Moving Along, Growing Strong

The Final Report
of the Atlantic
Community
Action
Program for
Children (CAPC)
Regional
Evaluation

December 1997

Chelsea, Age 5

The views expressed herein are solely those of the authors and do not necessarily represent the official policy of the Department of Health Canada or any of the four Atlantic provincial governments.

The final report was revised and reprinted in December, 1999, and a limited number of copies are available. For a copy, please contact the following:

> Health Promotion and Programs Branch
> Health Canada
> Atlantic Region
> Suite 709
> 1557 Hollis Street
> Halifax, Nova Scotia
> B3J 3V4

Cover picture

Project:	Maggie's Place
	Truro and Amherst, NS
Artist:	Chelsea, Age 5
Description:	Chelsea and Luke walking to Maggie's Place

Moving Along, Growing Strong

The Final Report of the Atlantic Community Action Program for Children (CAPC) Regional Evaluation

ACKNOWLEDGEMENT AND APPRECIATION

The Atlantic CAPC Regional Evaluation was a participatory, collaborative process that was made possible by the individual and collective wisdom, patience, and perseverance of all participants at all stages of planning and implementation.

First and foremost, we would like to thank the parents and volunteers who so generously gave of their time to share their experience and expertise. Without your contribution, this evaluation would not have been possible. The information and feedback you provided throughout the evaluation added richness to the data and allowed the true stories about the impacts of CAPC on the lives of families and children to emerge. We know that individually and collectively, you have made a difference in our knowledge of population health, participatory action research, and child development. Thank you.

We would also like to thank the staff and community partners of the 40 Atlantic CAPC projects who shared their experience and expertise during the evaluation. We would like to specifically acknowledge the many hours staff spent providing the information and input needed to ensure a high-quality evaluation.

We also thank the various committees who devoted many hours and much effort to the evaluation. Your efforts helped to ensure that the many "voices" that made up CAPC Atlantic were heard and respected within the participatory action process.

A very special thank you to the Atlantic Community Action Program for Children Evaluation Sub-committee (ACES) Management Team. You guided the evaluation through its many complexities, and your tenacity and devotion to ensuring that the evaluation was truly participatory and that ALL voices were heard went far beyond the call of duty.

ABOUT THIS REPORT

We recognize that this report will be read by a diverse audience. Therefore, the technical language more often found in research or technical reports has been replaced with plainer language. A glossary has been attached for readers looking for definitions of evaluation terms used throughout the report.

NOTE:

1)   The 40 projects in Atlantic Canada are primarily Family/Parent Resource Centres. Therefore, the words "centre" and "project" are used interchangeably throughout the document.

2)   In some tables, the percentages given do not add up to one hundred percent (100%) because interviewees had multiple responses to the

TABLE OF CONTENTS

Lisa dressing up at the Family Resource centre.

CENTRE : Fortune Bay North

Belleoram, NF

Artist : Lisa, Age 6

Description : Lisa dressing up at the Family Resource Centre.

EXECUTIVE SUMMARY

The Community Action Program for Children (CAPC) is a component of Brighter Futures, which was announced in 1992. It is funded by Health Canada and is jointly managed with provincial/territorial governments across Canada. Community-based projects funded under this initiative began offering services as early as 1994. By 1995, 40 CAPC projects were running in Atlantic Canada.

CENTRE: Building Blocks Family Resource Centre (AVH-CAPC)

ARTIST: Alicia, Age 5

Description: Me holding hands with Vanessa

The goal of CAPC is to improve the health and well-being of young children 0 to 6 years of age and their families, who are in difficult situations. In doing this, CAPC's greatest assets are its parents. CAPC projects are able to reach children, parents, and caregivers who might not find resources and support in other settings. CAPC deals positively with the concerns of parents, provides resources to isolated areas previously unserviced, and focuses on topics of high interest to parents.

Evaluation is recognized as a critical component of CAPC. In fact, the evaluation of CAPC was conducted at three levels: national, regional, and project.

The national evaluation of CAPC is largely quantitative with a focus on the development and implementation of all projects, as well as any benefits that could be attributed to the projects. As a result, the focus of the regional evaluation was on gathering qualitative information (process and impact) to help flesh out and expand on the snapshot that the national data would provide. The richness of the stories added depth and context to the National quantitative information but also brought forward the voices of the people involved as the basis of program understanding, community capacity building, and action.

The participatory action research model used empowered CAPC parents, volunteers, staff, provincial and federal government representatives, and other community stakeholders. Those

involved in the program were part of the decision-making process on what research questions were most important, which methods were most acceptable and feasible, and what results were most meaningful. In keeping with this participatory action research approach, interviews and focus groups were used to ensure participation of those involved in the evaluation.

The overall research question for the Atlantic CAPC Regional Evaluation was whether there was improvement in the health and well-being of participating children (0 to 6 years of age) and their families in Atlantic Canada.

The evaluation report gives valuable information about activities related to implementation and process, as well as about the positive effects CAPC has had on the individuals involved, most notably parents and children. We have also learned a great deal about the effects of adopting a community development approach at CAPC. Lastly, this report speaks to how community partnerships developed over time and describes effective collaborative strategies that have been used.

Communication and training components were integrated to facilitate active participation in this evaluation. This integration represented a unique and critical aspect of the Atlantic CAPC Regional Evaluation. Both components provided projects with a mechanism for learning and increased opportunities for discussion about the development of community-based family resource centres across Atlantic Canada. Finally, there was an evaluation of the evaluation process itself, which added additional learnings.

CONCLUSIONS

The overall conclusion of the Atlantic CAPC Regional Evaluation can be summed up very briefly: CAPC works!

The results clearly demonstrate that CAPC projects contributed to the well-being of parents, children, and families by directly addressing at least four major determinants of health, including healthy child development, personal health practices and coping skills, social support networks, and social environment.

Implementation and Process

Ninety-five percent (95%) of parents participated in CAPC projects primarily to address their children's needs. As a result of their concern for their children's well-being, they participated in parenting programs and other activities of the projects. In cases in which there was a lack of participation, it was not related to dissatisfaction with CAPC but rather to practical considerations, such as conflicting work schedules:

> *I had a young baby, and I guess I care enough for her to want to learn more and to try to bring her up a little differently and hopefully, she turns out a little better than I did...it's an awful thing to have a first baby when you're not sure of yourself.*

Critical to the success of CAPC projects was the ability of staff and programs to accommodate the participants' changing needs. Parents wanted programs and services that were practical and relevant to their needs, and staff needed continual feedback from parents to modify programs as required:

> *[COORDINATORS] can offer the ideas, but it's always everybody...we all decide as a group. I don't think there is one ruler over everybody.*

The positive environment created by CAPC projects had an obvious impact on projects' ability to attract and maintain parental involvement. Eighty-seven percent (87%) of parents continue to participate because of the centres' programs and activities. In addition, eighty-eight percent (88%) rated their project as being eight or better on a scale of one to ten, with forty-three percent (43%) rating it a perfect 10.

Ninety-one percent (91%) of projects, a large majority, were supported by volunteers, most of whom were families served by the projects. These volunteers made a significant contribution to CAPC projects at all levels:

> *I feel appreciated when I walk through the door. I feel like I'm an important person because I came and I helped.*

Word of mouth, in particular through other parents, proved to be the best way to recruit new parents into the projects. However, evidence showed the need for multiple recruitment methods, including advertising and communication with other community agencies.

The federal/provincial JMC/PAC partnership worked well and was effective in managing the program:

> *I guess in terms of process for putting CAPC in place, I think our respective departments agreed that it would be a major commitment of time and that we would truly partner to work this through, and I think one of the reasons why that process was successful was the commitment of the individuals.*

Individual Impacts and Effects

Seventy-five percent (75%) of parents noticed a positive change in their children's social skills and behaviour, as well as improved language and basic skills and independence. Initial evidence suggested that children participating in CAPC projects do have enhanced "school readiness" skills:

> *...there was a kindergarten teacher when I was at a parent/teacher interview; she was saying that, um, it's quite remarkable that [name] being an only child how well he interacts and shares...[EARLIER] it was like no, this is mine, don't you touch it.*

Eighty-seven (87%) of parents reported positive personal change as a result of their participation in CAPC projects, particularly in the areas of increased self-acceptance, improved parenting skills, and increased self-confidence. In addition, eighty-two parents (54%) reported positive changes in their relationship with their children.

> *I feel different. I feel brighter; it is an overwhelming feeling.*
>
> *I learned a lot more about my culture. I think what I was looking for, actually, was myself. And I think I have found myself at last.*

Staff also experienced personal growth as a result of their participation in CAPC, including increased knowledge and skills, greater self-acceptance, and enhanced awareness of parents' strengths and of community development practices:

> *I've learnt that as parents and families, we are tremendously resourceful and tremendously resilient. That a lot of us parent in extremely difficult circumstances... and do amazingly well with it.*

Impacts and Effects of Adopting a Community Development Approach to Programs and Services

Almost all parents interviewed noted an increase in their social support networks. The mutual support and learning that took place when parents had the opportunity to interact was an effective and user-friendly way for parents to learn more about healthy child development and positive parenting practices. For ninety-one percent (91%) of parents, participation in CAPC also resulted in important new friendships:

> *I still come back because I need people around me. I need people to tell me that it is all right to be a single mother. That there is hope out there....*

Parent involvement in decision making varied from the very structured and formal (board membership) to the less structured (parenting committees) and the unstructured (impromptu discussions). It took time and encouragement for parents to feel confident enough to become more formally involved at the decision-making level, but this meaningful participation created a growing sense of ownership, pride, and confidence among parents.

> *I think a lot of the decisions -- particularly about what goes on in a specific family resource centre -- the parents make those decisions with the staff acting as a resource, perhaps letting them know what is available. Very much so, the decisions are made by the parents.*

Of those interviewed, seventy-three percent (73%) agreed that they (staff, volunteers, board members, and parents involved in the projects) have a good working relationship. However, the development of new boards, especially those composed of a mix of parents and professionals, required on-going board training to ensure effective relationships among board members and appropriate board/staff interactions.

Community Partnerships

CAPC projects were effective in developing working relationships with a large variety of organizations and agencies in the community. These partnerships were believed to be an effective method of delivering services and to be the "key to success" for many projects. However, developing and maintaining partnerships took time and a concerted effort. A high level of communication among partners was critical.

Many types of partnerships were valued and viewed as helpful in meeting the needs of the community. The nature of the partnerships varied widely and provided many resources and supports. For example, one-time donations; money, space, sharing of personnel, lending items; funding of special events; collaborative programming, and enhanced referral systems:

> *Another, I think, really significant event was when a mom came through the door and she had a doctor's prescription pad with Family Resource Centre written on it. And this was the prescription the doctor had given to her.*

Partners reported that partnerships worked by increasing coordination and eliminating duplication of services in the community. CAPC was described as filling a need or void in the community and enhancing service delivery through increased awareness of parents about other services in their community and improved referrals among organizations. Parents also reported that they were more aware and knowledgeable about community resources and use them now as a result of involvement in CAPC:

> *... [CAPC] met a need in the community that would never have been met without it. Besides, it's unique in the way it is handled.*

Partnerships also improved service delivery by affecting the partners themselves. Some partners reported that involvement with CAPC projects had reaffirmed their belief in the goodness of people, had provided resources and opportunities to access new approaches, and had helped them to develop professional networks.

Impact of the Regional Evaluation Process

We found that planning and maintaining a participatory action research (PAR) model required an extensive amount of time and commitment. This needs to be understood from the beginning so that sufficient resources and support mechanisms are provided. Despite this, the PAR model successfully provided the research and program management team with a context from which to build and strengthen the capacity of participants, communities and governments to engage in a common goal and to become part of the solution to issues CAPC was trying to address. However, there needed to be an openness to adapting the work to reflect the differing approaches and skill levels across projects. Excellent management skills and broad research expertise are required to carry out complex PAR processes:

I think it's important for any evaluation to get all the partners involved and to get their input, and from my point of view, I think we [JMC members] felt good about having an input in here in [province] and, yes, we would do it again.

To facilitate broad participation, project-level capacity was enhanced through a strong training and communication plan - one that developed the knowledge and skills of participants around evaluation and project development and offered mechanisms to involve participants in every step of the evaluation process:

Training was helpful to the success of this participatory evaluation. As well, the communication network established increased collaboration between projects. This supported learning and project level exposure to new ideas and approaches.

