



Health Canada

Community Action Program for Children (CAPC)

National Program Profile (NPP) Cycle 3

Summary Report

Final

October 25, 2002



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Quick Facts

- ? 465 CAPC projects received \$52.9 M in funding from Health Canada for FY 01/02
- ? 55 Aboriginal projects in Ontario participate in a separate evaluation
- ? 410 CAPC projects were sent National Program Profile (NPP) packages for Cycle 3
- ? Cycle 3 of the CAPC national process evaluation covered the period from April 1, 2001 to March 31, 2002
- ? 395 projects returned completed NPPs for inclusion in the Cycle 3 report
- ? The 395 projects represented 1,829 programs
- ? On average, projects had 4.6 programs
- ? The 395 projects participating in the evaluation received \$46.3 M in CAPC funding
- ? Projects received an average of \$117,390
- ? 86% of projects received more than half their budget from CAPC
- ? 20% of projects received CAPC and CPNP funding
- ? Projects could serve more than one geographic area - 63% reported serving an urban area while 49% served a rural area
- ? Projects served 3,045 communities across Canada
- ? Projects served an average of eight communities
- ? Projects that receive more CAPC funding tend to serve more communities
- ? 98% of projects reported having partners - organizations that contribute to their management, coordination and/or delivery
- ? 87% of projects partner with a health organization
- ? Projects reported a total of 5,322 partners
- ? Projects had an average of 14 partners
- ? 54% of projects had former or current CAPC participants directly involved in decision making
- ? In a typical week, there are 2,072 CAPC-funded individuals working for projects
- ? Projects reported an average of five CAPC-funded individuals working in a typical week
- ? Projects reported 1,127 Full Time Equivalent (FTEs) in a typical week
- ? 90% of projects received some donated (volunteer) time
- ? A total of 9,265 individuals donated 70,128 hours to CAPC projects in a typical month
- ? 58% of projects receive additional money from sources other than CAPC, CPNP or AHS
- ? Projects received a total of \$13.8 M in additional monies
- ? 76% of projects received in-kind donations
- ? Projects received an estimated \$5 M in in-kind donations
- ? Average in-kind donation was \$16,575
- ? 76% of programs are delivered in English and 35% in French (programs may be delivered in more than one language, so percentages do not add up to 100)
- ? 59% of programs serve children and their parents/caregivers
- ? Improving parenting skills was an objective of more than half the programs
- ? Child-focused activities were the most common method of program delivery

Introduction

The Community Action Program for Children (CAPC) supports individual, family and community development initiatives that address children living in conditions of risk. CAPC's purpose is to enable communities to develop a continuum of integrated services to promote the health and social development of these children and their families. The Program, delivered through Health Canada regional offices, funds community groups to establish and deliver services that address the developmental needs of children aged 0- 6 years. These groups are referred to within Health Canada as CAPC projects and the services they deliver are identified as their programs. Long-term financial assistance is provided through contributions to support these services.

CAPC, like many government programs, is evaluated on a regular basis. The national process evaluation has been ongoing since 1995. Information for the national evaluation is currently collected through the National Program Profile (NPP) on an annual basis. The NPP was developed with the assistance of IBM Business Consulting Services and CAPC stakeholders after a comprehensive consultative process in early 2000. Part of the reason for developing the NPP was a desire to limit the response burden placed on project administrators by previous evaluation instruments and to improve the response rate. This was seen as crucial to the improvement of the evaluation as a successful evaluation requires robust and complete data.

IBM Business Consulting Services has worked with Health Canada on the national process evaluation since 1999. The results of the process evaluation for the most recent cycle are contained within this report.

Why Collect the Data?

The CAPC process evaluation was designed to provide information on the development and evolution of the community projects and their component programs over time. To date the evaluation has focused primarily on quantitative data collection towards answering the questions "How much/ what did CAPC do this year?" This information on the number of children and families who are involved and where they are located across the country demonstrates the reach of the projects. To date, the process evaluation has proven to be an effective tool in providing information for Health Canada to respond to its accountability requirements and continues to supply an overview of CAPC across Canada.

What Data will be Collected?

Data was collected through the use of the Cycle 3 National Program Profile (NPP). The NPP consists of two sections: a project level section and a program level section. All projects receive one project level section and as many program level sections as they had programs. Slight modifications to the NPP were incorporated after the last evaluation cycle. These changes were highlighted in the NPP and will be referenced in this report. Cycle 3 of the NPP collected data for the reporting period April 1, 2001 to March 31, 2002.

Background and Methodology

Evaluation packages were sent to all CAPC projects with at least one operational program. A total of 410 NPP packages were distributed for Cycle 3. The package consisted of a paper NPP, history report, instructions, as well as guidelines for completion of the questionnaire on-line. Cycle 3 marked the first time projects had the option of submitting their data on-line. In order to facilitate on-line data collection, a toll-free telephone help line was established to respond to any questions.

Completed paper NPPs were returned to the IBM Business Consulting Services National Survey Centre via regional Health Canada program consultants and National Evaluation team for Children (NETC) members who first reviewed the forms for completeness and accuracy. A similar process was developed for on-line submissions, whereby NPPs were approved by Health Canada regional staff. Electronic NPPs required this approval before they were considered for analysis. In all, 395 completed NPPs were received, for a response rate of 96%. The 395 projects provided information on 1829 operational programs during the Cycle 3 data collection period. On-line NPPs were completed by 84 projects.

Table 1 illustrates the number of projects and related programs in each region as well as a calculation of the average number of programs. The 395 CAPC projects across Canada accounted for 1,829 programs. This results in an average of 4.6 programs per project. Quebec had by far the largest proportion of projects with 52.4%. Quebec's apparent dominance is somewhat misleading, however, and points to differences in CAPC organization between regions. Quebec CAPC projects were established in coordination with already existing family community organizations and a provincial network of CLSCs. Indeed, if the percentage of programs is examined, we see that Quebec only accounts for 27.15 %, which is more in line with their percentage of the population. The program figure can be misleading however. It is important to note that some projects group similar activities together as one program while others list each activity as a separate program.

Table 1: Proportion of Projects and Programs by Region

| Region | Number of Projects | Percentage of Projects | Number of Programs | Percentage of Programs | Average Number of Programs |
|--------------------------|--------------------|------------------------|--------------------|------------------------|----------------------------|
| Territories ¹ | 9 | 2.3% | 26 | 1.4% | 2.9 |
| British Columbia | 23 | 5.8% | 189 | 10.3% | 8.2 |
| Alberta | 28 | 7.1% | 95 | 5.2% | 3.4 |
| Saskatchewan | 32 | 8.1% | 96 | 5.3% | 3 |
| Manitoba | 14 | 3.5% | 85 | 4.7% | 6.1 |
| Ontario | 39 | 9.9% | 344 | 18.8% | 8.8 |
| Quebec | 207 | 52.4% | 496 | 27.1% | 2.4 |
| Atlantic ¹ | 43 | 10.9% | 498 | 27.2% | 11.6 |
| Total | 395 | 100% | 1829 | 100% | 4.6 |

¹Territories consist of the three territories: Yukon, Nunavut and the Northwest Territories. Atlantic consists of the four Atlantic provinces: Newfoundland and Labrador, Prince Edward Island, New Brunswick and Nova Scotia.

The calculation around average number of programs shows some interesting differences in project organization between regions. The average number of programs ranges from a low of 2.4 programs in Quebec to a high of 11.6 programs in the Atlantic region. It appears that Quebec-based projects tend to have a small number of programs in comparison to projects in other regions. Conversely, projects in the Atlantic region have more programs per project.

Facts to Remember:

- ? 410 projects were included in the evaluation
- ? Cycle 3 response rate was 96%
- ? 84 projects - over 20% - completed their NPP on-line

Profile of Projects - How Are These Projects Funded?

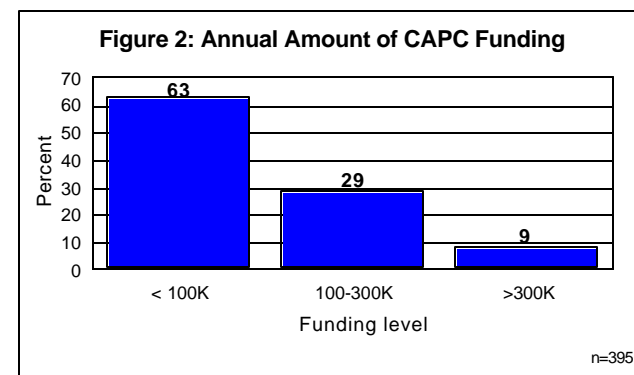
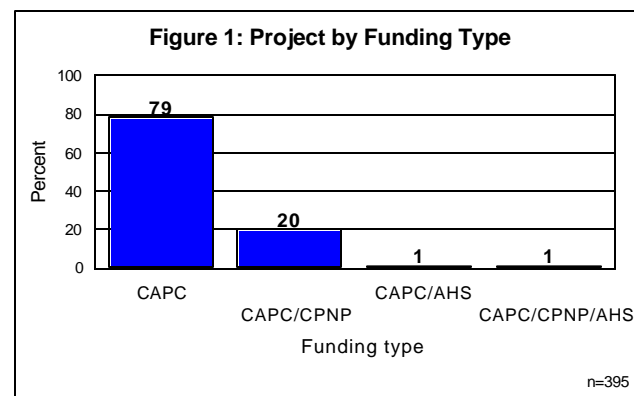
Although CAPC projects may receive funding from a variety of sources, funding from CAPC tends to constitute the largest part of their budget. The amount of funding from CAPC varies primarily as a result of initial Joint Management Committee (JMC)¹ decisions concerning their provincial or regional priorities. The importance of CAPC funding to projects is illustrated if we examine the proportion of total funding made up by CAPC funding. Eighty-six percent of projects reported that more than half of their budgets came directly from CAPC.

Projects were also asked about funding from the Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS). These are two other related Health Canada initiatives that target a similar population. Results reinforced the importance of CAPC funding to these projects. As shown in Figure 1, 79% of projects reported receiving CAPC funding only. A significant minority of projects (20%) reported receiving both CAPC and CPNP funding. This is not surprising given the similarities in the two programs and their target audience. Only 1% of projects reported receiving all three types of funding.

How Much Money do these Project Receive?

The 395 projects reported receiving \$46,369,138² in CAPC funding for fiscal year 2001-2002. CAPC funding ranged from a minimum of \$7,520 to a maximum of \$720,600. This works out to an average of \$117,390 per project. The majority of projects (63%), however, received less than \$100,000 in CAPC funding. Figure 2 shows the percentage of projects at each CAPC funding level for fiscal year 2001-02.

Eighty projects reported receiving a total of \$6,382,441 in CPNP funding. This ranged from a low of \$5,445 to a high of \$316,898. The average amount reported was \$79,781.



¹Health Canada manages CAPC with the provinces and territories through Joint Management Committees (JMCs), with representation from Health Canada regional offices and provincial and territorial ministries, as well as representatives from community organizations, as appropriate.

²This amount represents the funding the 395 projects reported on their NPPs. Health Canada reports that 464 CAPC projects received \$52.9M in fiscal year 2001-02.

