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# Family to Family Connections

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## Evaluation Report

Family and Community Resource Centre  
Southern Alberta Child and Youth Health Network

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### **Prepared for:**

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Executive Summary and full report are available on the Family and Community Resource Centre's website: [www.fcrc.sacyhn.ca](http://www.fcrc.sacyhn.ca).

The evaluation team is grateful to the families from Family to Family Connections who participated in the evaluation interviews. The Family to Family Connections program has been made possible with seed funding provided by the Alberta Children's Hospital Foundation.

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**Note:** Full report may be accessed at [www.fcrc.sacyhn.ca](http://www.fcrc.sacyhn.ca)

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## EXECUTIVE SUMMARY

This report presents the evaluation results of Family to Family Connections (F2Fc), a program operated through the Family and Community Resource Centre (FCRC) located at the Alberta Children's Hospital (ACH). This program has been made possible with seed funding provided by the Alberta Children's Hospital Foundation.

F2Fc offers one-to-one connection of a supportive family volunteer with a requesting family from across southern Alberta. The connection is between people who have been, or are going through, similar child health situations. An evaluation was conducted from October 2008 to January 2009<sup>1</sup> to better understand the successes achieved and challenges faced by the program in its early stages of operation and identify improvements that could be made to best meet the needs of requesting families. Data was gathered through 23 guided interviews with supportive and requesting families, a discussion group with 10 participants (eight F2Fc Advisory Committee members, five of whom are also supportive family volunteers, and two supportive family volunteers), telephone interviews with two members of the F2Fc Advisory Committee and background project document review.

This evaluation looked at successes and challenges in the early stages of F2Fc, as well as areas in which the program could enhance and expand. The findings of the evaluation validated many aspects of F2Fc, including the orientation process, efforts to raise awareness of F2Fc, support for supportive families, connections between families and positive outcomes being achieved. Recommendations that can be drawn from the findings are as follows.

### Orientation for supportive families

- **Findings.** The orientation for supportive families helped to prepare them for their role in the F2Fc program, with only a few minor changes to the orientation being suggested. Supportive families indicated enhanced confidence levels achieved through the orientation session and by knowing about resources to which they can link requesting families.
- **Recommendations.** The orientation for supportive families could be strengthened by including some additional information in the orientation and by emphasizing to supportive families that the value to requesting families comes from the *impact* of a connection rather than the *frequency* of connections, i.e., frequency varies among families.

### Awareness of F2Fc

- **Findings.** Requesting families are finding out about F2Fc from a variety of health care providers from several different institutions. Supportive and requesting families, and Advisory Committee members, validate the efforts of F2Fc in creating ongoing awareness of the program and suggest the additional strategies be used to increase awareness, i.e., encourage other organizations to post a link to F2Fc on their websites and enhance search engine optimization to heighten the profile of F2Fc on Internet

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<sup>1</sup> Evaluation questions were finalized in June 2008 during the early stages of evaluation planning. The questions were written to explore the early phase of implementation.

searches. Participants in the discussion group validate the process of recruiting supportive families by working through health care providers. They also indicate that some health care providers question the value of family-to-family support.

- **Recommendations.** Efforts to promote F2Fc among families with children of special needs could be improved by continuing to raise awareness of the program among people who work with families of children with special needs (e.g., social workers, nurses, doctors, physiotherapists and other health care providers); continuing to promote F2Fc as a complement to what health care providers are already doing; ensuring F2Fc maintains a high profile as the provincial health care scene continues reorganization in 2009; encouraging other organizations to include an F2Fc link on their websites; and enhancing search engine optimization for F2Fc. It is also recommended that F2Fc continue efforts to strengthen relationships with health care providers and encourage requesting families to tell their health care providers how helpful they found the F2Fc connections.

#### Ongoing support for supportive families

- **Findings.** Supportive families feel strongly supported by the F2Fc Coordinator and FCRC, which appears to be integral to the success of F2Fc. Participants in the discussion group also felt there was strong support for supportive families and suggested F2Fc could explore ways to enhance the support already provided, e.g., informal gatherings of supportive families. F2Fc has already begun development of a secure and moderated online discussion forum for supportive families. Supportive families indicate that the clinical, professional and interpersonal skills of the F2Fc Coordinator contributed to their own sense of support. Participants in the discussion group saw opportunities to expand the role of supportive families and F2Fc has already begun to facilitate some of these expanded roles.
- **Recommendations.** Support for supportive families could be enhanced by exploring learnings around opportunities to keep supportive families engaged with the program; providing continued support by a highly skilled and knowledgeable Coordinator; and continuing with the development and implementation of the online discussion forum. It is also recommended that F2Fc emphasize to supportive families that the value to requesting families comes from the impact of a connection rather than the frequency of connections, i.e., frequency varies among families.

#### Connections between families

- **Findings.** Overall, connected families see themselves as being similar to each other and have found their communications to be successful and effective. While approximately half of the connected families felt they had enough contact, the other half felt they had too little contact, although this did not appear to lead to dissatisfaction in the connection.
- **Recommendations.** Connections between families could be strengthened by continuing to recruit supportive families to build a larger resource pool from which to draw similarities in connections.

### Outcomes reported by supportive and requesting families

- **Findings.** Positive outcomes have been achieved for both requesting and supportive families regarding the provision of support, information and links to resources. Potential evaluation indicators can be found within these outcomes.
- **Recommendations.** It may be useful in the future to assess the extent to which these outcomes are being achieved through the following indicators: sources of support, information and resources accessed by requesting families; measurements of self-empowerment, self-efficacy and hope in requesting families; measurements of compassion satisfaction in supportive families; and points of community contact for supportive families.

Consultations with the evaluation team identified the following considerations for further data collection and program review: facilitating more feedback on orientation materials; finding out from families and health care providers about ideas for promoting F2Fc; keeping track of questions asked and support provided to supportive families; and checking in with families on a regular basis to inquire about perceived benefits and issues around their connections.

As F2Fc continues to develop, the program would benefit from continued consultation with ACH clinical areas and community providers to explore ways to further F2Fc as an augmentation to clinical intervention and discover how volunteers can support their work. In doing so, F2Fc can adapt to the ongoing needs of families within a shifting health care environment.