Understanding the process of the three levels of evaluation and participating in all levels of this evaluation process was a challenge for everyone involved. However, participants displayed a high degree of commitment to, and satisfaction with, the decision to adopt a participatory approach:

I really enjoyed the participatory approach. I must say that it promoted a lot of individual learning on the part of the projects as well as the parents. Because they were involved, they felt that -- I think it promoted ownership.

RECOMMENDATIONS

CAPC programming should be maintained and enhanced as it is meeting the needs in the community. Most notably, the supportive environment offered at CAPC projects, which has taken time and energy to develop, should be preserved and encouraged.

The federal/provincial management structure worked well for CAPC and should be considered as a model for future federal/provincial program delivery.

Parents, staff, community partners, and others interested in healthy child development should be made more aware of the success of CAPC and the structured and unstructured educational opportunities it provides. An examination of whether CAPC projects need to actively devote more time and resources to programs that directly involve children would be of benefit.

Current and future programming efforts must recognize that the strength of CAPC lies in its capacity to build collective action and mutual support among parents, staff, and the community.

Parents, staff, board members, and community partners have established various ways in which people can participate or volunteer in project activities and degrees to which they can be involved. Efforts must continue to ensure that opportunities for participation are diverse, flexible, and welcoming. It is important that parents recognize the value of their contributions to the projects at whatever levels they are made. Ongoing training will be important in further defining the roles and responsibilities of staff, board, and volunteers.

Training and support recommended include ongoing training in participatory evaluation skills for projects' site-level evaluations and in the use of electronic technology to increase communications among projects.

Mechanisms to maintain and enhance partnerships should be established. Also, projects and partners should be encouraged to recognize that the role of the partners may change significantly over time and, as such, should be re-assessed periodically.

The ongoing development of community partnerships should be supported. In particular, the benefit of expanding networks to include community organizations not currently involved should be considered.

The Atlantic CAPC Regional Evaluation has produced information well beyond a documentation of individual and behavioural change and program effectiveness. The participatory action research model resulted in insights and knowledge that are of considerable value not only to those directly involved with CAPC, but also for anyone interested in enhancing the well-being of families and the communities in which they live.

STEPHANIE
Age 4

CENTRE:	Family Outreach Resource Centre
	Corner Brook, NF
ARTIST:	Stephanie, Age 4
DESCRIPTION:	Mom and me coloring at playgroup.

PART I
COMMUNITY ACTION PROGRAM
FOR CHILDREN

1.0 BACKGROUND

At the September 1990 World Summit for Children, the leaders of 71 countries met with the aim of improving the future for the world's children. The Summit participants prepared two documents, *a World Declaration on the Survival, Protection, and Development of Children* and a *Plan of Action*, both of which detail the need for initiatives to better the lives of children in all countries.

The focus of the World Summit was to motivate governments, organizations, parents, and even children to act on a broad range of issues that were having negative effects on children. It challenged everyone to work collectively toward significantly improving the circumstances of all the world's children.

The *Brighter Futures Initiative* was the specific response of the Government of Canada. Described as an action plan for children, it defined key roles for children, parents, and caregivers in both setting the broad agenda and implementing specific programs.

The *Community Action Program for Children* (CAPC) was one of Brighter Futures' initial components. Announced in May 1992, its primary focus is children age 0 - 6 who are considered "at risk[1]" or to be a priority because of their life circumstances.

In Atlantic Canada, the allocation for the region for 1996-97 and ongoing was $8,392,000 ($2,736,000 for Nova Scotia; $1,220,000 for Prince Edward Island; $2,070,000 for Newfoundland and Labrador; and $2,366,000 for New Brunswick). However, an overall budget reduction to CAPC of 51.9% was announced in the February 1995 budget and was scheduled to take effect on April 1, 1997.

---

[1] The term "at risk" is only used when referring to text from official documents.

Two years later, the federal government re-established Canada's commitment to community-based programs for children, notably CAPC and the Canada Prenatal Nutrition Program (CPNP), by announcing additional funding to both programs. The Liberal government highlighted the strength of both programs in its February 1997 budget speech. In doing so, the importance placed by Canadians on improving the circumstances of young children age 0 - 6 years was affirmed. The speech also acknowledged the importance of providing community groups with the financial resources necessary to sustain programs that improve the health and social development of young children and families in difficult life circumstances.

CAPC provides financial assistance to community groups that develop programs promoting the health and social development of young children and their families. To accomplish this goal, CAPC projects work with parents, volunteers, and community groups and organizations.

Partnerships and collaborative activities at the community level are considered an essential component of CAPC. CAPC aims to facilitate the empowerment of communities and families as they try to put into place and maintain programs that promote the health and well-being of their children. Placing the community at the centre of decision making and action ensures an effective and coordinated approach. The broad national goals and guiding principles of the Program are listed in Appendix I.

CENTRE: Kids R First, East Prince Community Coalition, PEI
Artist: Rochelle, Age 5
Description: Rochelle likes to colour and sing songs at play group.
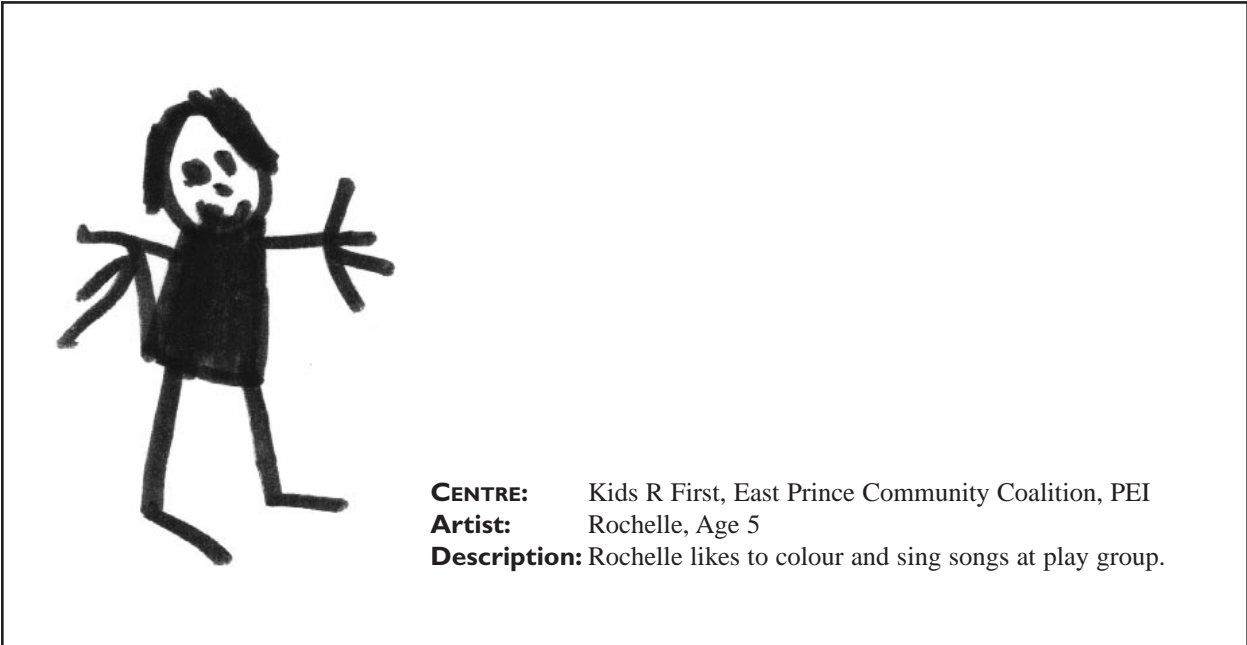
1.1 DEVELOPMENT OF CAPC IN THE ATLANTIC REGION

The Community Action Program for Children was established in the Atlantic region in 1993, when each of the four provincial governments signed a protocol agreement with the Government of Canada to provide direction for implementing the Program in the Atlantic provinces.

Provincially based Joint Management Committees or Program Advisory Committee (JMC/PAC) comprising federal and provincial government representatives were set up to review proposals and to manage and support CAPC projects operating within provincial jurisdictions.

While each province developed with the federal government its own protocol based on its priorities to address the needs of at risk children and families, they all recognized that

- there is a need to address the complex and multi-faceted problems of children age 0-6 at risk;
- these children may be at risk for social, health, and emotional problems, as well as for injury and disability;
- because of the widespread nature of the problem of children at risk, developing specific priorities and direct programs to priority children would be most effective;
- these programs should co-operate with and complement pre-existing programs developed in accordance with the priorities of each province; and
- they should avoid duplication of services and programs.

To respect provincial priorities, projects were selected for funding based on their intent to address gaps in programs and services by developing new programs or by complementing existing ones rather than duplicating existing ones, such as those provided under New Brunswick's Early Childhood Initiatives, for example.

Provinces took different approaches to the early implementation phase and application process of CAPC. These included needs assessments; service and programs review; community consultations; information sessions; training; and funding developmental projects. Some provinces chose a non-competitive application process, targeting identified communities or areas; others opted for a call for proposals approach.

In keeping with CAPC's collaborative focus, projects in each province were established through community coalitions. Proposal guidelines for CAPC projects were designed to be flexible within a broad framework to enable communities to develop projects that addressed their unique needs. Each project developed specific goals and objectives that related to the parents and children it served. At the time of the evaluation, 40 CAPC projects in Atlantic Canada were being funded: 13 in New Brunswick; 9 in Newfoundland; 12 in Nova Scotia; and 6 in Prince Edward Island. Projects with a strong linguistic or cultural diversity were analyzed separately to ensure that data collected was reflected in the analysis. One project was Francophone in focus, and five were bilingual. Two projects specifically reached children in the Black population. Three projects focused on the needs of Aboriginal children living off-reserve: two of these served Aboriginal children on a province-wide basis and one was located in an urban area.

I Love PARENTS PLACE. By Amanda

CENTRE :	Parents Place
	(Yarmouth Family Resource Centre).
	Yarmouth, NS
Artist :	Amanda
Description :	When I go to Parents Place I play with toys
	and crafts. My Mom likes Holly. My brother
	likes playing with the toy and making crafts. At
	Parents Place you have to use your manners.
	Be polite. No fighting. I like to do art.

DESCRIPTION OF THE ATLANTIC CAPC REGIONAL EVALUATION

2.0 THE ATLANTIC CAPC REGIONAL EVALUATION

CAPC is built on a developmental and collaborative process undertaken with community organizations. Building each community's unique capacity to respond to the needs of families and children at risk is a critical component of this process.

In *Building Communities from the Inside Out*, Kretzmann and McKnight (1993) developed the idea that community development is based on capacity-focused development. They point out that all historic evidence indicates that significant community development takes place only when local community people are committed to investing themselves and their resources in the effort. To achieve long-term success and continuity, projects must be seen to be valuable and important at the local community level.

The Community Action Program for Children was designed to increase the empowerment and knowledge development of families and communities through activities that are educational and that help prevent health problems. CAPC's aim is also to make possible their active participation in designing programs, putting them into practice, and making decisions about them. Community partnerships strengthen this process by allowing people to work on issues of mutual concern and by integrating efforts that are directed toward common, community-based goals.

Participatory action research (PAR) offered an approach to evaluation that was very much compatible with CAPC's principles and goals, using collective reflection on an issue as a basis for further action.

Community acceptance, involvement, support, and active participation in this evaluation process all were necessary for the success of the Atlantic CAPC Regional Evaluation. Because participatory evaluation requires that the people being evaluated are also those doing the evaluation, it offered a way to ask questions while allowing the community to take ownership and control of the research process.

In keeping with this philosophy, the Atlantic CAPC Regional Evaluation design was based on a participatory action research model that encouraged a cooperative approach and fostered broad-based training, communication and collaboration, as well as community-level participation, empowerment, and action. The design also allowed for active, multi-level involvement at all stages of the evaluation.

2.1 RATIONALE FOR THE PARTICIPATORY APPROACH

The regional evaluation framework was based on a participatory approach that viewed evaluation as a shared process in which people gathered information about themselves and their projects. This holistic, participatory approach contained an inherent commitment not only to participation, but also to building the capacities of individuals, projects, and, ultimately, communities. Communities are strengthened when collective commitment, resources, and skills are increased.

To reflect the community development approach that is at the heart of CAPC, the regional evaluation design was structured to recognize and support
- the value of the reflection, discussion, and processing of information related to program issues that inevitably arise as a result of ongoing communication;
- the individual feelings of value and worth that emerge from communicating, learning, and having a decision-making role; and
- the inclusion of a diverse group of stakeholders, which provides a voice for program users and increases awareness of issues and concerns at the program management level.