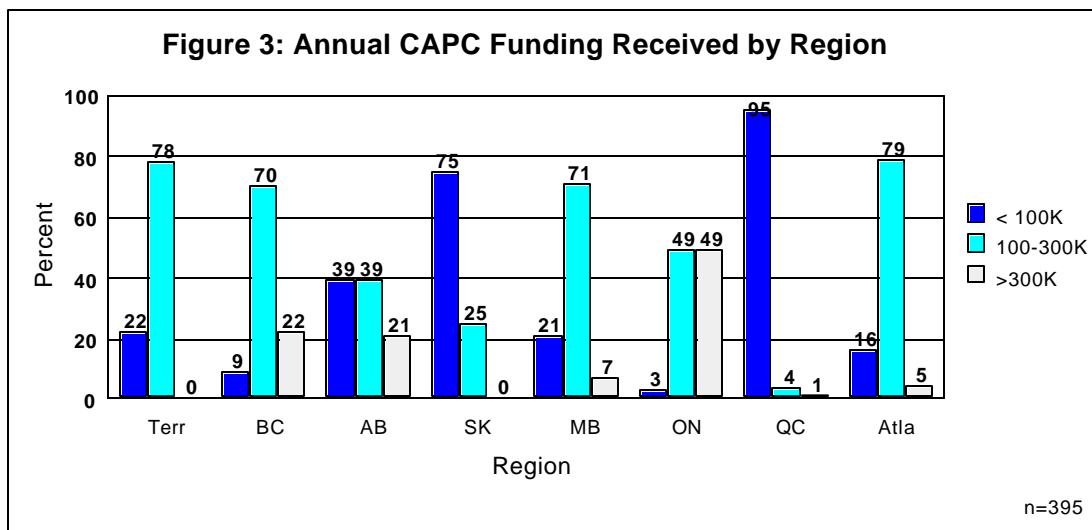
Examining CAPC funding on a regional basis reveals some interesting patterns. Table 2 shows the number of CAPC program participants and the level of CAPC funding by Region. Ontario and Quebec, the two largest provinces by population, receive the largest and second largest amount of CAPC funding, respectively. The Atlantic region receives the third largest amount of CAPC funding, more than Alberta and British Columbia. There appears to be a link between CAPC funding and the number of CAPC participants. Ontario, which receives the largest amount of CAPC funding, also has the largest number of CAPC participants.³ The Territories receive the lowest amount of CAPC funding and have the smallest number of CAPC participants.

Table 2: CAPC Funding per Region and Participants

| Region | # of Participants | CAPC Funding |
|------------------|-------------------|---------------------|
| Territories | 910 | \$1,097,024 |
| British Columbia | 7593 | \$5,090,643 |
| Alberta | 3639 | \$5,562,772 |
| Saskatchewan | 1427 | \$2,507,214 |
| Manitoba | 2025 | \$2,480,709 |
| Ontario | 18745 | \$11,705,622 |
| Quebec | 13384 | \$10,693,218 |
| Atlantic | 13839 | \$7,231,936 |
| Total | 61,562 | \$46,369,138 |

³Information on the number of CAPC participants in this case is based on a new question designed to estimate the total number of *different* participants in CAPC projects. This question was introduced with NPP Cycle 3 in order to control for the double counting that occurs when projects report the total number of participants per program.

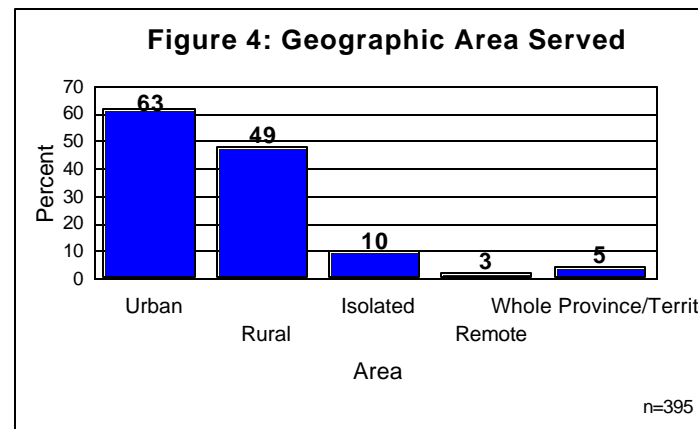
Figure 3 shows annual CAPC funding for fiscal year 2001-02 by region. This regional breakdown supports the fact that Quebec-based projects tend to be smaller and receive less funding. The vast majority of Quebec projects (95%) receive less than \$100,000 in annual CAPC funding. In contrast, almost half of Ontario projects (49%) reported receiving more than \$300,000 in annual funding. No projects in Saskatchewan or the Territories received more than \$300,000 in annual funding.



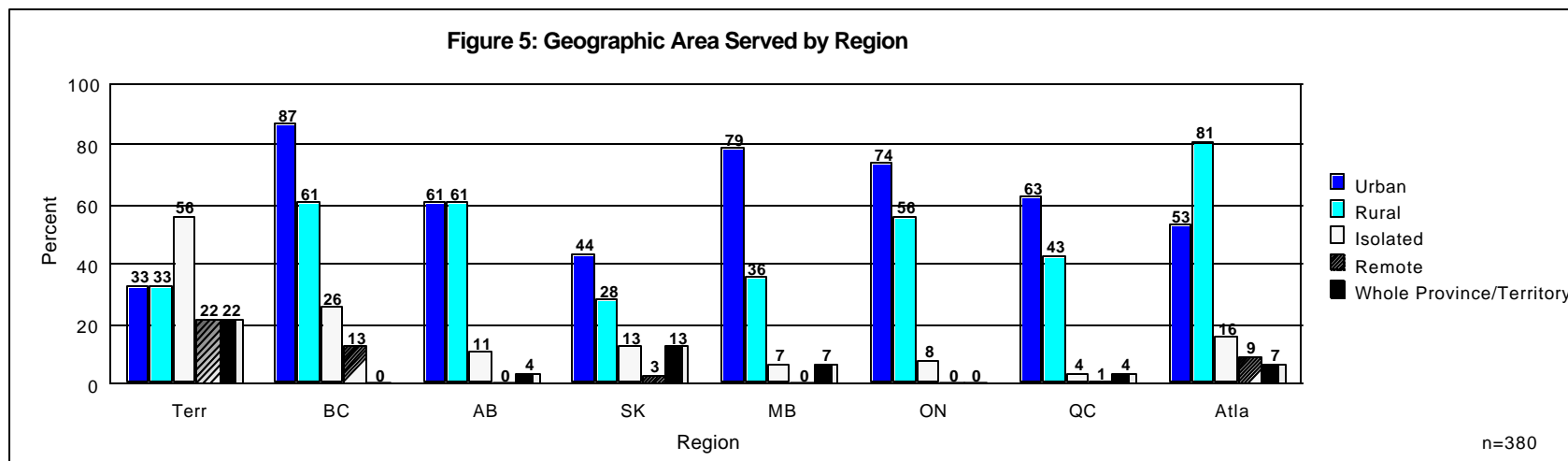
- Facts to Remember:**
- ? Projects participating in the evaluation reported receiving over \$46 million in CAPC funding in fiscal year 2001-02
 - ? 86% of projects receive more than 50% of their budget from CAPC
 - ? 20% of projects receive both CAPC and CPNP funding
 - ? Almost half of all Ontario projects receive more than \$300,000 in annual CAPC funding
 - ? There appears to be a relationship between number of participants and CAPC funding

Where Do These Projects Operate?

CAPC projects are spread out across Canada and within each region. The question is, how varied is the distribution? Are the projects located mainly in major centres or are they also located in small towns and villages? The location of projects in rural and remote areas remains of interest due to the lack of services typically found in these areas. Projects were asked to identify the type(s) of geographic area they served in order to better demonstrate the geographic distribution of CAPC projects. They were allowed to select multiple options since it is possible to have programs serving both rural and urban areas. Thus, totals may exceed 100%. As shown in Figure 4, 63% of the CAPC projects reported serving an urban area while almost half (49%) reported serving a rural area. Ten percent served an isolated area, described as having limited road access, while a further 3% served a remote area, accessible by plane or boat only.



Because no specific definition of rural or urban was provided, there is likely to be regional variation in the interpretation of “rural” and “urban.” What is urban in Saskatchewan might very well be rural in Ontario, based on population size, for example. Figure 5 presents the geographic area served by region. Projects are predominately located in urban and rural areas in all regions. British Columbia reported the largest percentage of projects (87%) serving urban areas while the Atlantic region had the largest percentage (81%) serving rural areas. The Territories had the highest proportion of isolated and remote projects (56% and 22%, respectively). The majority of regions reported projects in all geographic regions.



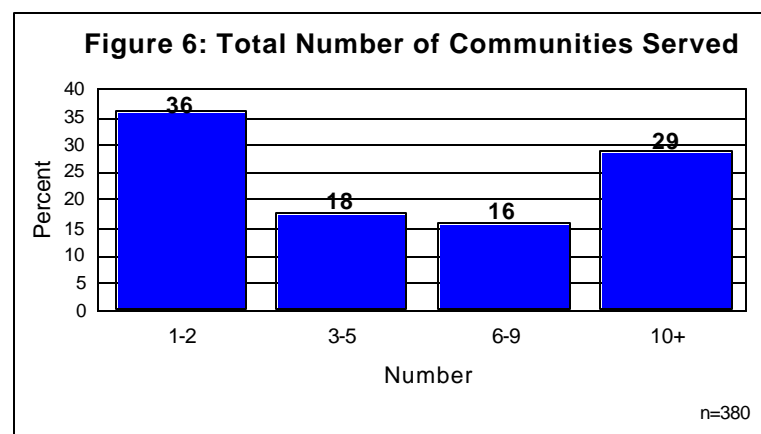
Facts to Remember:

- ? 63% of projects serve an urban area
- ? Almost half of all projects reported serving rural areas
- ? The Atlantic region reported the largest proportion of projects serving rural areas (81%)

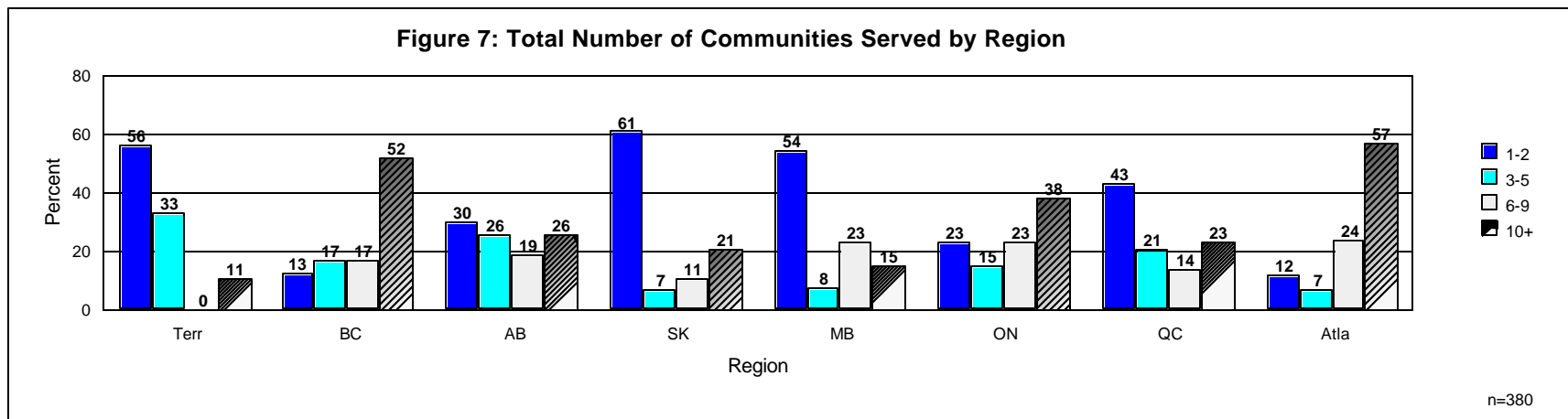
How Many Communities Are Being Reached?

