - b. Self-Care
 - c. Child Care
 - d. Family Engagement (activities, outings)
11. Where would you go for, education, support, resources etc. if the Baby's Breath Program did not exist?

RECOMMENDATIONS

12. Would you recommend the program to other young parents? Have you? Why or why not?
13. If you could give one piece of advice to staff at the Baby's Breath Program, what would it be?
- i. What should they definitely keep doing for young parents and children?
 - ii. What should change?

Thank you for sharing your experiences with us. Thinking about what we've talked about so far, are there any important things that have been left out?

(Pause for response. Address any topics raised by the participant.)

I'll turn off the recorder now. Now that the recorder is off do you have any questions or comments you'd like to talk about off the record?

(Address any comments or questions as needed.)

Thanks again for your participation!

Please note any observations and unusual circumstances during this focus group (e.g., interruptions, noise distractions, participants being extremely tired or distracted, language challenges, etc.):



Program Information

NAME OF PROGRAM

Baby's Breath Program

LOCATION

450 Morin Avenue
Sudbury, ON P3C 5H6

LEAD AGENCY

Better Beginnings Better Futures
www.betterbeginningssudbury.ca

CONTACT

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