This approach was based on the work of other researchers (e.g., Rossi and Freeman, 1989) and was adopted to increase the likelihood that communities would be able to sustain what was learned beyond the evaluation period.

Communication and training were formally integrated to facilitate active participation in this evaluation. This integration represented a unique and critical aspect of the Atlantic CAPC Regional Evaluation. It was expected that emphasizing these supportive processes would contribute to the development of long-term learning and communication networks. In turn, they would build and enhance the capacities of projects to help and support children and their families and communities and which would be sustained beyond the lifetime of this evaluation.

2.2 OVERVIEW OF THE CAPC EVALUATION

The CAPC evaluation was conducted at three levels: national, regional, and local, with the Atlantic CAPC Regional Evaluation serving as a link between the other levels.

National Evaluation

The process of developing a national evaluation framework began in January 1994. This framework was intended to capture the minimal information required to evaluate the program on a national basis. The National Evaluation used standardized, quantitative tools to examine the development and implementation of all CAPC projects, as well as any benefits that could be attributed to the projects. A series of data collection forms (National Forms A to E) were used to collect comparable data from CAPC projects across Canada. This method made it possible to combine information about the impact of CAPC in a way that enabled local sponsors to have a common basis for communicating with the government.

The intent of the National Evaluation was to complement, not replace, the evaluations at the regional and project levels. National evaluation data collection began during 1995 and is on-going.

Regional Evaluation

Discussions around an Atlantic CAPC Regional Evaluation began in January 1994. Shortly thereafter, it was decided that a regional approach was preferable because
- all four provinces were funding similar projects; and
- a single evaluation was more cost-effective.

In January 1995, work began on the development of a framework for the Atlantic CAPC Regional Evaluation, and in November 1995, the design and implementation of the evaluation began. Atlantic CAPC Regional Evaluation data was collected from September to November 1996. The Atlantic CAPC Regional Evaluation used qualitative methods to balance and complement the national approach, which allowed those involved to tell the story of their CAPC experience in their own words. The richness of such stories adds depth and context to the quantitative information, but more importantly, it allows the voices of the people involved to form the basis of program understanding, decision making and action.

The Atlantic CAPC Regional Evaluation was participatory, reflecting a shared process among all involved in the evaluation. This participatory approach provided a link between the regional and project-level evaluations. Methods developed for use at the regional level were based on consultations with project staff and participants and then shared so that individual projects could consider what was happening at the regional level and adjust activities at the project level accordingly. This approach allowed projects participating in the Atlantic CAPC Regional Evaluation to share in evaluation activities and to apply new skills and/or ideas to the development of local project and program evaluation activities.

The approach also allowed this evaluation to examine broad patterns and trends within Atlantic Canada. The data presented is not identified with any particular project, and no comparative analysis was done. As agreed by the JMC/PACs, data was not analyzed to make comparisons between provinces; however, the data from both the national and regional evaluations was collected and coded to allow each province to undertake any further analysis it wanted to.

Project Evaluation

Health Canada requires that projects conduct their own evaluations at the local level. To enhance the education and skill building necessary to the participatory process, two training workshops in evaluation methodology and related topics were conducted -- one at the provincial level and one at the regional level. These workshops were designed to build on existing skills within projects, enhancing their ability to carry out their own evaluations.

Specific training needs were explored with project stakeholders through consultations with all 40 CAPC projects. The workshops were then developed to meet these expressed needs and interests. In addition to the training, the Atlantic CAPC Regional Evaluation team provided ongoing technical support to projects throughout the evaluation period.

2.2.1 Putting the Evaluation Pieces Together

As CAPC was evaluated at three levels, national, regional, and local, the evaluation, with its overlapping components was complex. The overall context of this evaluation is shown in Figure 1.

FIGURE 1: **The Atlantic CAPC Regional Evaluation**
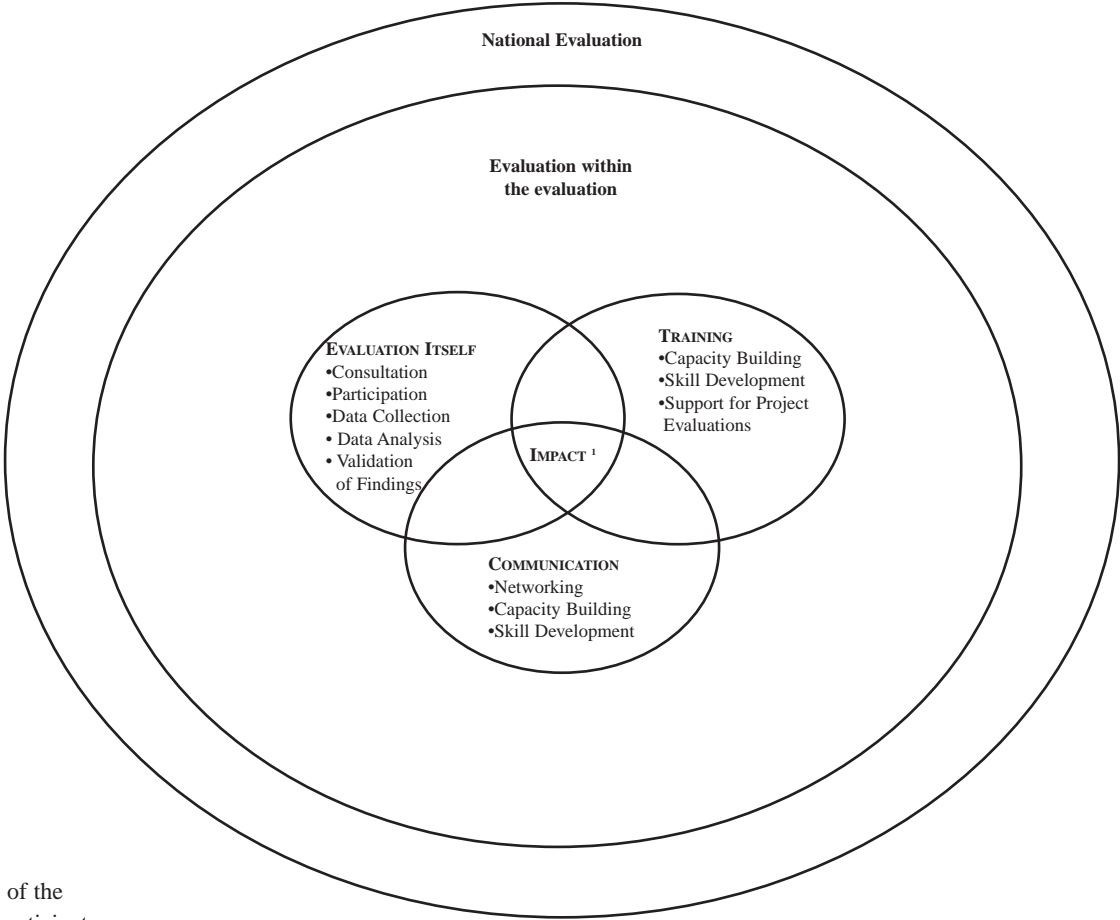
National Evaluation

Evaluation within the evaluation

EVALUATION ITSELF
•Consultation
•Participation
•Data Collection
• Data Analysis
• Validation
of Findings

TRAINING
•Capacity Building
•Skill Development
•Support for Project
Evaluations

IMPACT [1]

COMMUNICATION
•Networking
•Capacity Building
•Skill Development

Impact[1] of the CAPC participatory evaluation on parents, projects, communities and governments

As Figure 1 illustrates, the impact of these overlapping processes for any given individual could be multi-dimensional. For example, a CAPC parent could have been actively involved in one or all three of the following aspects of the Atlantic CAPC Regional Evaluation mentioned below.

2.3 EVALUATING THE REGIONAL EVALUATION PROCESS - EVALUATION WITHIN THE EVALUATION

The Atlantic CAPC Regional Evaluation took place within the context of the National Evaluation, with which, in part, it coincided. Within this context, the Atlantic CAPC Regional Evaluation process had three components:

- the *evaluation* itself; evaluation activities specific to designing, collecting, analyzing, and interpreting information about the projects;
- the *training* of project staff and participants to assist in their local evaluations; to facilitate their understanding of, and participation in, this evaluation; and to address their needs related to project development; and
- the *communication* network, including the development of tools to support both this evaluation and the projects.

Because the interaction of these components was expected to impact at all levels -- on parents, projects, communities, and governments (both provincial and federal) -- an evaluation of this impact was embedded in the Atlantic CAPC Regional Evaluation plan. This "evaluation within the evaluation" examined the impact that participating in all three components of this evaluation had on those involved. Each project was provided with feedback forms containing questions on the three components. Follow-up focus groups were held in September, 1997. Each component is described below.

2.3.1 Evaluation Itself
The evaluation itself, as outlined above, is described in detail throughout this section.

2.3.2 Training

The training component of the evaluation plan had three focuses:

- to build on existing strengths, skills, and abilities of people in CAPC projects, enhance their knowledge of evaluation and increase their comfort level in doing the evaluation;
- to increase the capacity of projects to conduct their own evaluations, increasing self-sufficiency and appreciation of their own skills and experiences; and
- to increase the capacity of projects regarding local developmental and organizational needs.

Emphasis was placed on demystifying the concept of evaluation and enhancing knowledge and skills to enable CAPC projects to conduct their own local evaluations. People involved with a project could then learn to judge their own success and apply that knowledge. The training component was developed through consultations with projects to identify specific topics that would be addressed in workshops. These workshops used an interactive approach that emphasized learning by doing and incorporated a variety of learning approaches, including small group discussions, use of participants' expertise, application of learned concepts, and consideration of how to use these skills in CAPC work.

CENTRE: Fredericton Family Resource Centre, NB
Artist: Unknown

Provincial workshops covered the basics of participatory evaluation, data collection, and data analysis and were attended by each CAPC project's coordinator, a staff person, a parent, and another representative. Participants were actively involved in exploring the benefits of evaluation and how to do one-on-one interviews, conduct focus groups, and organize the information after it is gathered.

The regional workshop, held in May 1996 at Gros Morne National Park, Newfoundland, included a minimum of two representatives from projects in all four provinces. This workshop built on the learning outcomes from the provincial workshops, with more training offered on qualitative and quantitative evaluation methods. In addition, the regional workshop participants could address their developmental and organizational interests and needs through focused, skill building workshops in a variety of areas.

The effectiveness of learning at both the provincial and regional workshops was assessed through participant feedback forms on each session and follow-up focus groups. Observations by the trainers during and after specific workshops were used to make changes to subsequent workshops.

2.3.3 Communication

Participatory evaluation is a two-way process in which information is exchanged between the people doing the work and the people who collectively are to benefit.

Several means of promoting and establishing communication were established to facilitate the open and meaningful communication necessary at all levels of this evaluative process. The regional evaluation team maintained ongoing communication with all 40 CAPC projects through regular contact with the provincial evaluation coordinators. A toll-free line was also established to address any issues or concerns raised by projects about the Atlantic CAPC Regional Evaluation process or

project-level evaluation. Fact sheets were developed to update projects on this evaluation process or to elicit their participation or feedback at a specific point in the process. The Regional Evaluation Team also maintained regular contact with the ACES Management Team and ACES through scheduled meetings and conference calls.

Participants in the regional evaluation training workshop had an opportunity for focused training in communications. In addition to the workshops, participants were offered training on basic e-mail usage, and members of the Regional Communications Committee were offered training on electronic newsletter production.

A communications network was set up and managed by the Regional Communications Committee and included e-mail and a regional newsletter. A proposal was developed for a CAPC home page with links to related sites on the Internet.

These communications tools were developed to enhance communication between Atlantic CAPC projects, share evaluation knowledge, access information, and offer mutual support and provided a mechanism through which the Regional Evaluation Team could promote this evaluation and elicit feedback from participants in the evaluation process. Communications were also used to enhance the visibility of CAPC and to support all those involved in their efforts to promote the program.

Evaluation of the communications component was obtained through feedback forms, monitoring of usage of the toll free line, and focus groups held in September 1997.