Many different communities are presently being served by CAPC projects. Communities are defined for CAPC purposes as neighbourhoods, towns/cities, or villages or other rural communities. Projects could also list communities under an "other" category. The eleven projects which listed their communities under "other" tended to serve aboriginal communities or reservations. Projects were asked to supply a count of each category of community served. These numbers were collapsed into a total number of communities served. CAPC projects served a total of 3,045 communities across Canada. Projects reported serving an average of eight communities. Answers ranged from a low of one community to a high of 72 reported by one project.

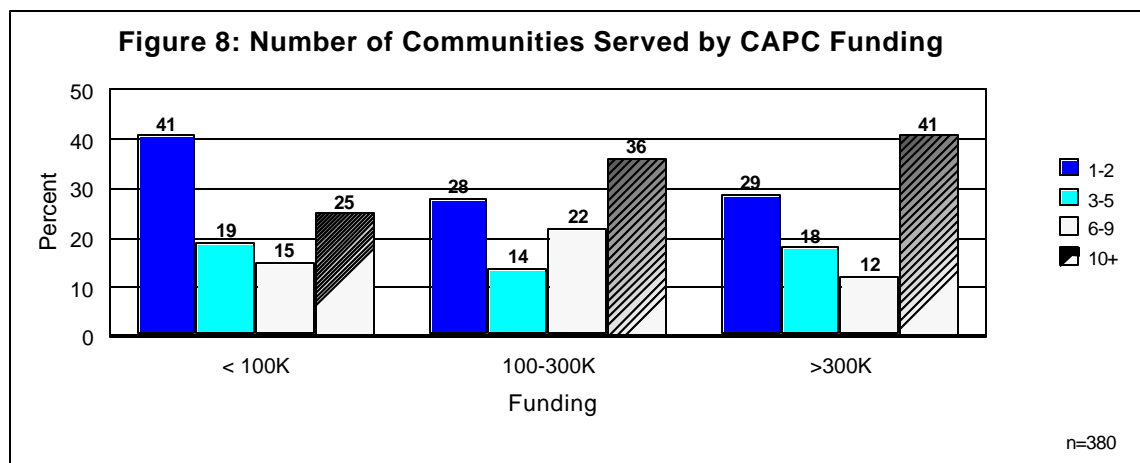
Although the majority of projects reported serving urban areas, villages and other rural communities made up the majority of communities served. Over half of the communities served were villages or other rural communities (56%). This indicates that those projects serving rural areas tended to serve multiple rural communities. Towns or cities made up 24% of the communities served while Neighbourhoods made up 19%. Figure 6 displays the total number of communities served when recoded into four categories. Projects are fairly evenly split, with 54% serving between one and five communities.



The total number of communities served was also examined on a regional basis. As shown in Figure 7, projects in the Atlantic region and British Columbia tended to serve the greatest number of communities. Both regions reported more than half of their projects serving ten or more communities (57% and 52%, respectively). This similarity is somewhat surprising given that projects in the Atlantic area tend to serve rural areas while those in British Columbia serve urban areas. The answer might be in the way that communities are defined in these respective regions. Saskatchewan (61%), the Territories (56%) and Manitoba (54%), on the other hand, were dominated by projects that served one or two communities.



While it is not immediately apparent why projects in some regions tend to serve more communities, what is clear is the relationship between CAPC funding and number of communities served. Projects that receive more CAPC funding tend to serve more communities. As shown in Figure 8, the percentage of projects serving ten or more communities rises with the amount of funding, from a low of 25% to a high of 41%.



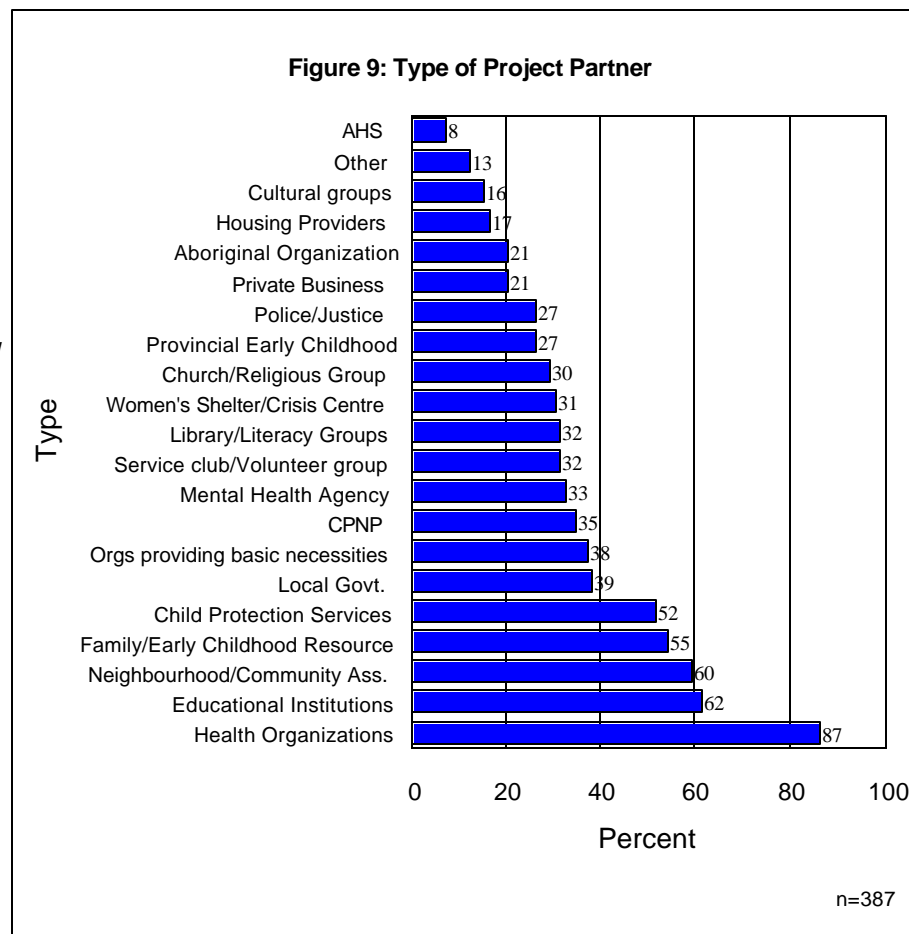
- Facts to Remember:**
- ? CAPC projects serve 3,045 communities across Canada
 - ? One project served 72 communities
 - ? 56% of all the communities served were rural
 - ? 29% of projects serve 10 or more communities
 - ? Projects in BC and the Atlantic region tend to serve more communities
 - ? Projects receiving more CAPC funding tend to serve more communities

Who Are the Project Partners?

Partners are organizations which contribute to the management, coordination and delivery of projects. Almost all of the projects reported having at least one partner.

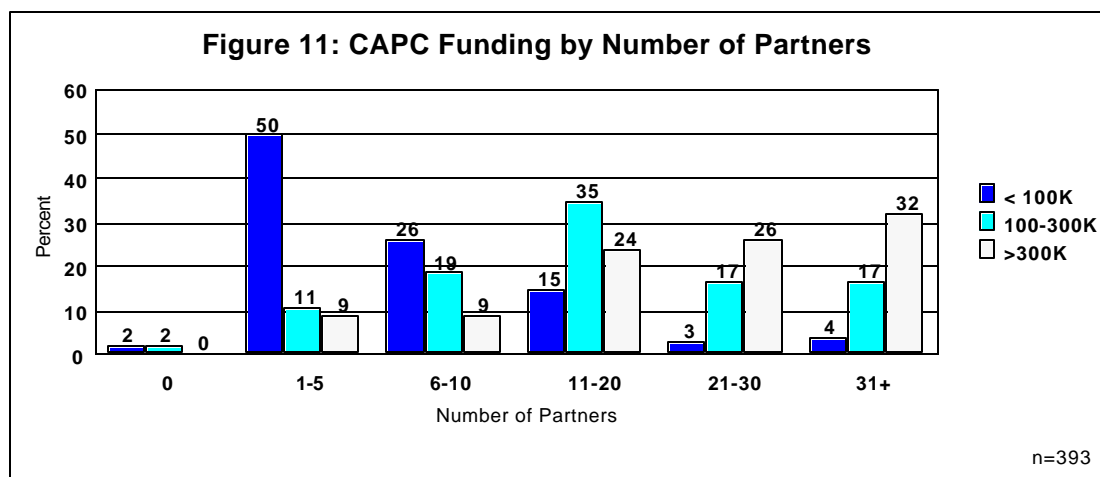
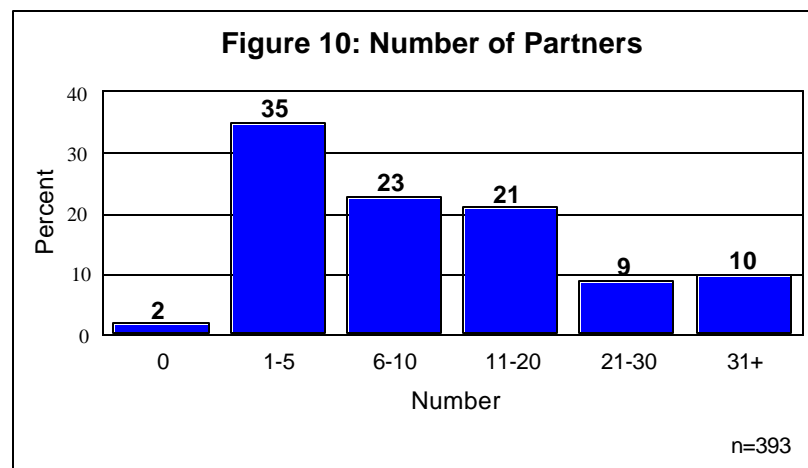
Partners ranged from churches or religious groups through to health organizations and family resource centres. As shown in Figure 9, health organizations were listed as partners by the largest proportion of CAPC projects (87%). Projects were allowed to list more than one type of partner so totals will exceed 100%. The large proportion of projects listing health organizations as partners is partially explained by the fact that Quebec projects, which make up the majority of CAPC projects, are established in partnership with community health centres known as CLSCs. The other two partners most frequently mentioned are educational institutions, partners to 62% of projects, and neighbourhood or community associations, which partner with 60% of the CAPC projects. Although only five projects reported receiving Aboriginal Head Start funding, thirty projects reported partnering with an AHS-funded project.