2.4 PARTICIPANTS IN THE ATLANTIC CAPC REGIONAL EVALUATION

In keeping with the community-development approach, the Atlantic CAPC Regional Evaluation sought to involve representatives of all those involved in the CAPC projects in Atlantic Canada -- parents, volunteers, staff, board members, and community partners, as well as the provincial Joint Management/Program Advisory Committees, the Atlantic CAPC Evaluation Sub-committee (ACES), and the ACES Management Team. This involvement of all parties in the multi-level evaluation process is summarized below and detailed in Appendix I.   As well, the names of those involved are listed in Appendix V.

Regional Evaluation Team

The Regional Evaluation Team included about 20 professionals, some of whom were contracted at different times depending on the expertise required to carry out the evaluation. Their role was to

- develop and implement the Regional Evaluation framework;
- implement the National Evaluation framework for Atlantic Canada; and
- support CAPC-funded groups in their project-level evaluation efforts

Projects

All 40 CAPC projects were involved in an initial consultation process that determined the key indicators and the focus of the Atlantic CAPC Regional Evaluation. In the implementation phase, project staff, using established selection criteria, identified parents, board members, volunteers, and community groups as potential participants in the interviews and focus groups. In addition, when the results became available, projects participated in confirming the findings and in providing input into initial conclusions and recommendations.

Provincial Project Evaluation Teams

The Provincial Project Evaluation Teams (PPET), were established to provide additional involvement in this evaluation at the project level. PPETs in each province were made up of one project coordinator and three project participants. These teams participated in the first round of data analysis at the provincial level, helping to validate initial themes and selecting key quotes from participant interviews. They also participated in focus groups verifying the findings and reviewing preliminary conclusions and recommendations. An Aboriginal PPET was organized to explore any cultural differences and highlight any specific themes from the Aboriginal parent data.

Atlantic CAPC Evaluation Sub-Committee (ACES)

The Atlantic CAPC Regional Evaluation was one of the activities of the Atlantic CAPC Joint Management Committee (JMC), which is made up of two representatives from the JMC/PAC in each province, as well as federal representatives. It is responsible for the overall management of the program in Atlantic Canada. A subcommittee, the Atlantic CAPC Evaluation Sub-Committee (ACES), made up of federal, provincial, and project representatives from each province, was established to coordinate and monitor this evaluation process in Atlantic Canada.

ACES provided direction, guidance, and advice throughout all stages of this evaluation process and was responsible for the approval of all regional evaluation plans and outputs.

ACES Management Team

Six members of this larger ACES committee were selected as a management team to oversee the evaluation contract on a day-to-day basis by working closely with the Regional Evaluation Team to resolve issues and challenges that arose, discuss progress, review documents, and advise the team throughout the evaluation.

The project was managed through regular meetings between the ACES Management Team and the Regional Evaluation Team that were used to approve approaches taken and to review reports, facilitate discussion and make decisions.

2.5 DEVELOPING THE KEY INDICATORS TO BE ADDRESSED BY THE EVALUATION

The Atlantic CAPC Regional Evaluation drew on multiple sources and on the contributions of many people to develop the key indicators to be addressed by this evaluation. The Regional Evaluation Team gathered information by reviewing documents, conducting consultations, and examining evaluation strategies.

2.5.1 Document Review

To begin, the Regional Evaluation Team undertook a detailed review of project documentation, including

- Program objectives and outcomes from the *Request for Proposals: Atlantic Region Evaluation,*
- Protocols developed by each of the provinces,
- Review of project proposals,
- The National CAPC Evaluation Framework and related tools, and
- *The Regional Evaluation Framework for CAPC-Atlantic Region,* a document produced through a participatory process to provide a basis for soliciting evaluation contract proposals and which also contributed to the evaluation plan.

2.5.2 Consultation Process

Between January and May 1995, a Regional Evaluation framework was developed based on a participatory process involving project representatives (staff, parents, and board members). These representatives, through interactive workshops, identified key issues to be addressed within the evaluation framework referred to in Section 2.5.1 (directly above).

Four major evaluation topics emerged from this consultation:

- the extent to which projects enhanced participants' skills and knowledge;
- the extent to which projects encouraged a sense of community among parents and increased their confidence in their ability to parent;
- the extent to which projects created empowering environments and a sense of project ownership; and
- the position of the project in the larger community.

In November 1995, a consultation was conducted with ACES in which committee members were asked to identify and rank research areas for the evaluation. They identified these areas:

- changes in behaviour;
- level of community support;
- partnerships;
- a profile of the participants;
- the development of knowledge and skill;
- ownership; and
- program functioning.

During January and February 1996, consultations with all 40 projects were undertaken. In group sessions, parents, staff, and board members were asked how they would know if their project was working.

In response, participants said that they would know the project is working if

- they are changing, going through a process - if there is movement
- they can identify what skills they are gaining

- they accept ownership and leadership
- they develop partnerships with the community
- there is a feeling of "identity" in the centre.

All comments made by focus group participants were considered, and five categories of program success were identified:
- personal development of parents, children, and families;
- involvement of participants in the project/program;
- participant ownership of the project;
- community partnerships and linkages; and
- project/program development and management.

Appendix III contains tables incorporating these five categories along with the related, project-generated indicators of success.

2.5.3 The Need to Evaluate both Process and Impacts

It became evident that to more fully understand how effective CAPC projects were and how they contributed to change, it was important to understand both the process through which the projects worked and the impact they had. In other words, this evaluation needed to address not only what the projects did, but how they did it to fully appreciate the project's impact on participants and others involved.

2.5.4 Evaluation Questions

The results of these consultative processes, along with the national and regional objectives of CAPC and the national evaluation framework, provided the basis for developing the evaluation questions. The primary evaluation question was

> *Is there improvement in the health and well-being of at-risk children, age 0-6, and their families, in the Atlantic Region?*

Whether CAPC ultimately had a positive effect on the health and well-being of children was at the centre of this question. Therefore, many CAPC projects tried to influence the child's well-being

both directly, through children's programming, and indirectly, by targeting their efforts on improving parental skills through the provision of education, prevention, and intervention programs.

Because much of the focus of programming was on changing the factors and attributes that surround the child, the evaluation focused on gathering data from parents and others involved, rather than from the children themselves. Parents and others were asked to describe how they perceived any changes in their children.

Another reason for taking this approach was that specialized training was required to evaluate the kind of information that could be gathered from young children (e.g., through drawings and stories). While the contributions of children have been represented in this final report by including some of the pictures they drew about CAPC and excerpts from their own descriptions of the drawings, no effort has been made to interpret the drawings. These pictures and accompanying quotes have been incorporated throughout the report to direct the reader to the experiences of children with CAPC.

In addition, the long-term effects of these projects may take years to become evident. Thus, the emphasis of the evaluation was on understanding how the program met its objectives and on gathering information about the process parents and children underwent as participants in the program and its impact on families and communities.

2.6 EVALUATION FRAMEWORK

The original Atlantic CAPC Regional Evaluation framework had been structured around several key areas in terms of both process and impact. Based on this, it was initially planned that evaluation findings would be reported under the categories of individual change, shared change, program/project development, and community partnerships.

However, an analytical scheme that better reflected the data as it emerged during this evaluation process resulted in the categories being changed to implementation and process, individual impacts and effects, impacts and effects of adopting a community development approach to programs and services, and community partnerships.

The tables containing the specific questions addressed by this evaluation in each of the categories are also included in Appendix III.

2.6.1 Implementation and Process

This category examined the process through which the project had been planned and implemented and how it evolved. It considered project delivery structure in terms of

- the programs that had been developed;
- who was being served;
- how effectively projects were meeting the needs of parents and children;
- whether or not the project had succeeded in what it intended to do;
- what was working well; and
- what was not working well.

These criteria were examined, in part, through program records and also in descriptive terms through the experiences of the people involved in the projects (parents, staff, volunteers, board members). Their different perspectives provided insight into project approach, development, successes, and challenges.

2.6.2 Individual Impacts and Effects

CAPC's impacts and effects were reflected in the changes experienced by the people who participated. In particular, this evaluation looked for indicators of positive change and levels of satisfaction with the projects.

Using a qualitative approach that allowed project participants to tell their stories encouraged reflection on what had happened, how circumstances had changed, and what had been learned. This provided valuable insights into how CAPC projects affected the lives of parents, staff, and others involved.

2.6.3 Impacts and Effects of Adopting a Community Development Approach to Programs and Services

CAPC projects were designed to create a positive environment in which to strengthen the capacities of project participants as a group. A commitment to a participant-driven community development

approach to services and programs was central to this objective. Through this approach, participants (parents, board members, volunteers, staff) were able to become more knowledgeable about the project and each other, to establish trust, and to work collaboratively toward mutual goals.

2.6.4 Community Partnerships

Community partnerships were an integral component of CAPC goals and protocols. These linkages established a foundation for future community development and capacity-building. Collaboration and the integration of services provided broad community support for families and children. In addition, empowerment was facilitated because groups worked together toward common, community-based initiatives with decision making and planning carried out at the community level. Linkages among community groups and organizations directly influenced the functioning of projects and the experience of the individuals participating in them. To foster successful cooperation and sustainability, we had to determine what and how community partnerships developed, what collaborative strategies were effective, and what challenges existed.

3.0 DATA COLLECTION

The approach to data collection taken for the Atlantic CAPC Regional Evaluation was primarily qualitative to learn how people experienced CAPC and to use their own words as an important data source to describe the impact of the program on their lives. Qualitative methods used to gather information were in-depth interviews and focus groups. Quantitative data from the National Evaluation was to be incorporated as complementary information where appropriate.

3.0.1 Interviews

Participant[2] Interviews

Four participants were selected from each of the 40 projects for a possible sample of 160. Of these, 151 participants were interviewed. Participants were selected to provide different perspectives on CAPC participation. Each type of participant had a viewpoint that was essential to understanding the process of being part of CAPC.

---

[2] Participants refer to parents and caregivers, such as grandparents and elders.

The participants interviewed included

- *Form E Participants.* Two of the participants selected had to have completed National Evaluation Form E to allow for a direct linkage between the regional and national evaluations.

- *Long-term Participant.* The third participant selected from each project was an individual who had participated in the project for at least one year. Long-term participants could provide a different perspective on the impact that CAPC has had on their lives because of their extended involvement with the project. If a project had been in operation for less than a year, a long-term participant was one who had been involved since the project's initiation.

- *Former Participants.* A fourth participant was selected from those who had completed National Evaluation Form E but had since stopped participating in the project. Interviewing former participants provided information about why people stopped participating -- what barriers might have existed, whether needs had been met, etc. In the event that all people who had completed Form E were still participating, participants were randomly selected from those who had completed Form D but had since stopped participating.

The proposed sample size exceeded the 20-50 interviews needed to permit rich description of the overall program and its participants (Swanson, 1986) and provided enough numbers in the subgroups to allow independent consideration of categories of participants (e.g, long-term vs. new participants).

Recruitment

Participants were selected with the assistance of the project coordinators, who provided lists of names of participants who met the inclusion criteria for each subgroup. The definition of participation was determined to some extent by the staff of the centre but focused more on consistency rather than necessarily high frequency of attendance.

Individuals who had completed Form E but were no longer participating in the project were listed as potential interviewees but as former participants. No restrictions were placed on the length of time they had participated. However, participants who had moved away from the area or who had stopped participating because their child had turned seven were not included in the sample.

Staff also provided lists of those parents who were considered long-term participants. They could be those involved in a number of ways in the project (e.g, program volunteers or board member) but could not be paid staff.

Most of the 151 interviewees were mothers. The sample included three fathers and a few grandmothers and day care providers who brought the children they cared for to the centre.

Number of Form E participants: 74

Number of long-term participants: 42

Number of former participants: 35

Reasons for the discrepancy (9) between the targeted sample size (160) and the actual number of 151 interviewees included unavailability of interviewees during the few days that the interviewer was in the area, technological failures (recording of interviews unsuccessful), or interviewees not actually meeting the sample criteria.

Staff Interviews

A total of 50 interviews, at least one per project, were conducted with staff members. Project coordinators were interviewed at all projects except one, where the coordinator was ill, so another staff member completed the interview. For multi-site projects in Nova Scotia, more than one individual was interviewed to fully represent all aspects of the project and to address some specific areas such as the outreach activities of the project. In Prince Edward Island, additional staff members were interviewed at two projects because in one instance, coordinator responsibilities were equally shared, and in the other, the coordinator had changed immediately before data collection. Staff interviews were conducted by provincial evaluation coordinators, who had been hired by the contractor.

Group Interviews with the Joint Management Committees and Program Advisory Committees

Interviews with the Joint Management Committee/Program Advisory Committee (JMC/PAC) from each province provided an additional perspective on the development of the projects. The committee was presented with a series of questions and asked to come to a consensus for responses. These interviews were also conducted by provincial evaluation coordinators.

3.0.2 Recording Interviews

Interviews were audio-taped to preserve information exactly as stated. If a participant did not wish to have the interview taped, the interviewer respected this choice and relied solely on notes. Most interviewees consented to be taped. (Sixteen interviews were not taped.)

Table 1 shows the number of interviews conducted in each province.

TABLE 1: **Interviews with Parents[3] and Staff in Each Province**

	New Brunswick	Nova Scotia	Newfoundland	Prince Edward Island
Number of parents interviewed	46	45	36	24
Number of staff interviewed	13	19	9	9
Total number of projects per province	13	12	9	6

3.0.3 Focus groups

Participant Focus Groups

Participant focus groups were conducted for all 40 projects. Capitalizing on the benefits of the group process, these focus groups were designed to supplement the information being gathered by the interview method and to increase our understanding of how the projects affected the lives of parents. The information from 39 focus groups was considered as part of the analysis. One group was not included due to significant deviation from the standard introduction by an interviewer, a factor that might have influenced participant responses.

Board/Volunteer and Community Agencies/Organizations Focus Groups

Approximately 50% of the projects were selected for participation in focus groups with board/volunteers and community organizations. As part of the selection process, projects were categorized according to criteria that reflect the variety and scope of projects in the Atlantic region. The criteria were province, rural/urban, multi-site/single-site, Francophone, Aboriginal, and Black.

Once categorized, projects were randomly selected from among those meeting the criteria for each group. Selected projects participated in both the board/volunteers and community organizations

---

[3] In this analysis, the term "parent" is used to include other caregivers, for example, grandparents or elders who accompanied children to a CAPC centre.

focus groups so that the data could be triangulated. Twenty sites were selected; project coordinators at these sites were asked to provide lists of community partners, current board members and volunteers.

Board/Volunteer Focus Groups

One focus group, composed of a group of board members (referring to both parents and community resource people who donate their time to serve) and parent/non-parent volunteers, was conducted for each of 19 projects. The format of the focus group included both small and large group work. This format was chosen so that each group (parents and resource people) could articulate its unique perspective on the development of the project and also have the opportunity to assess the project as viewed by the other group. Focus groups were conducted by the provincial evaluation coordinators and the interviewers from each province. The groups included some with participation from parents only and others with a combination of the parents and community resource people.

Community Agencies/Organizations Focus Groups

Representatives from agencies and organizations associated with 19 of the projects were contacted and invited to participate in a focus group. One group was not conducted due to a misunderstanding about whether that site had been included in the pilot testing. These focus groups were designed to gain an understanding of how the project was viewed by the community, what types of partnerships were established, and how these partnerships were working. Focus group sessions provided an opportunity for organizations to become aware of their interdependence and to consider how their collective efforts could benefit the communities in which they worked. The agencies/organizations contacted included those currently working with CAPC. During the group session, representatives were asked to identify other agencies/organizations (not currently involved) that would be suitable partners to further assess community linkages and to establish ways to build the network. The range of community partners included representatives from civic groups, local schools, churches, government agencies or departments, individuals from the community, and other community organizations.

3.0.4 Recording Focus Groups

Focus groups were audio-taped to preserve information exactly as stated. If a participant did not wish to have the focus group taped, the facilitator respected this choice and relied solely on notes. (Only two focus groups were not taped.)

Table 2 shows the number of focus groups conducted in each province.

TABLE 2 : **Numbers of Focus Groups and Participants**

Province	Parent Focus Groups		Community Partnership Focus Groups		Board Volunteer Focus Groups	
	Number of Groups	Average Number of Participants per Group	Numbers of Groups	Average Number of Participants per Group	Number of Groups	Average Number of Participants per Group
NB	13	5	7	4	7	6
NS	11	6	6	5	5	6
NF	9	8	3	6	4	6
PEI	6	8	3	8	3	8

3.0.5 Children's Drawings

One picture drawn by a child from each project has been included in this final report. The child's story about what the picture contains is also included. One picture was randomly selected from each site for inclusion in the report, providing each child with an equal chance to have his/her artwork included.

3.1 DATA COLLECTION INSTRUMENTS

3.1.1 Interview Guides

The interview guides were developed in collaboration with CAPC key stakeholders and the Project Evaluation Team (see Appendix IV). Standardized guides using open-ended questions were used to allow personal stories to emerge. Questions to guide interviews were developed and sequenced before the interviewing began to reduce variation among interviewers and to ensure that core topics, namely those addressing the evaluation questions, were covered in every interview. Interviewees, however, still had an opportunity to state their experience in their own words, to elaborate on topics, and to take the interview in unanticipated directions.

Guides were developed the same way for staff interviews and the focus groups. When possible, questions on the different data collection tools "mirrored" one another, thus triangulating the data and providing perspectives on the same theme from different data sources (e.g., parents, staff, community members, board members, and members of the Joint Management/Program Advisory Committees (JMC/PAC). The same process of development was used for the focus group guides. Questions were written in a style appropriate for a group process.

The guides were extensively pilot tested and revised. Revisions, in most cases, reflected a reduction in the number of questions and a reordering of the sequence of questions. Revisions to the parent interview guide and the guide for the board volunteer focus groups were revised to such an extent that they were retested before formal data collection began.

3.1.2 National Evaluation Forms

Information from the National Evaluation Forms A to E (described in the Glossary) was used to further describe the same topics covered by the interviews and focus groups. In particular, information from the forms provided statistics regarding program development and information for participant profiles.

3.1.3 Children's Drawings

Children from each project were asked to draw a picture showing their experiences of the project. A parent or guardian then asked the child, "Tell me about the picture." Each project developed its own process for generating the drawings, but at all sites, the children described their picture to a parent or staff member to get a more complete and more natural response than may have been elicited by a stranger (i.e., an evaluator). Each project developed its own process to select the picture that would be used in the Atlantic CAPC Regional Evaluation.

The children's descriptions of their drawings were written down and attached to the pictures. Children participated only with a parent's permission, and no psychological interpretation of the pictures was done.

4.0 DATA ANALYSIS

4.1 ANALYTICAL FRAMEWORK

A participatory evaluation is based on the perspectives, opinions, and interests of those being evaluated. Both the design of the evaluation and the development of the key questions were based on the ideas of CAPC parents, volunteers and board members, and staff from across the Atlantic provinces. Their knowledge and expertise also were used in the analysis.

4.1.1 Strategies for Data Analysis

It was considered essential to remain true to the participants' descriptions and interpretations of their experiences. This was done by using direct quotes throughout the results section, which allowed the participants' own words to reflect the reality of their experiences. In addition, the analyses were structured to respond to the regional evaluation framework and questions that were developed through consultations with CAPC stakeholders.

4.1.2 Coding of the Data

Qualitative data gathered through interviews and focus groups was coded to facilitate classification, organization, and analysis. The codes provided a way to group similar responses within interviews and across interviews (for example, discussions about satisfaction with experiences in the program or how children had been affected by their participation in the program). All information relating to a specific question could then be considered in describing and analyzing results.

The first step in coding the data was to develop an initial list of codes that were linked directly to the interview questions and to the regional evaluation framework. This preliminary list of codes was then pretested by the Central Analysis Team (made up of the Regional Evaluation Team with support from other research consultants) using transcripts of interviews with participants. Interviewers were also consulted for their insights into the data they had collected. Based on this, the code list was modified to include codes that covered information that had not been directly asked for but had been volunteered during interviews. However, no codes were collapsed until all interviews had been completed and coded.

During provincial meetings, this list of codes was used by members of the Provincial Project Evaluation Teams (PPET) to analyze transcripts of participant interviews. They evaluated the codes and examined the way they had been defined. PPET members were asked whether the code list captured the essence of what they believed was revealed by the data. New codes that were suggested were added, and members were urged to ask questions whenever they had any difficulty with the coding. This allowed for collective decisions about the definitions of codes. During these meetings, most transcripts were coded by more than one reviewer.

Following all of the PPET meetings, the interviews were again coded to reflect the decisions made by the PPET members. The Central Analysis Team developed similar code lists for the staff interviews and the focus groups. When possible, the same code words were used when addressing the same information in different interview sources.

All transcripts (interviews and focus groups) were coded a final time by the Central Analysis Team to ensure validity of coding and to prepare for entry of the data into the Ethnograph software program: the software package used to manipulate the data and organize the data by code. At this stage of the analysis, extensive reading of the transcripts revealed that the original level of specificity had not been necessary, so several codes were collapsed. Codes that were not distinct or that were sub-categories of another code were regrouped so that information that had been categorized under two different codes was now combined under only one. Although categorized differently, all data was still considered in the analysis.

The data was printed by code using the Ethnograph, a qualitative software program, to reorganize it for analysis. To address each question in the regional evaluation framework, the codes linked to each question were carefully considered, and themes or patterns that emerged from the responses were identified. These themes provided the response to the regional evaluation questions. The tables and other information presented in Part III were developed based on this material.

5.0 LIMITATIONS OF THE METHODOLOGY

Limitation 1: National Sample Evaluation Bias

The Atlantic CAPC Regional Evaluation was dependent on the National Evaluation for its sample frame, participant profile, and comparative information. This was to provide a cost-effective and objective means of gathering data on a sub-section of the sample, who were randomly selected for the National Evaluation. Seventy-five percent (75%) of the Regional Evaluation respondents in the participant interviews also participated in the National Evaluation. This approach resulted in several limitations for the Atlantic CAPC Regional Evaluation.

The National Evaluation required "new" participants for its sample frame. However, in a number of communities, there was already a high level of participation, so it was difficult to recruit families. Also, new centres were just opening, making it difficult to find eligible participants, i.e., parents who had used the program for any length of time, associated with those projects. It is not known whether these new recruits had characteristics similar to the parents in the longer term participant group. There is also a general sense from the staff and others involved in the evaluation that parents with lower levels of education were more likely to refuse to participate in the National Evaluation.

There is some concern that the demographic data generated by the National Evaluation is inconsistent with the characteristics of the CAPC population in Atlantic Canada, particularly as this data pertains to marital status, age, income, and education. However, at this point, we cannot do a detailed analysis to determine why, or to what extent, this discrepancy exists. Therefore, the demographic information provided should be treated with caution.

Limitation 2: Timing

Some projects, particularly those in New Brunswick, were still in the developmental stages when the Atlantic CAPC Regional Evaluation began. Projects in the developmental stages are less likely to be able to report positive changes in behaviours and attitudes or contribute to the data on the evolution of a participant-driven delivery model.

Limitation 3: Burden of Participation

The Regional Evaluation was conducted at the same time as the National Evaluation. This raised concern that the burden of participating in several levels of evaluation could have impacted on who was able to participate. In addition, the "paper burden" for staff caused by the multiple evaluation levels resulted in some inconsistency in data collection. In particular, the concept of evaluation logs was dropped as impractical, and the planned review of project materials, such as local project evaluation reports and minutes of meetings, was not undertaken due to lack of time and the pressure of other aspects of the evaluation process.

Limitation 4: Insufficient Time

The overall time frame for this evaluation was very tight, given the degree of participation required by a participatory action research model and the multiple levels at which input was desirable.Therefore, some participants were unavailable for interviews when the interviewer was in the area.

It was also difficult to monitor the process and make adjustments in data collection. For example, there was insufficient time to use information from initial interviews to probe for information in later ones. The time frame did not allow the opportunity to have the emerging themes verified and elaborated on by the participant focus group.

At the time of this report, limited information is available from the National CAPC Evaluation. Because of this, we were unable to access supporting/comparative data on parents and projects within the Regional Evaluation timeframe.

I like to play in the Kitchen.
I like to wear the dresses.
I have an umbrella and earmuffs.

Kristen Gauthier
AGE 4.

Centre : C.H.A.N.C.E.S. Inc.
PEI

Artist : Kristen, Age 4

EVALUATION RESULTS : PROCESS AND IMPACTS

6.0 IMPLEMENTATION AND PROCESS

This section examines evaluation questions related to the implementation and delivery of CAPC projects and programs in Atlantic Canada. For the purposes of CAPC, "project" refers to the total intervention effort of the funded proposal, while "program" refers to activities undertaken to achieve particular objectives for a particular group (for example, parents organizing a support group or collective kitchen). In other words, one "project" could contain many "programs."