The number of partners varied by project. In total, 393 projects reported 5,322 partners. This works out to an average of 14 partners per project. The number of partners ranged from a low of zero, reported by eight projects, to a high of 142. Eight projects reported having no partners, which was somewhat surprising.

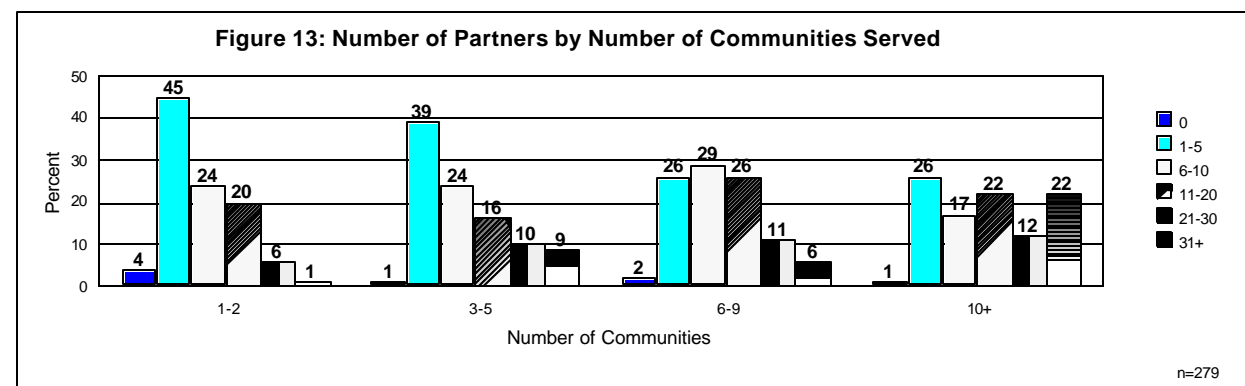
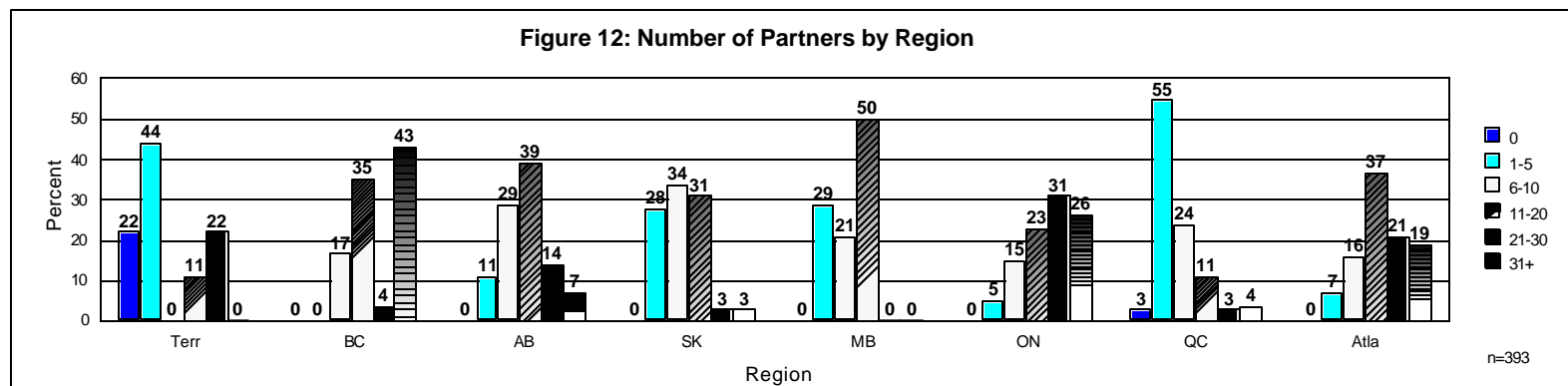


Despite the high average number of partners reported, the largest proportion of projects (35%) reported having between one and five partners (Figure 10). Ten percent of projects reported having 31 or more partners.

As with number of communities, there was a clear relationship between CAPC funding and number of partners. The number of partners was higher among projects receiving more than \$300,000 in CAPC funding. Nine percent of projects receiving more than \$300,000 in CAPC funding reported between one and five partners (Figure 11). The proportion of projects receiving more than \$300,000 in CAPC funding grew to 32% for those projects reporting 31 or more partners. No project receiving more than \$300,000 in CAPC funding had less than one partner. Half of those projects receiving less than \$100,000 in annual CAPC funding had between one and five partners.



No clear patterns emerge when examining the number of partners by region, although some slight differences appear. Quebec projects tend to have fewer partners. Fifty-five percent of projects in Quebec reported between one and five partners (Figure 12). This seems to correspond to the unique way that CAPC projects are established in Quebec. British Columbia, which was dominated by projects serving ten or more communities, also has the greatest proportion of projects reporting 31 or more partners. There appears, then, to be a relationship between number of communities served and number of partners. This relationship is further demonstrated in Figure 13. As the number of communities served rises, so does the proportion of projects with a greater number of partners. Only one percent of projects serving one or two communities reported 31 or more partners. The proportion of projects with 31 or more partners rises to 22% of projects serving 10 or more communities.



- Facts to Remember:**
- ? Almost all (98%) projects have partner organizations
 - ? Projects are most likely to partner with health organizations
 - ? Projects reported an average of 14 partners
 - ? Projects with higher levels of CAPC funding had more partners
 - ? Almost half of BC projects have 31 or more partners

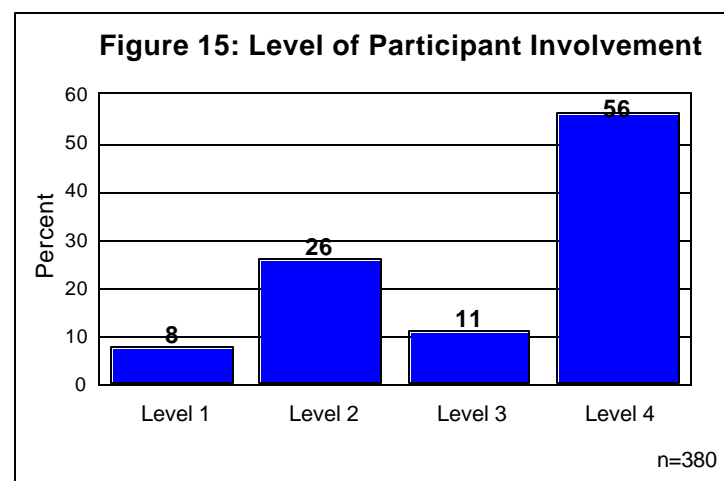
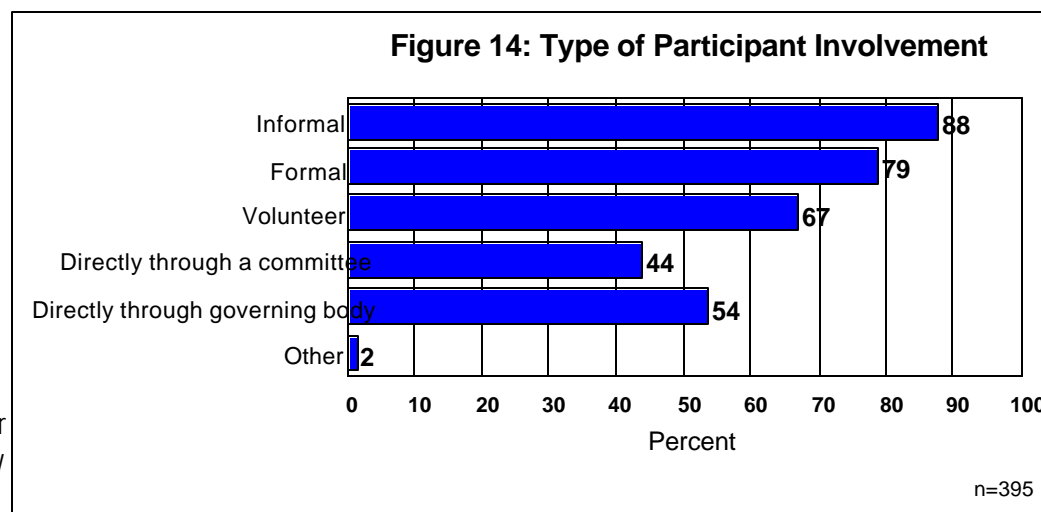
How Are CAPC Participants Involved?

There are many ways in which participants are involved in the management and delivery of projects, from informal opportunities to voice opinions through to direct decision-making roles on boards or advisory committees.

Figure 14 displays the type of participant involvement as reported by projects. The greatest proportion of projects (88%) reported that participant involvement was informal – such as opportunities to express their views or opinions about the project or its programs. Participants could have multiple types of involvement so numbers may exceed 100%. Only three percent of projects said that participants did not contribute to the management or delivery of the project.

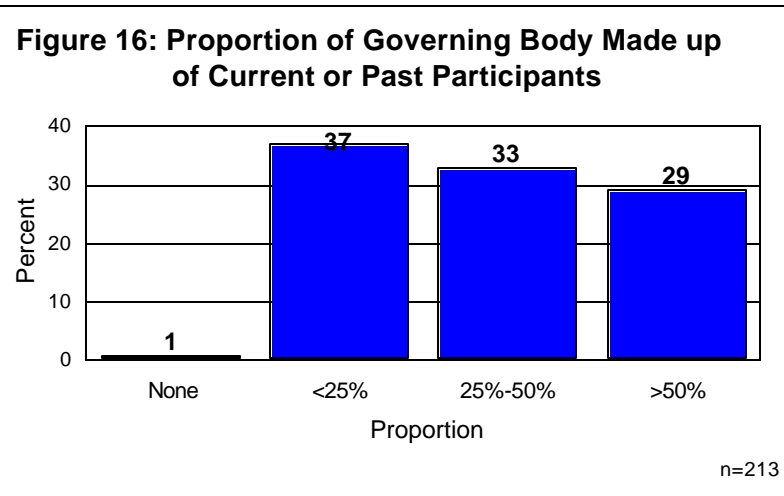
Participant involvement seemed to consist of participants expressing their views about the project and its programs or playing a volunteer role in program delivery for the majority of projects. Less than half of the projects (44%) indicated that participants were directly involved in a committee or group that provided advice to a governing body. Slightly more than half of projects (54%) reported that participants were directly involved in making management decisions. It appears that if the goal is to afford participants more opportunities for decision-making then more effort is required.

The four options that deal with participant input into projects (informal, formal, directly through a committee and directly through a governing body) can be viewed as a continuum of depth of participation in a project. Participation would then range from the least to the greatest amount of involvement. In Figure 15, projects have been graphed based on the highest point on the continuum they reported: level 1 refers to informal opportunities to express their views about the project; level 2 means participants were given formal opportunities to do the same; level 3 means participants were directly involved through a committee or sub-group that provides management advice; and level 4, which is the deepest involvement, is when



participants are directly involved in making decisions about management. Numbers will add to 100% as only a project's highest level of involvement was included. Only a little more than half of projects (56%) reported participants were directly involved in making decisions about management. Interestingly, significantly fewer projects mentioned that participants were involved in committees or sub-groups providing management advice than those directly involved in management decisions. This might be a reflection of size of projects, where smaller projects, such as in Quebec, do not have committees or sub-groups but governing bodies only.

Those projects with participants involved in their governing bodies were asked about the proportion of the governing body composed of current or past participants. Less than a third of projects (29%) had governing bodies controlled by more than 50% of current or past participants.



Facts to Remember:

- ? 88% of projects report participants are given informal opportunities to express their views
- ? 54% of projects report participants are directly involved in decision making

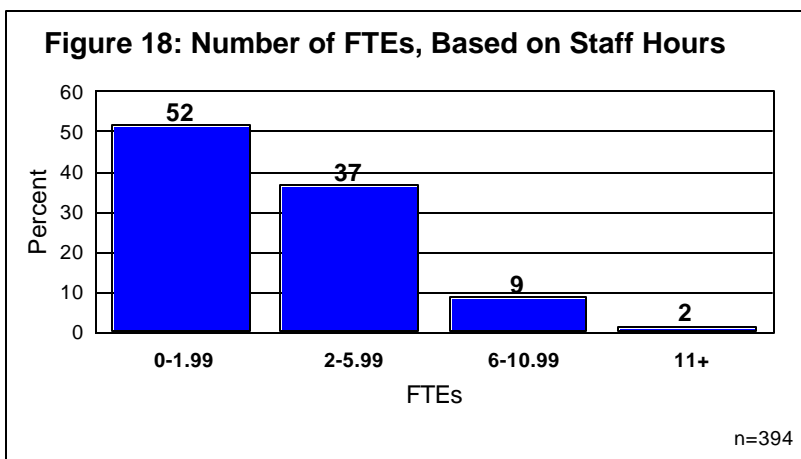
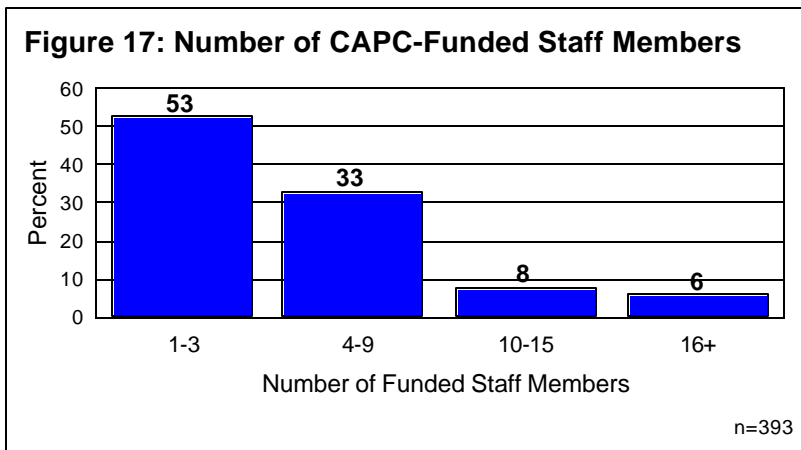
How Many People Work for CAPC Projects?

In total, 393 projects reported 2,072 CAPC-funded individuals working for pay in a typical week during the year. The number of people paid through CAPC funds in a typical week *by project* ranged from a low of one, reported by 59 projects, to a high of 50, reported by one project. The project with the most CAPC-funded individuals in a typical week was not the project that received the greatest amount of CAPC funding. On average, projects reported five staff positions were paid through CAPC funds in a typical week. More than half of all projects reported between one and three staff positions in a typical week (Figure 17).

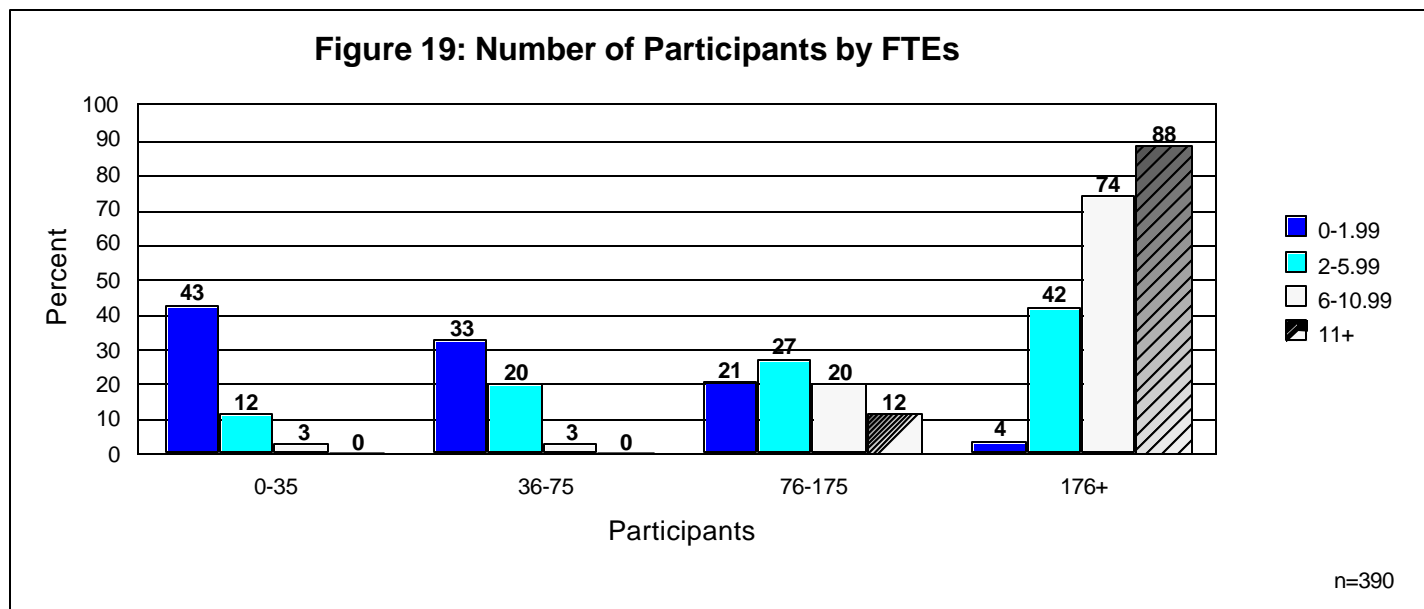
CAPC projects also hire a number of contract, seasonal and occasional workers (i.e., people who do not work in a “typical” week, but who nonetheless augment the project’s human resources). These additional paid workers were used by 58% or 231 projects. Projects reported 817 such workers, ranging from a low of one to a high of 24. Projects using contract, seasonal or occasional workers reported an average of 3.5 such workers. While the project reporting the highest number of these occasional workers (at 24) happened to have only three regular CAPC-funded staff members, in most cases there appears to be a correlation between the number of regular staff members and the number of occasional workers.

It is important to note that the 2,072 staff members working in CAPC projects in a typical week do not all work full time. In order to determine the number of full-time staff being paid by CAPC funds, projects were asked to estimate their total number of paid staff hours. Using a formula of 37.5 hours per full-time equivalent, the number of full-time equivalents (FTEs) can be calculated. Projects reported 1,127 FTEs. This indicates that a large number, if not the majority of CAPC staff members, either work considerably less than a 37.5-hour week or are partially paid using non-CAPC funds.

The number of CAPC FTEs ranged from a low of less than one to a high of 20. The average number of FTEs reported by CAPC projects was 2.9. As shown in Figure 18, 52% of projects have less than two FTEs funded by CAPC in a typical week



There was a definite relationship between the number of FTEs and the number of program participants. The larger the number of FTEs, the more likely the project had more participants. While only four percent of projects with between 0-1.99 FTEs served 176 or more participants, this rose steadily to 88% of projects with 11 or more FTEs (Figure 19).



In addition to paid staff, many CAPC projects relied on volunteers. Volunteers consisted of three main types: CAPC participant volunteers, staff from partner organizations, and other people who donated time. While staff from partner organizations are not volunteers in the traditional sense, they are considered volunteers in this context because they are not paid from CAPC funds. Ninety percent of projects reported that individuals or organizations donated time during the fiscal year. As shown in Table 3, a total of 9,265 individuals donated 70,128 hours in volunteer time in a typical month. Half of the people donating time to projects are participant volunteers. People falling into the “other” category, however, tended to donate more hours during a typical month (9.3 hours on average).

Table 3: Time Donated to CAPC Projects during a Typical Month

| Source of hours during a typical month | Total number of people donating time | Percentage of people donating time | Total number of hours donated | Percentage of hours donated | Average hours donated by person |
|--|--------------------------------------|------------------------------------|-------------------------------|-----------------------------|---------------------------------|
| CAPC participant volunteers | 4,598 | 50% | 27,946 | 40% | 6.1 |
| Staff from partner organizations | 2,431 | 26% | 21,515 | 31% | 8.9 |
| Other people who donated time | 2,236 | 24% | 20,667 | 29% | 9.3 |
| Total | 9,265 | 100% | 70,128 | 100% | 7.6 |

Facts to Remember:

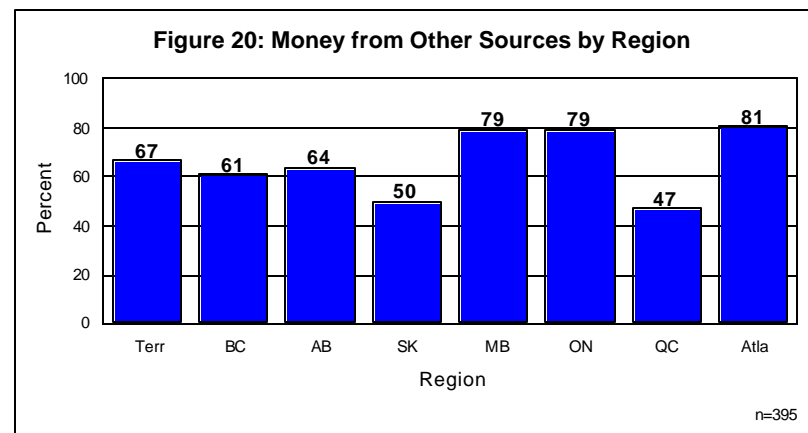
- ? 2,072 CAPC-funded individuals work for CAPC projects in a typical week
- ? Projects report 1,127 FTEs paid with CAPC funds
- ? Projects report an average of five CAPC-funded positions in a typical week
- ? 53% of projects reported between one and three staff members
- ? 58% of projects report using CAPC funds to pay additional, non-regular, staff
- ? CAPC participants each donated an average of 6.1 hours to the project in a typical month

Do Projects Have Other Sources of Money?

Although funding from CAPC is the single most important source of funds, it is not necessarily the sole source for CAPC projects. In addition to monies from the related CPNP and AHS programs, projects also received funding from other federal government departments, provincial and municipal governments, and from businesses and charities. Fifty-eight percent (58%) of projects received additional money from non-CAPC, CPNP or AHS sources.

Those projects that received additional monies reported receiving a total of \$13,829,575, or an average of \$60,656 per project. Additional monies ranged from a low of \$100 to a high of \$903,160 reported by a project. Projects from the Atlantic region were the most likely to have received money from other sources – 81%. Figure 20 demonstrates that, with the exception of Quebec and Saskatchewan, a majority of projects in all regions have received money from other sources in fiscal year 2001-02.