Implementation and process issues for Atlantic CAPC projects include

- federal/provincial partnership;
- the type and number of programs implemented;
- the expected benefits;
- recruitment strategies;
- participation rates; and
- volunteer activity.

Data for the section was compiled from the National Evaluation Forms A, B, C and E and the Regional Evaluation interviews and focus groups.

6.1 FEDERAL/PROVINCIAL PARTNERSHIP

CAPC was the product of a federal/provincial partnership, and during the interviews, members of the JMC/PAC in three provinces specifically stated that the federal/provincial partnership put in place to manage CAPC was very effective. A considerable time commitment was required by all partners during the community development phase and the initial funding stage of projects. The commitment to the principles and philosophy of CAPC and to the partnership that developed between both levels of government was essential during intensive work periods and when it was necessary to overcome some challenging issues. Two JMC/PAC members stated the following:

I guess in terms of process for putting CAPC in place, I think our respective departments agreed that it would be a major commitment of time and that we would truly partner to work this through, and I think one of the reasons why that process was successful was the commitment of the individuals.

As much as we are saying this is an overlap of jurisdictions, we all had a common goal -- better services for families and children -- and there was respect, listening and collegiality.

6.2 PROGRAMMING

Currently, 40 CAPC projects in Atlantic Canada operate out of 185 sites[4]. In September 1995, sixty-six percent (66%) of Atlantic CAPC programs were operating from multiple sites; thirty eight percent (38%) had four or more sites.

Collectively, these 40 projects offered 485 CAPC programs that involved parents and/or children. Of these, sixty-one percent (61%) were new programs in the community, and thirty-nine percent (39%) added new dimensions to existing programs.

It's important to note that many CAPC projects offered programs funded, at least in part, by sources other than CAPC -- for example, the Special Delivery Clubs and Healthy Baby Club programs for pregnant women are funded through Health Canada's Prenatal Nutrition Program (CPNP) but are offered by some CAPC projects. In the data collected from interviews and focus groups, parents made no distinction between programs based on funding source. They considered all programs offered through CAPC centres to be CAPC programs and included them all in their comments.

Figure 2 shows the distribution of CAPC programming by type of program based on Atlantic Canada data collected by the National Evaluation.

FIGURE 2: **Main Focus of Programs Offered by CAPC Projects**

---
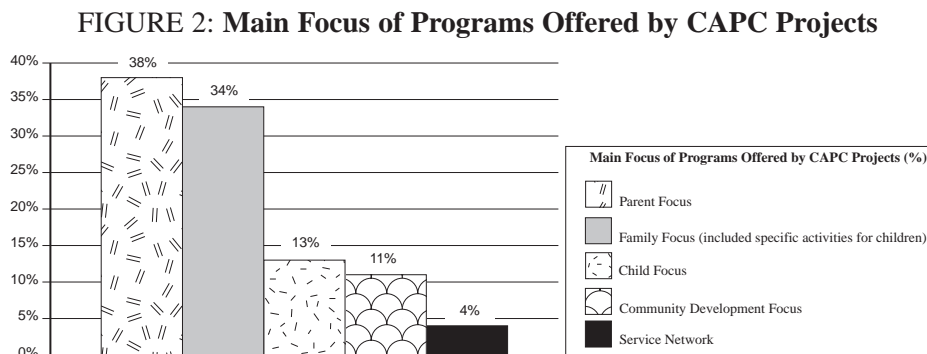
[4] The 40 projects in Atlantic Canada are primarily made up of family/parent resource centres, most of which also deliver programs and services to the rural communities in their area.

6.2.1 Programs and Expected Benefits for Parents

Thirty eight percent (38%) of programs focused primarily on parents and included "packaged" parent education programs such as <u>Nobody's Perfect, On Your Own, 1-2-3 Magic, 10 Things to do Other than Hitting, How to Talk so Kids Will Listen and Listen so Kids Will Talk</u>, as well as parenting and other programs designed by the projects themselves (e.g., conflict resolution). Parents could also attend workshops on child health and safety, including First Aid, CPR, dealing with asthma, and child safety in the home.

In some centres, expectant and new mothers, including teenaged mothers, were offered programs designed specifically for them. Among those were <u>Special Delivery, Breast Feeding Support Group, Baby Talk, Young Mothers, Mother to Mother, and Healthy Baby Club.</u>

Parents could also access programs and services that were useful in terms of the cost of providing for their families. At CAPC, Collective Kitchen and Basic Shelf are popular gatherings. Other helpful services included a coupon exchange, clothing swap, respite/parent break-time and computer/office skills. Some Centres also offered craft groups for adults and/or opportunities to attend aerobic exercise classes.

Workshops and presentations by speakers were also available. In this way, many different issues were covered. Parents heard from lawyers, nurses, dieticians, doctors, elders, police officers, and other experts. Interactions provided all involved with additional insight into nutrition, child safety, poverty, family court procedures, Aboriginal rights and culture, AIDS, sexual abuse, resume writing, ADD and ADHD, assertiveness, and self-esteem.

CENTRE : St. John's Brighter Futures Coalition Inc., NF

Artist : Sara Lee Age 2
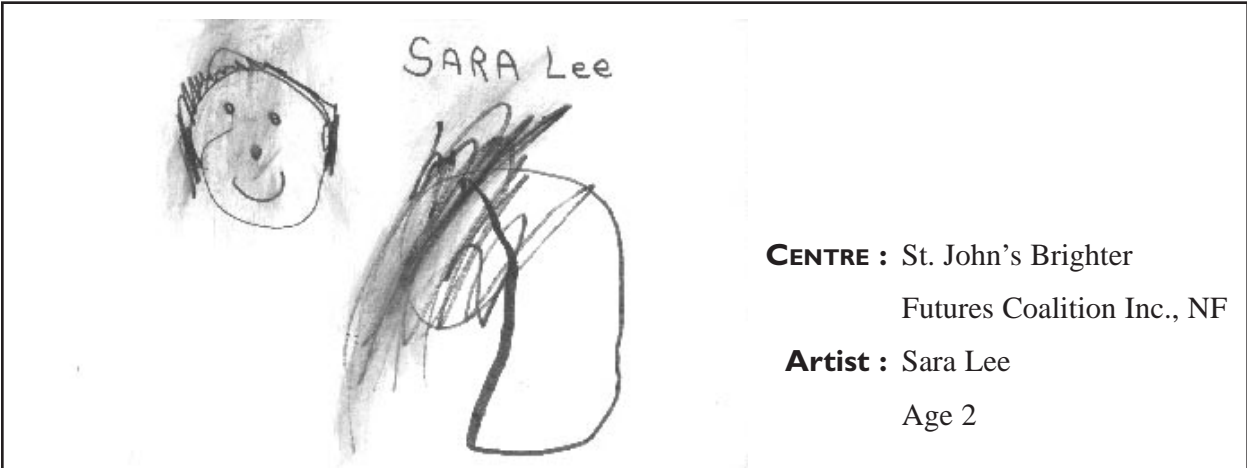
As shown in Table 3, staff and volunteers who completed the National Evaluation for Atlantic Canada expected that parents would benefit from these programs in terms of increased coping skills, higher levels of social support, improved family functioning, and improved caretaking skills.

TABLE 3: **Expected Benefits of CAPC Programs for Parents**

	Percent (%)
Increased coping skills/resources	**85%**
Higher levels of social support	**82%**
Improved family functioning	**74%**
Improved caretaking skills	**67%**
Higher standard of living	**14%**
Other (cited by less than 1 - 2%)	**18%**

6.2.2 Programs and Expected Benefits for Children and Families

Thirty-four percent (34%) of programs focused on families and included specific activities for children (See Figure 2: Main focus of programs offered by CAPC projects). In addition, thirteen percent (13%) of CAPC programs focused specifically on children, and these were frequently delivered. The lengthy list of activities for children and families included parent and tot periods, drop-in and free play sessions, puppet shows, children's crafts, dancing, singing, school readiness sessions (colours, shapes, numbers, letters), story time and children's toy/book lending services. Other child-centered activities covered a wide range of special events. Occasions such as birthdays, Christmas, Easter, and Halloween were celebrated. Field trips and outings were reported.

CENTRE : Care'N Share
Chipman, NB
Artist : Abby
Age 2
Description : This is outdoor
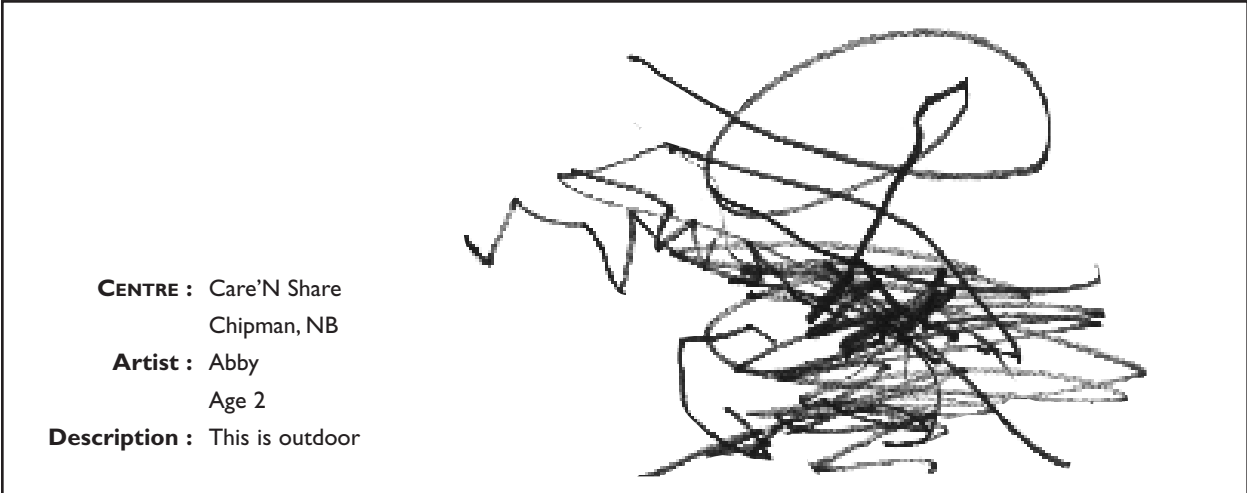
The benefits for children anticipated by staff and volunteers who completed the National Evaluation for Atlantic Canada are shown in Table 4.

TABLE 4: **Expected Benefits for Children of CAPC Programs**

	Percent (%)
Improved social-emotional health	67%
Improved cognitive function	57%
Improved physical health	48%
Fewer risks during childbirth	20%
Fewer risks during infancy	13%
Other	13%

6.2.3 Programs and Expected Benefits for Communities

Eleven percent (11%) of programs are also specifically focused on community development. The expected benefits to the community include higher levels of neighbourhood community spirit (65%), improved safety or security (31%), and more resources, such as parks and playgrounds (14%). A few programs (2%) expect benefits to their social delivery networks, particularly in the areas of increased availability and accessibility of services (64%), higher levels of integration and coordination (58%), and improved quality of services (42%). The expected benefits identified by staff and volunteers completing the National Evaluation for Atlantic Canada for the community are shown in Table 5.

TABLE 5: **Expected Benefits for the Community**

	Percent (%)
Higher levels of neighbourhood/community spirit	65%
Improved safety or security	31%
More resources (i.e., parks and playgrounds)	14%
Other	2%

6.3 RECRUITMENT AND PARTICIPATION

6.3.1 Recruitment

CAPC was conceived and developed to support families with children aged 0 to 6 who might have difficulty in accessing other sources of information or assistance, for example, families without the financial resources to enroll children in privately operated programs.

Working with parents to build on their strengths and to find solutions to the challenges and issues they face is an integral part of CAPC. However, when seeking to address difficulties faced by some participating parents, for example, low economic and/or educational status, lone-parenting, and early parenting, there is concern that participating parents could be further stigmatized.

Projects took several different approaches when addressing this issue in their recruitment practices. For example, some centres had an open-door policy for drop-ins but could require participant selection for particular programs. Other centres adopted a "self-selection" approach, developing programs that addressed issues and topics that would have a greater appeal to CAPC's priority populations.

Many CAPC projects made their programs more accessible by establishing outreach sites; for example, thirty-eight percent (38%) of CAPC projects had four or more sites. In this way, CAPC projects reached priority parents in isolated rural communities, housing projects, and specific school districts, among other sites.