Patterns, by and large, are very similar to that reported during the Cycle 2 NPP, with the exception of Saskatchewan. During Cycle 2, only 31% of Saskatchewan projects reported receiving funds from other sources. This has increased by two-thirds to 50% this fiscal year. There are a number of potential explanations for this increase. It is possible that projects in Saskatchewan have begun to more aggressively solicit other monies. It is also possible that these projects have reinterpreted the question of monies from other sources based on the results of Cycle 2. The most likely probability, however, lies with the reporting period. Cycle 3 collects data from a full year while Cycle 2 collected data only from the second half of a year. A greater proportion of projects in all regions reported receiving monies from other sources this cycle. The overall increase in proportion of projects reporting receipt of other monies during this cycle would seem to indicate that projects tend to receive more monies from non-CAPC sources in the first half of a fiscal year.

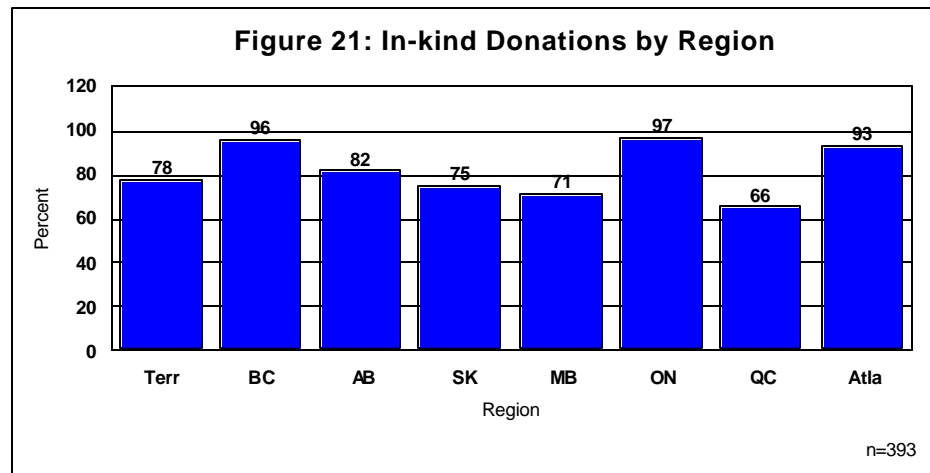


- Facts to Remember:**
- ? 58% of projects receive money from other sources
 - ? 81% of projects in the Atlantic region reported receiving funding from other sources
 - ? \$13.8 M in other funding was reported
 - ? The greatest amount of funding from other sources reported was \$903,160

What About Non-Monetary Donations?

Many projects receive in-kind, non-monetary donations such as facility space, program materials, and project equipment. A greater proportion of projects (76%) reported receiving in-kind donations than non-CAPC monetary donations (58%). Projects were asked to estimate the amount they would have had to pay if they were to purchase in-kind donations. In total, 299 projects received an estimated value of \$4,955,865 in in-kind donations. The estimated value of these donations ranged from \$190 to \$198,750. The average donation per project was \$16,575.

A clear majority of projects in all regions (Figure 21) reported receiving in-kind donations. Quebec had the lowest proportion of projects reporting in-kind donations (66%). The most common type of in-kind donation was facility space. This was mentioned by 82% of projects receiving in-kind donations. Facilities accounted for an estimated \$2,991,411 of the total \$4,955,865 value of in-kind donations.



Facts to Remember:

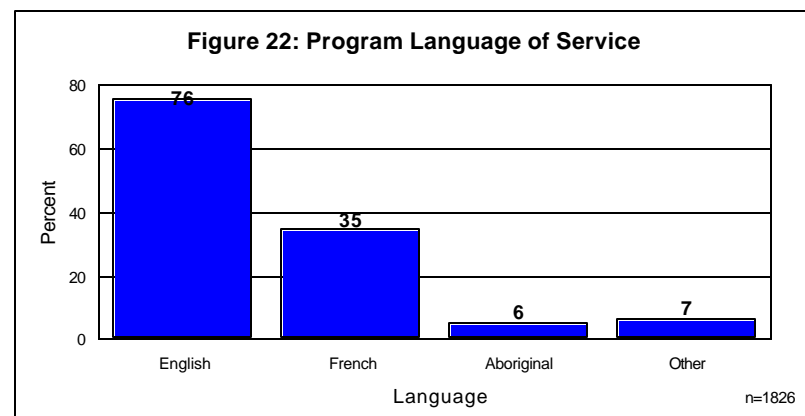
- ? 76% of projects received in-kind donations
- ? 299 projects received an estimated \$4,955,865 in in-kind donations
- ? Almost all projects in Ontario and British Columbia received in-kind donations

CAPC Programs - What Are they Like?

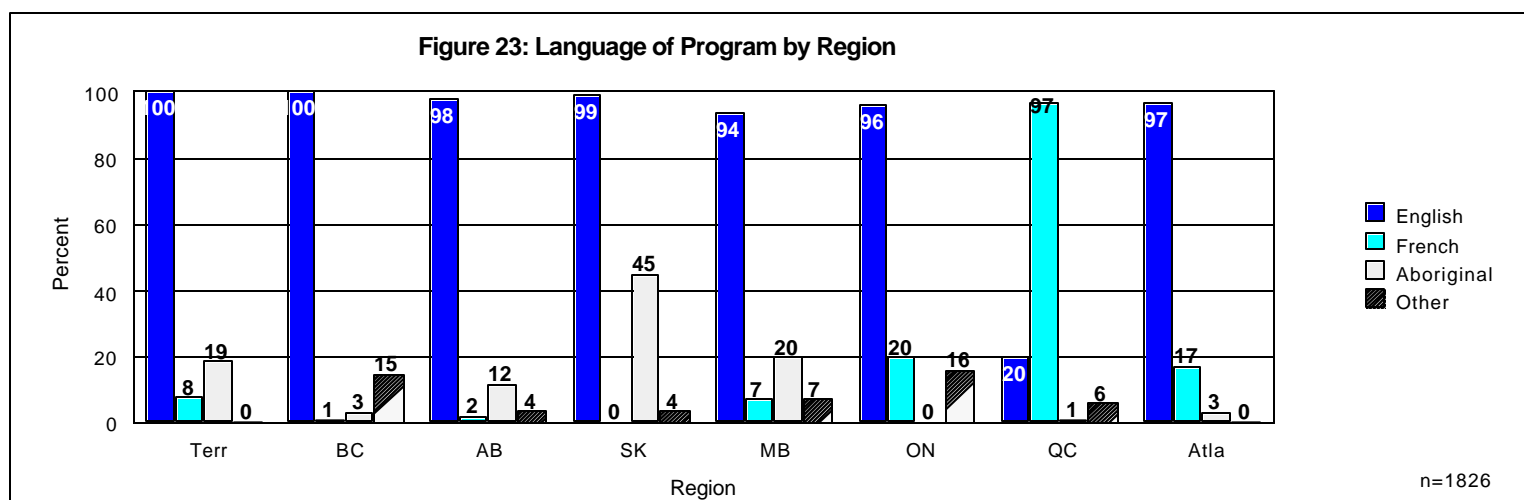
Although all CAPC programs target the same basic groups and work under the same guiding principles, they have many differences. These differences make it a challenge to use one questionnaire to collect data from all programs.

What Is the Language of Service?

While programs were offered in a variety of different languages, the vast majority were offered in English or French. As shown in Figure 22, 76% of programs were offered in English while 35% were offered in French. Programs could be offered in multiple languages which is why the numbers add up to more 100%. Aboriginal and non-Aboriginal minority language programs accounted for 6% and 7% of the programs, respectively. The proportion of programs delivered in Aboriginal languages is somewhat understated as it excludes the 55 Aboriginal projects in Ontario that are participating in a separate evaluation. The most commonly reported Aboriginal languages used for program delivery were Cree, Dene and M'kmaq. The most common non-Aboriginal minority languages used in program delivery were Spanish, Chinese and Arabic.



English remains the dominant language for program delivery in every region with the exception of Quebec (Figure 23). In Quebec, the vast majority of programs (97%) are delivered in French. Both Ontario and the Atlantic region deliver a significant minority of programs in French (20% and 17%, respectively). Twenty percent of programs in Quebec are delivered in English. Programs offered in Aboriginal languages are primarily offered in the prairie provinces and the Territories. The percentage of Aboriginal language programs offered in these areas account for the importance of Cree and Dene as languages of service. In Ontario, no programs are offered in Aboriginal languages, but this again might be explained by the exclusion of Aboriginal CAPC projects from the evaluation. Saskatchewan has the largest proportion of programs (45%) offered in Aboriginal languages. Programs offered in non-Aboriginal minority languages tend to be in Ontario and British Columbia, which seems to correspond to recent immigration and settlement patterns.



Facts to Remember:

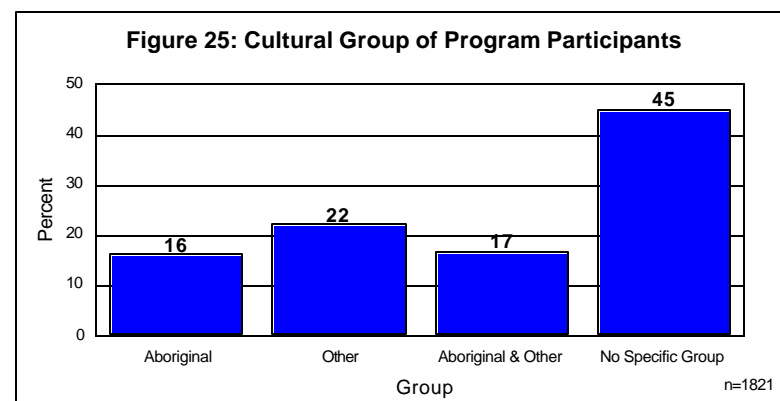
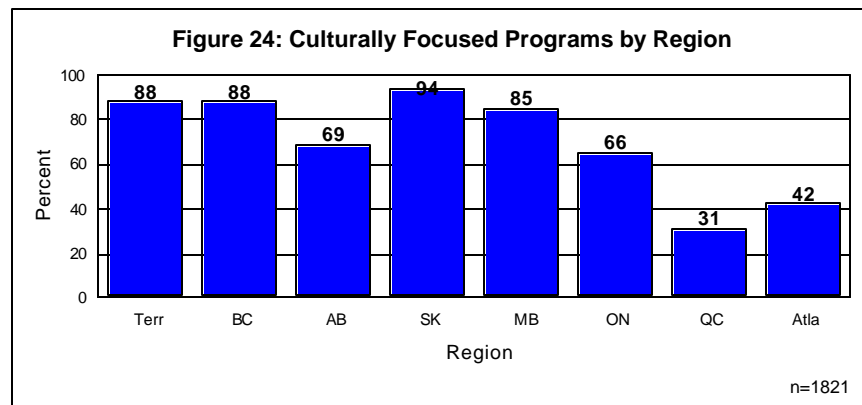
- ? 76% of programs were offered in English
- ? 35% of programs were offered in French
- ? The most common Aboriginal languages were Cree, Dene and M'kmaq
- ? The most common non-Aboriginal minority languages were Spanish, Chinese and Arabic
- ? Saskatchewan has the largest proportion of programs delivered in Aboriginal languages.

Are the Programs Culturally Diverse?

Given the complicated nature of cultural identity and ethnicity, it is a challenge to address the question of the cultural diversity of participants in CAPC programs.

Projects were asked whether their programs were attended by one or more particular cultural groups. Over half of programs (55%) were attended by one or more particular cultural groups. As shown in Figure 24, Quebec reported the lowest proportion of programs attended by a particular cultural group (31%) while Saskatchewan had the highest (94%). Seventy-three percent of programs in Saskatchewan were attended by Aboriginals, a further 18% were attended by Aboriginal and Other minority cultural groups, while only six percent were attended by no particular group.

Twenty-two percent of programs across Canada reported they were attended by non-Aboriginal minority cultural groups (Figure 25). The most commonly reported groups were Latin/South American/Hispanic, Chinese and Arab. A smaller number of programs (16%) reported attendance by members of Aboriginal cultural groups. The most commonly reported nations were Métis, Cree and M'kmaq.



- Facts to Remember:**
- ? 55% of programs were attended by one or more cultural groups
 - ? Saskatchewan had the highest proportion of programs attended by particular cultural groups
 - ? 22% of programs are attended by non-Aboriginal, minority cultural groups

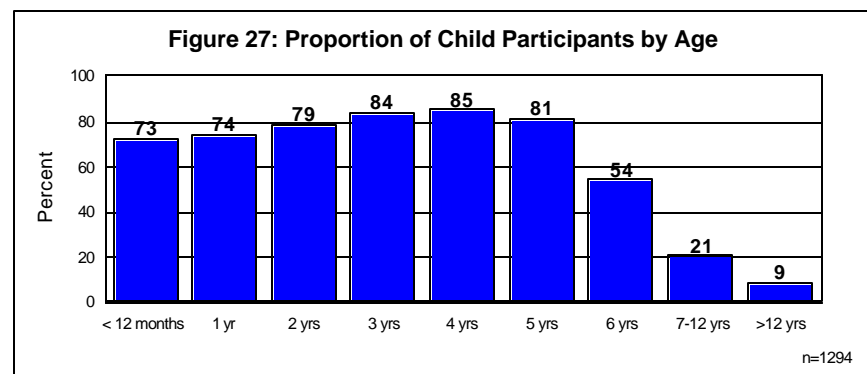
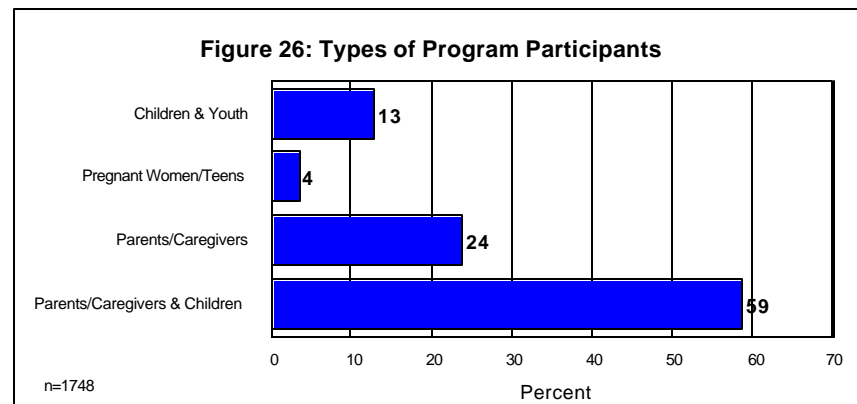
Who Are the Program Participants?

While not all programs served participants directly, for those that did, participants fell into four main groups:

1. Parents, caregivers and the children under their care;
2. Parents and caregivers (without the children under their care);
3. Pregnant women and pregnant teens; and,
4. Children and/or youth.

In correspondence with the mandate and guiding principles of CAPC, the vast majority of programs serve children and their parents, either alone or together. As shown in Figure 26, 59% of programs serve parents/caregivers and the children under their care, while a further 24% serve parents/caregivers on their own.

While CAPC programs focus on children between the ages of birth and age six, some regions, notably Manitoba and Quebec, include older children. Figure 27 shows the current ages of children attending the programs. It is clear that the proportion of programs serving children of a particular age falls dramatically after age six.



Facts to Remember:

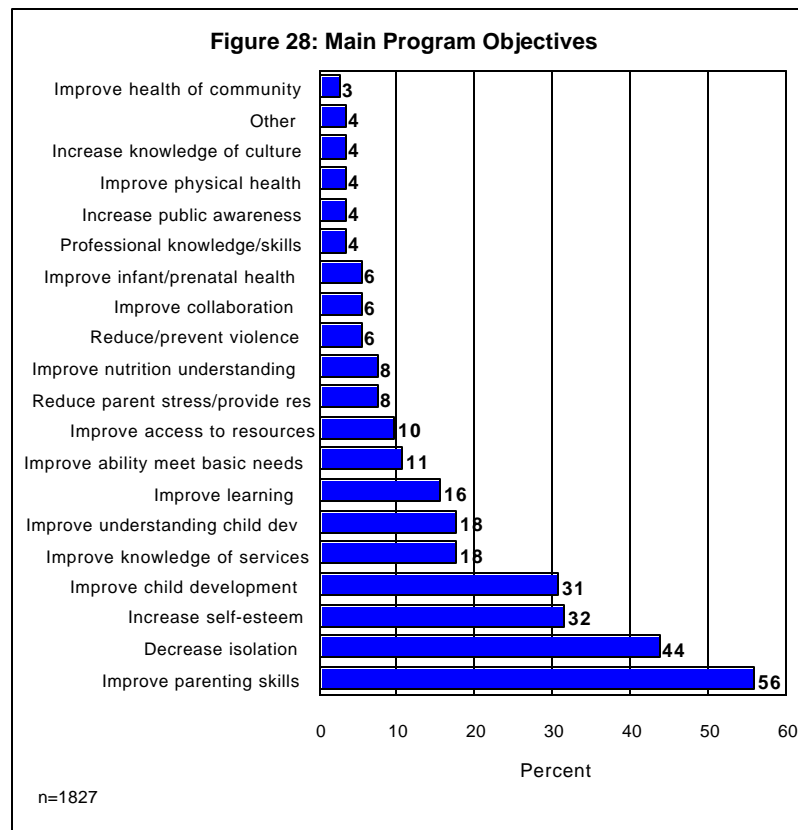
- ? 83% of programs serve children and/or their parents/caregivers
- ? The greatest proportion of programs serve children between the ages of two and five

What Are the Programs Attempting to Accomplish?

In a broad sense, CAPC programs are attempting to address the developmental needs of children aged between birth and six years of age living in conditions of risk. They do so by offering services to both these children and their families. While individual programs have a number of specific objectives, staff were asked to identify the three main objectives of each of their programs.

Improving parent skills and/or parent-child relationships was the most frequently mentioned objective – 56% of projects cited this as one of their three main objectives. This is the only objective mentioned by more than half of programs and has been the most frequently mentioned objective since the NPP was introduced.

The second and third most frequently mentioned objectives for Cycle 3 were decreasing social isolation (44%) and increasing self-esteem or empowerment of participants (32%). After the fourth most frequently mentioned objective – improving understanding of child development (31%) – the proportion of programs mentioning any of the remaining objectives listed on the questionnaire drops dramatically. The most common objectives identified by program staff in the “other” category were support for breast-feeding and substance abuse cessation.



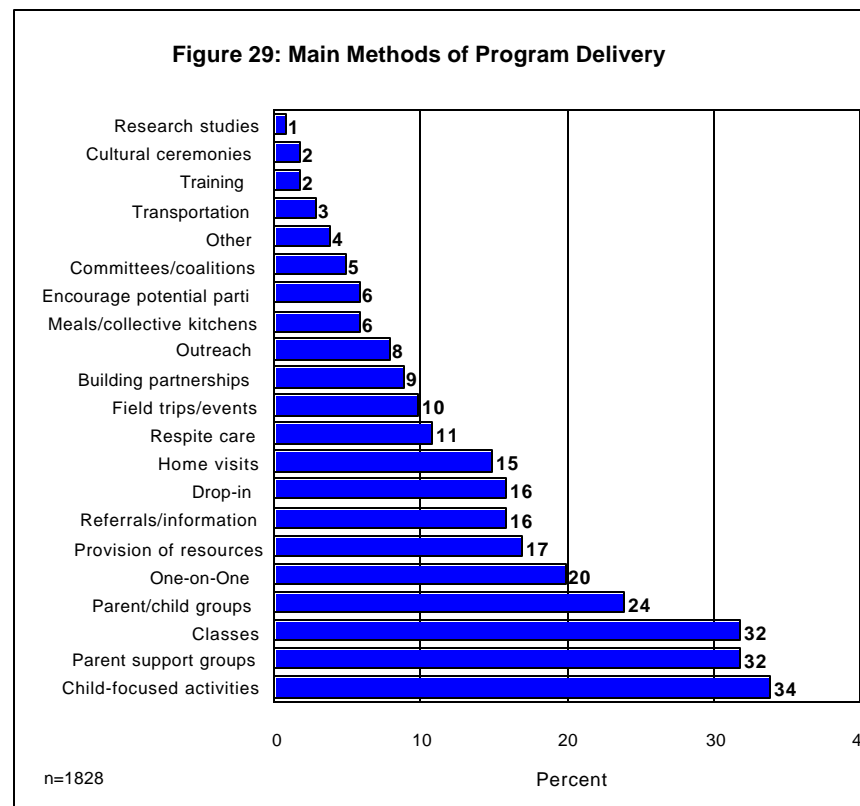
Facts to Remember:
 ? More than half the projects listed improving parenting skills as an objective – this was the most frequently mentioned objective

How Are Programs Accomplishing Their Objectives?

Program staff were asked about the three main methods of program delivery. Although it was understood that programs may have had more than three delivery methods, they were restricted to three for analytical purposes. Since they could list up to three, however, the numbers add up to more than 100%

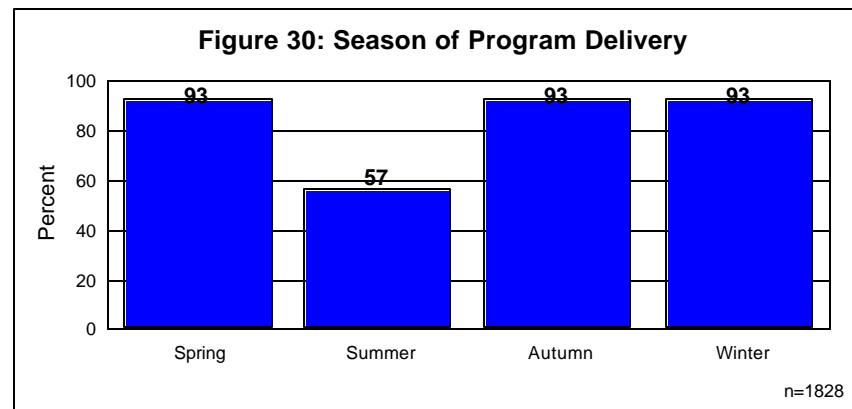
As in previous cycles, the top three program delivery methods were, in order: child-focused activities, parent support groups, and classes (Figure 29). No one delivery method was utilized by more than 34% of programs.