CENTRE : Family Resource Centre of Charlotte County, NB

Artist : Dylan Age 3

Description : A fireman putting the fire out. There is smoke and fire

The National Evaluation provides some insight regarding recruitment efforts in Atlantic Canada. As shown in Table 6, programs focused on the priority populations of interest, primarily single-parent families and families living on a low income. Many programs also made an effort to address the needs of families wanting special help or support and of parents in need of practical child guidance strategies.

TABLE 6: **Populations Addressed by CAPC Programs**

	Percentage (%)
Single-parent families	**84%**
Families living in poverty	**84%**
Families needing special help or support	**76%**
Parents who need child care training	**63%**
Children who need extra opportunities for learning	**49%**
Families new to Canada	**45%**
Pregnant women	**45%**
Women expecting their first child	**44%**
Off-reserve Aboriginal, Metis or Inuit families	**38%**
Highly mobile or transient families	**32%**
Children who need supplemental care	**22%**
Other	**17%**
n= 485 (Total number of programs offered through 40 CAPC Atlantic projects)	

In the Regional Evaluation, coordinators noted other groups within their communities they felt would benefit from CAPC. In six centres, special recruitment efforts were made to attract Black/Aboriginal participants. In six other centres fathers were identified as a priority population. Teen mothers were another population of interest mentioned by five centres. Four centres mentioned a focus on geographically isolated parents.

Each province's JMC/PAC felt that the priority population identified for CAPC were the primary participants in the program. In some areas, other parents or families that were not necessarily identified as "priority" were also accessing certain programs, but overall, the priority population were the principal users. It was noted that the degree of "priority" was variable and depended on the specific needs within a given community. Therefore, some differences were both inevitable and necessary.

Table 7 shows how parents who participated in the Regional Evaluation heard about the project.

TABLE 7: **Parents' Sources of Information about CAPC Projects and Programs**

	Percentage (%)
Centre's efforts	**38%**
Friend/neighbour/family/parents	**34%**
Community agency/professional	**21%**
Other	**3%**
No response	**6%**
n=151	

The centres' publicity initiatives reached approximately one-third of the interviewees. This publicity included flyers, brochures, posters, information booths, media releases and advertising, as well as direct personal contact from someone connected with the centre. Parents reported hearing about the CAPC project through various recruitment approaches.

Another third of those interviewed heard about the centre from a friend, neighbour or family member. In particular, parents talking about their positive experiences at their centres had a magnetic effect on other parents, drawing them to the centres. In the National Evaluation for Atlantic Canada, 42.7% of parents indicated that friends, neighbours and other parents were their primary source of information. Staff also frequently mentioned how parents had become the centre's biggest promoters. Staff perceived active recruitment of new participants by parents already involved with the project to reflect their confidence in CAPC and its programs.

Circulating information to other community organizations and professionals also proved to be an effective promotion method. Some parents related that they heard about the local Centre at the community school, church, or safe house. Others found out about CAPC projects from doctors, public health nurses, early childhood intervention workers, income assistance personnel, and child protection workers. Taken together, these organizational and professional community connections were a valuable recruitment source that accounted for about 21% of the interview sample's participation (compared to 13.8% in the National Evaluation for Atlantic Canada).

One participant offered a particularly interesting view on the prevalence of word-of-mouth as a recruitment method and the need to include other techniques:

> *... both my friends heard it, heard about the program by word of mouth. And that's wrong. I think that, you know, it should be... all doctors, I think everybody in the community should, like, especially like, in the medical community, they need to be aware and informed of these programs that are available... think of all the people that haven't heard word of mouth and that are out there without service and feel that they're alone.*

Parents were uniformly pleased to find that the centres offer a variety of activities within a welcoming environment, but initial misconceptions about CAPC projects were common.

When discussing their early knowledge about the centres, some parents mentioned their initial misperceptions about CAPC. Most common were that the CAPC centres were daycares, and that only single parents and/or low-income families were eligible to use them. Other less widely held assumptions were that attendance fees were charged; that children of all ages could attend; that only people from a certain area could use the centre; and that it was a place for abuse victims or for people with drug and alcohol problems. One parent thought it was a breastfeeding clinic; another believed the centre was a clothing bank.

In staff interviews, it was mentioned that some parents were initially reluctant to extend themselves and establish a connection with CAPC. This was due mainly to the parents' mistrust of a new organization in their community and may be particularly evident in smaller, more tightly knit communities. Some staff noted that parents who had previously had negative encounters with more formal community agencies were hesitant to involve themselves with CAPC. Developing trust was, therefore, instrumental in promoting and enhancing community participation in CAPC.

6.3.2 Participant Profile

Data shown in Figures 3 and 4 and Table 8 was gathered in the Spring of 1995 through the CAPC National Evaluation for Atlantic Canada during one-on-one interviews with participants who were new to CAPC projects. (This limitation has been discussed in Section 5.0.)

The data is an aggregate and may not represent the participants of any particular project or province. As shown in Figure 3, most participants were between the ages of 25 and 34.

FIGURE 3: **Age Breakdown of Participants in CAPC Programs/Projects**
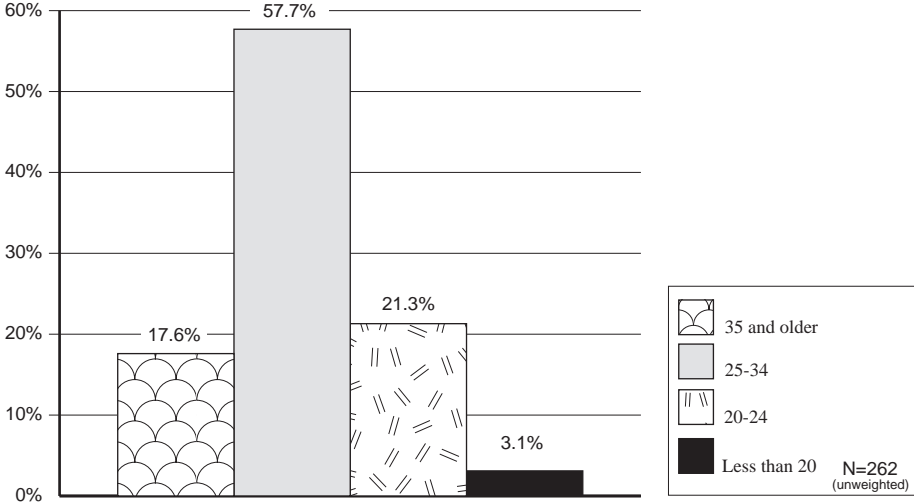
(Source: CAPC National Evaluation data)

Seventy-four percent (74%) of participants indicated they were married or living with a partner. Twenty-five percent (25%) were single, separated, or divorced.

Twenty-eight percent (28%) had not completed high school. Seventy-one percent (71%) of parents had graduated from high school, and sixty-five percent (65%) of these had received some post-secondary training or education.

Atlantic CAPC projects served a largely rural population. Fifty-four percent (54%) of the projects were in rural communities, twelve percent (12%) were in urban areas, twenty-seven percent (27%) were in mixed urban and rural, and five percent (5%) of projects covered an entire province. (This doesn't total 100% due to rounding of the data.)

Main Activity of Participants

Most participants (86.3%) cited caring for their family as their main activity. The other participants cited working and caring for family, working for pay, going to school, or other activities.

Total Household Income

The National Evaluation data for Atlantic Canada indicated that 58.7% of participants earned less than $30,000 per year and 42.3% lived with incomes below $20,000. Household income includes income from all sources for all household members.
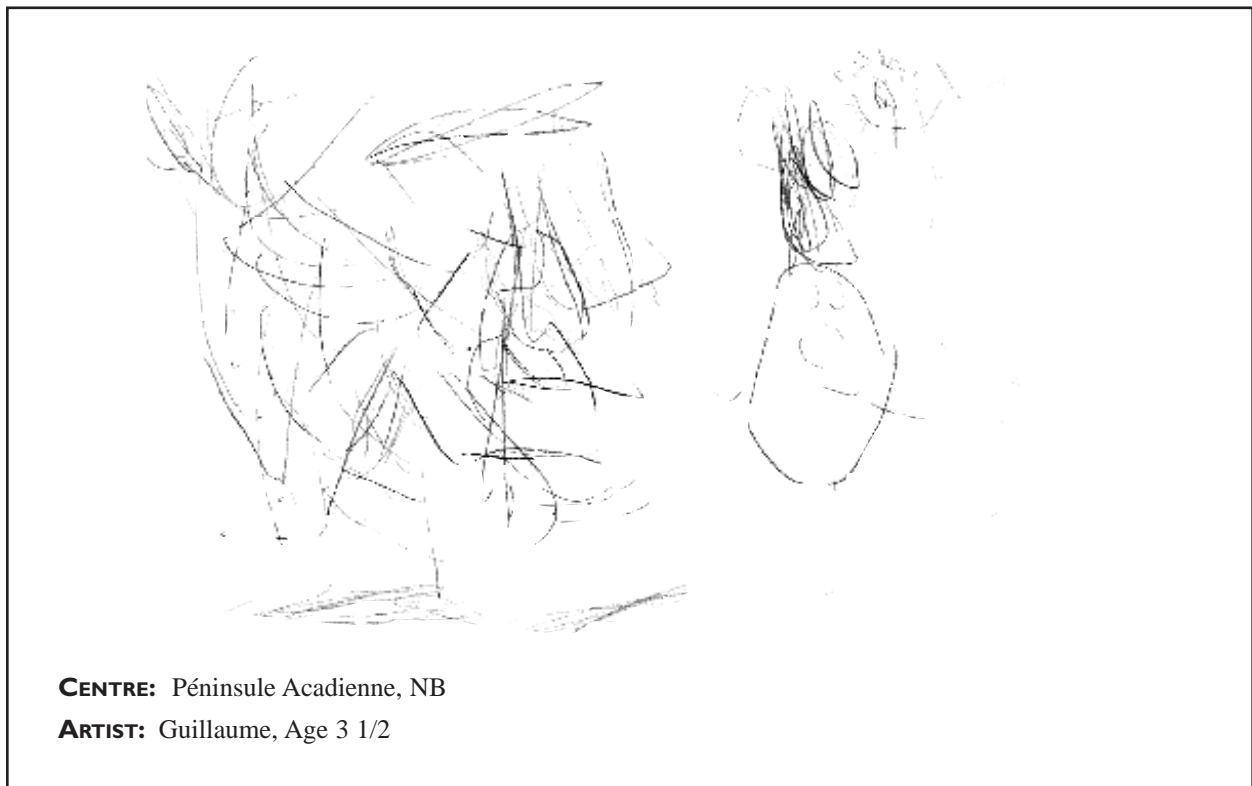
CENTRE: Péninsule Acadienne, NB
ARTIST: Guillaume, Age 3 1/2

6.3.3 Participation

National Evaluation data for Atlantic Canada collected in September 1995 indicated that an average of 26.5 children and 17.5 parents participate 4.1 hours per CAPC project per week. For each project, this adds up to 180 hours of help and support to parents and children per week. Data from the Regional Evaluation interviews indicated that participation in centre activities varied from once to several times a week (61%) to less than two times a month (15%).

As demonstrated in Table 8, the vast majority of parents (95%) who participated in the Regional Evaluation indicated that their participation in the centre stemmed from a desire to better address their children's needs.

TABLE 8: **Reasons for Participation in CAPC Projects/Programs**

	Percentage (%)
Address children's needs	**95%**
Address personal needs	**30%**
Share with other parents	**28%**
Attend workshops/courses/services/activities	**27%**
Accessibility of centre	**13%**
Other	**13%**
No response	**2%**
*The percentages add up to more than 100% due to multiple responses to open-ended questions.	
n=151	

Almost all parents (95%) took their children to the centres to find them playmates and to give them the opportunity to learn to interact appropriately with other children. Since many of these parents found the cost of daycare and preschool activities prohibitive, they felt their children were missing out on a major part of normal childhood socialization. In particular, they wanted them to learn how to share and to take direction and to learn behaviours that would serve them well when they reached school age.

Some parents simply wanted their children to feel less lonely and wanted them to have access to the centres' toys and books. Others saw the centre as a place to be with their children away from the distractions of home.

A few went to the centre to find support and assistance for specific concerns regarding their child. These concerns included hearing and speech disorders and Attention Deficit Disorder. These parents were in search of guidance and information, as well as support for and a positive influence on their children.