Facts to Remember:
 ? The most common method of program delivery is child-focused activities, such as pre-school programs and play groups



When Are the Programs Available?

Slightly more than half of all programs (53%) are offered year-round. Most programs were offered in all but the summer months. Only 57% of programs were offered in the summer (Figure 30).



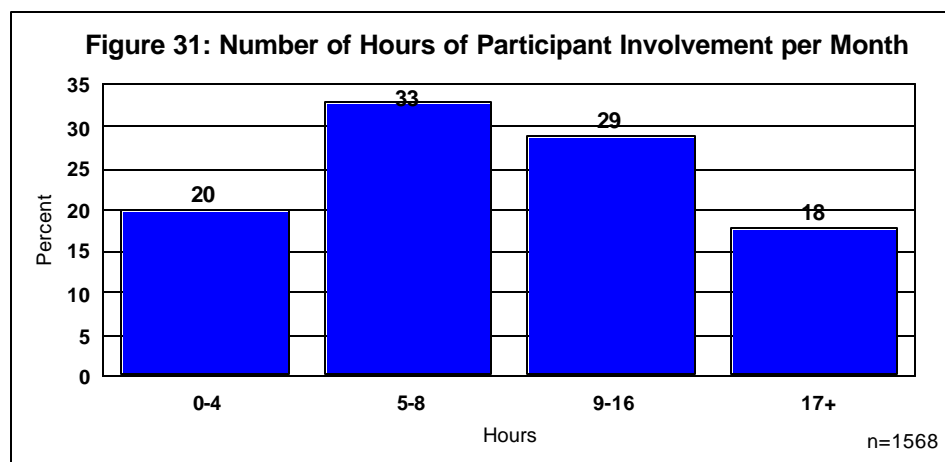
Facts to Remember:

- ? 53% of programs are offered year-round
- ? Only 57% of programs are offered in the summer only

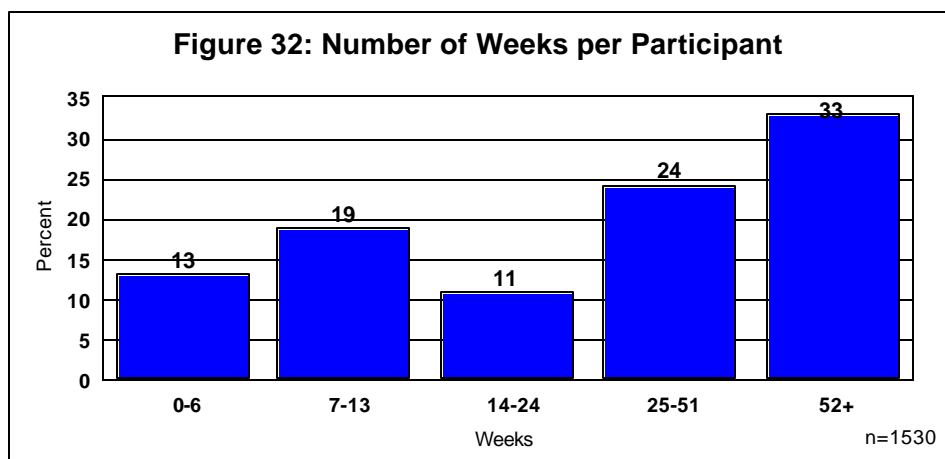
How Often Are the Programs Available?

In total, 1,568 programs reported 21,784 hours per month of participant involvement. Participants were involved for a mean amount of 13.9 hours per month. The median amount of involvement was eight hours. The average amount of participant involvement ranged from one hour a month to 160 hours a month reported by two programs, one in Quebec and one in the Territories. Based on a 7.5 -hour day, a participant involved in a program for 160 hours a month would participate for 21 days in a typical month. It is possible that staff in these two programs, and perhaps others, misinterpreted the question and listed the number of hours their programs were open and available to participants.

As demonstrated in Figure 31, slightly more than half of programs (53%) reported eight hours or less of participant involvement in a month.



Programs differed greatly in the number of weeks they were available to participants. Program length varied from a minimum of one week to a maximum of 364 weeks (7 years). Nineteen programs reported they were available to participants for one week in total. These programs tended to be home visits or initial outreach opportunities. Although only one program was available for 364 weeks, a number were available for 312 weeks (six years). The average number of weeks of participant involvement was 48.5 weeks. The median was 34 weeks. A third of programs reported that a typical participant was involved for a year or more (Figure 32).



- Facts to Remember:
- ? Programs reported an average of 13.9 hours a month of participant involvement
 - ? A third of programs reported that participants were involved for a year or more
 - ? Some programs typically retain participants for six or seven years

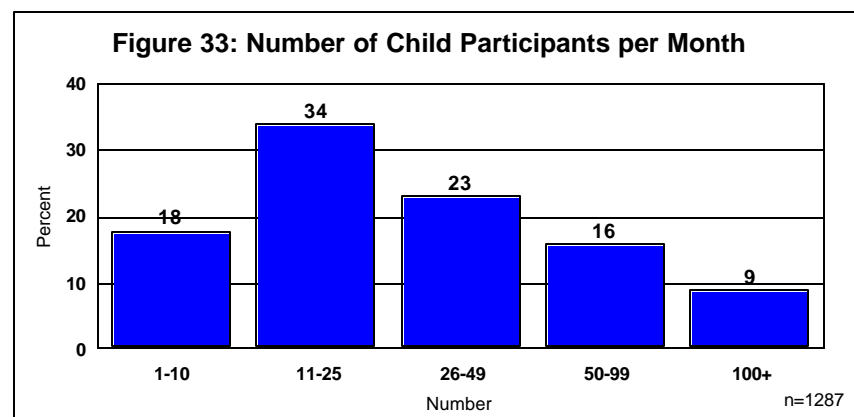
How Many Children and Adults Are Participating in CAPC Programs?

CAPC programs serve both children and adults directly as participants. As we have seen above, some programs serve both adults and their children at the same time, while others prefer to direct programs at the two groups separately. Projects were asked to estimate the number of different adults and children who participate in each program in a typical month during the reporting period. The results are presented in Table 4. Since projects are providing estimates *per program* and because participants can attend one or more programs within a project numbers will be greater than those reported earlier as the total number of different participants per project. This is because participants can attend one or more programs within a project.

Table 4: Program Participants by Region

| Region | # of Children | # of Adults | Total # of Participants |
|------------------|---------------|-------------|-------------------------|
| Territories | 902 | 681 | 1583 |
| British Columbia | 7192 | 6068 | 13260 |
| Alberta | 2590 | 2472 | 5062 |
| Sask. | 1869 | 1734 | 3603 |
| Manitoba | 1899 | 1646 | 3545 |
| Ontario | 14958 | 12621 | 27579 |
| Quebec | 14043 | 9014 | 23057 |
| Atlantic | 17276 | 16199 | 33475 |
| Total | 60,729 | 50,435 | 111,164 |

Programs reported a total of 60,729 child participants in a typical month. Among the 1,287 programs serving children, the number of children participating per program ranged from a low of one (reported by four programs) to a high of 2,500 children. The program serving 2,500 child participants in a typical month is a program dealing with conflict resolution. As shown in Figure 33, only nine percent of programs reported serving more than 100 children in a typical month. The average number of child participants in a typical month reported by programs was 47, while the median amount was 25. Programs in the Atlantic region reported the highest percentage of child participants.

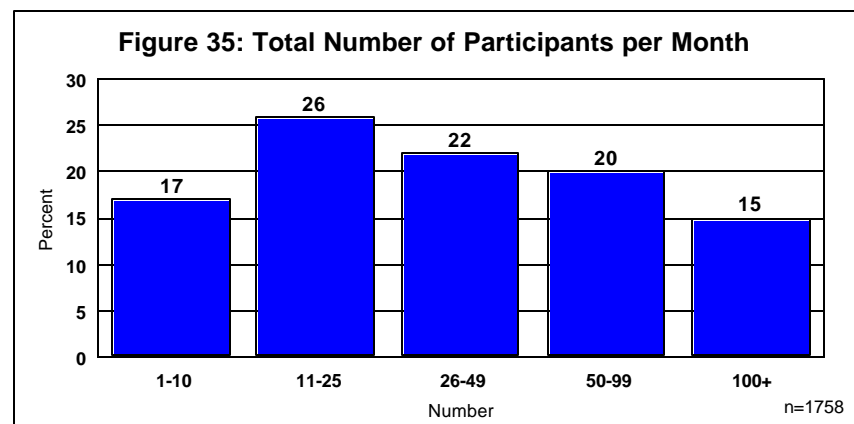
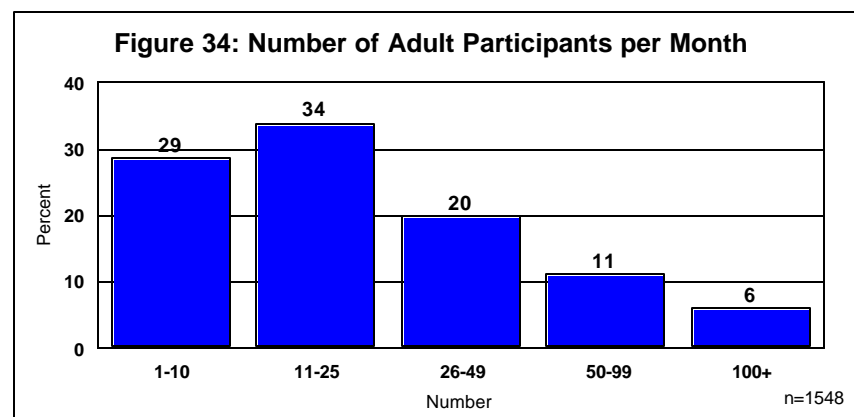


While a greater number of programs – 1,548 – reported serving adult participants in a typical month, they tend to have fewer participants. These programs reported serving a total of 50,435 parents and caregivers in a typical month. This works out to an average of 33 adults per month with a median of 18. The number of adult participants per program ranged from a low of one to a high of 555. As shown in Figure 34, while only six percent of programs reported 100 or more parent or caregiver participants in a typical month, 29% reported between one and ten.

All together, programs reported a total of 111,164 participants in a typical month, ranging from a low of one participant to a high of 2,680 participants. Across all programs, the average number of participants per program in a typical month was 63. The median was 32 participants. As shown in Figure 35, 15% of programs reported more than 100 participants in a typical month.

Facts to Remember:

- ? There are 60,729 children participating in CAPC programs in a typical month
- ? There are 111,164 participants involved in CAPC programs in a typical month



Next Steps

Cycle 4 of the CAPC national process evaluation is scheduled to take place during spring and summer of 2003. An NPP package will be sent to all CAPC projects the first week of March 2003. Cycle 4 will cover the reporting period April 1, 2002 to March 31, 2003. While planning for this next stage of the evaluation is still being finalized, there are hopes to include a qualitative component. Through consultation, a mechanism will be developed to ensure that such an addition would add to the richness of the data collected without placing undue burden on the projects. Enhancements to the on-line application (www.npp-pnp.ca) will continue and the goal for Cycle 4 is to double the number of projects submitting their NPPs on-line.