The desire to be a more active and positive parent was evident throughout parents' responses. As one woman expressed it, she came to the centre because

> *I had a young baby, and I guess I care enough for her to want to learn more and to try to bring her up a little differently and hopefully, she turns out a little better than I did ... it's an awful thing to have a first baby when you're not sure of yourself.*

Thirty percent (30%) of parents were attracted to CAPC by the programs and services that can help them in their own personal development and needs. For example, parents come to access help and support following separation, divorce, or family violence. Others are looking for prenatal and breastfeeding information, substance abuse recovery support, or smoking cessation techniques. Others came to the centre to get a break from the pressures of everyday life at home.

The centre as a gathering place for parents was an enticing notion for a number of participants. They considered the chance to converse, share, and commiserate with other parents to be a possible source of information and a measuring stick for their own experiences. They wanted to know whether their own parenting experiences were usual or unique. They believed that this type of sharing enabled them to determine whether to seek help with their own situation.

Parents were also attracted by a variety of courses, workshops, programs, speakers, resource services, and activities. Most of these also benefitted their children either directly or indirectly. The participants were attracted by the idea of availing themselves of parenting literature, videos and courses, parent-child sessions, field trips, special events, clothing exchange, and cooking collectives. Some participants welcomed cultural opportunities such as the chance to learn the Mi'Kmaq language, traditions and values. As one insightful parent explained, anything that helps a mother's personal development will have a positive impact on the child.

For some parents, accessibility played a role in bringing them to the centre. Limited alternative resources, prohibitive daycare fees, and lack of transportation all contributed to the attractiveness of local centres.

As Table 9 indicates, most parents' (87%) continuing involvement with the centres revolved around their children's activities.

TABLE 9: **Reasons for Continuing Involvement in CAPC Project Programs**

	Percentage (%)
Children's programs/activities	87%
Parenting and child safety courses	40%
Guest speakers/workshops/other	29%
No response	1%
n=151	

6.3.4 Reasons for Discontinuing Participation

Forty-two (42) participants were selected for interviews because they had stopped participating. Of these, forty percent (40%) said that they expect changed circumstances in their personal lives to bring them back to CAPC projects.

As Table 10 indicates, the reasons for discontinuing participation are primarily related to limitations imposed by everyday life.

TABLE 10: **Reasons Parents Stopped Participating in CAPC Projects/Programs**

	Percentage (%)
Work-related reasons	24%
Time constraints	21%
Child in school	21%
Transportation/distance	17%
***Other**	40%
***Refers to reasons mentioned by fewer than five parents**	
n=42 people	

It is important to note that the concepts of participation and discontinued participation were quite elastic. Very often parents would stop going to the centre for awhile and then return when the barriers to their participation were gone or as the need arose. Another nuance was that in some centres, a participant was considered a former participant if he/she had not participated for two months, while in others, the participant was considered a former participant if he/she hadn't been to the centre for a year. In addition, some parents who were counted as "former participants" did not see themselves in this light. They perceived themselves as participants who had taken a break but planned to return.

On many occasions, participants said that they had not been to the centre over the summer or that they had been working but planned to return in a few weeks or when school started again.

Reasons given for no longer participating in the project were similar to those given as barriers to participation. These reasons were not mutually exclusive -- there could have been more than one reason for not getting involved. Examples given were as follows: 4 persons (9%) didn't like the atmosphere at the centre; 3 persons (7%) had a sick child; 3 persons (7%) had a newborn baby; 2 persons (5%) said that an outreach did not continue; 2 persons (5%) preferred staying home with their child.

Centre : Burin Peninsula Brighter Futures Inc., NF

Artist : Jasmine Age 2 1/2

Description : Jasmine enjoys playing McDonald's at the kitchen centre during drop in.

6.4 VOLUNTEERING

During September 1995, when the National Evaluation for Atlantic Canada was being conducted, ninety-one percent (91%) of projects indicated that they were being supported by volunteers. On average, each project had 10 volunteers who came from partner agencies, 21 from families living in the community served by the centre, and 7 from other sources. Staff from partner agencies contributed a total of 86 volunteer hours for the month. The community contributed 99 hours, and other volunteers contributed 34 hours. According to the National Evaluation data for Atlantic Canada, projects had an average of 30.7 volunteers for every 2.8 staff members (ratio of 10 to 1). Although CAPC projects have created the equivalent of 116 full-time jobs in Atlantic Canada, the work being accomplished was clearly being stretched much further through the contributions of many volunteers.

Overall, fifty-six percent (56%) of parents indicated that they had volunteered their time to the projects, although there may have been some inconsistency in the meaning the respondents ascribed to "volunteer". The distribution of parents' volunteer activity is shown in Figure 4.

FIGURE 4**: Parents' Volunteer Contributions to CAPC Projects/Programs**
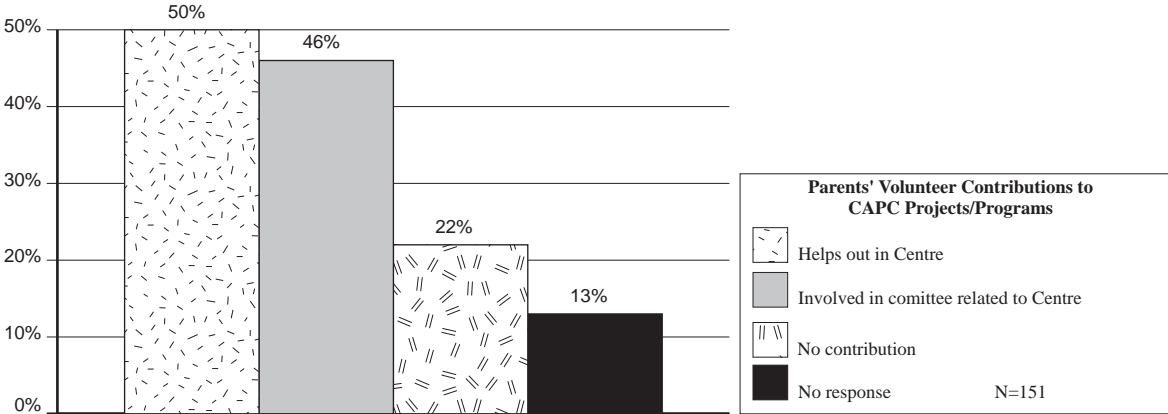
Fifty percent (50%) of parents contributed by helping out in any way they could in the projects. They did some cleaning and upkeep of the centre, for example, picking up and washing toys. Some parents helped the coordinator in the office, making photocopies, greeting newcomers, answering the phone, making sure that coffee was on, decorating the walls, and painting. Other parents helped children with their crafts, organized treasure hunts, sang songs, or read stories. Some looked after other participants' children or brought other parent's children to the project.

Forty-six percent (46%) of the parents were involved, in particular, by being active on committees. Because the projects were community oriented, they relied on the input of parents and volunteers. The parents were involved in Community Kitchens, on the newsletter committee, or in the baby-sitting co-op or participated in setting up and looking after the Toy Lending Library. Some participants coordinated fundraising and recruitment activities. Others were responsible for outreach activities or the centre's activities on weekends. Parents also organized drop-ins, assisted in facilitating courses (such as Nobody's Perfect, 1-2-3 Magic, pre-natal classes, and crafts) or looked after the clothing or the toy exchange. In some centres, parents found and planned activities for the play groups. Some parents made a more formal contribution by playing a role on the Board of Directors or on the Parent Advisory Committee.

Twenty-eight percent (28%) of parents did not contribute volunteer time. Some said that they had never been asked but would be willing to do something if asked. Others felt they could not participate because they had a busy life at home. Some said that they had never helped out but that they planned to do so when their children got a little older.

Although parents were not asked directly about their satisfaction with volunteer activities, a few parents (6) did specifically mention how much they enjoyed this aspect of CAPC. They also offered some insights to the limitations of their volunteer activities.

CENTRE :
Centre de ressource
familiale de Kent, NB

Artist :
Sonia
Age 4 ans 10 mois

Description :
Je m'amuse sur la
galance dehors
(I am playing on the
swing outside)

...We don't mind volunteering, but we can't carry that, we can't do that job plus our own job of being a parent as well. And work and, you know, be there for... our families... There's just not enough of us to go around.

...I would like to see less volunteers and more people paid for programming and such. I find that especially for a centre that focuses on women and such, that out in society you are having your work evaluated anyway. But within your own centre, your time and your energy should be worth something.

For some participants, volunteering provided a boost to self-esteem and an opportunity to show their skills.

One centre put on a conference last year, and I got to attend because I helped set up and staff it. That was the greatest experience I ever had in my life.

I feel appreciated when I walk through the door. I feel like I'm an important person because I came and I helped.

6.5 SATISFACTION WITH IMPLEMENTATION AND PROCESS

Almost all parents indicated that their first encounter with the centre was very positive. Parents reported an immediate sense of feeling both supported and accepted. They also noted an absence of any sense of pressure and described an unquestioned sense of belonging. A single parent participant stated

...I remember feeling very loved, very supported, very welcomed. I don't have a whole lot of... Well, I have a sister here but we're not close, so most of my family is out of the province and I didn't have that love and support, especially being a single parent. My son's never seen his father. His father doesn't have anything to do with us. The people there made me feel important. Like I said, they give me way too much credit when they talk about what I've put into it because I haven't put near into it what some people have. They seem to think so, that it's very important. I remember the first Board meeting and people saying "You really need her to come back. It would be really good for you to have her on your Board as a parent." Which really surprised me. I guess I felt a little bit important, like somebody cares.

Information on the centres' hours, programs and policies was readily available to all newcomers. They were introduced around, given a tour and registered if they so desired. One participant, summing up the experience, said

...Yes, as soon as we were in the door, my husband was with me, as soon as we were in the door, they were there and took us downstairs to let the girls play

and talked with us and then took us on a tour of the whole Centre. It was really nice and it was really relaxed. It wasn't like they were pushing you around and trying to get you out the door. It was sort of like, they put everything off to one side and you were there and you were the most important thing, which you don't very often find with government programs.

The vast majority of the parents characterized their centre atmosphere as appealing. They described it in various ways: "friendly," "warm," "cordial," "welcoming," "happy," "homey," and "inviting." They also found it "comfortable" and "informal" and, for some who were living in abusive relationships, "safe" and "non-threatening". The following quotes from parents give some sense of the factors that contributed to the positive environment created at the centres:

... and there wasn't any judgement, and no matter what, no one ever asked and there were never any questions, "Well are you married?" and never any questions like "What did you do before you were...?" Like there was just, you didn't have to justify yourself to anyone else to come here.

If you have these different ideas, its great to come to a place where that's accepted. You don't necessarily have to be in agreement but to have it accepted, that's wonderful.

It provides an atmosphere that you feel free to share and you feel that what you say is taken in confidence and you know that people understand. I really needed that at that time and it was there.

When they put the welcome in my language [MI'KMAQ WORD] and I didn't even know what it was. I thought it was "Get Lost". No, they told me what it was. And they always open the door for me. They always did... and always make me feel good about myself.

Parents also praised the physical appearance of the centres. The colourful, child-oriented decors were considered attractive and the art supplies, toys, games and books appreciated. Staff were commended for the organization and layout of the space and for keeping the centres clean and tidy. The centres were usually quite busy, leading some to refer to them as hectic and noisy and a bit overwhelming. For others, this hustle and bustle was a sign of a contented group of individuals actively pursuing pleasant tasks. Parents who preferred a more peaceful atmosphere adapted by coming at those times when fewer families were likely to be there.

Community partners also mentioned the atmosphere as an important consideration in the delivery of services. They described the fact that it took more than a potted plant and a television in the waiting

room of agencies to make parents feel welcome. CAPC projects were extremely successful in creating a warm, inviting environment that inspired trust and made families feel safe. In this kind of environment, learning could take place. Partners also mentioned that the project did not have the stigma that tends to characterize other agencies, and consequently, families were more likely to access the services and programs offered by the projects. In fact, parents viewed the centre as their own.

Twenty-one percent (21%) of parents interviewed indicated that their local centre addressed all their needs and no changes were required. Interests of the remaining parents were, of course, centre specific. Some respondents requested services in their own centre that may already be available in others.

In general, changes recommended by parents built on or expanded existing services and programs:

- increased access to health promotion, employment and therapeutic services and programs
- extended children's activities particularly in the area of school readiness
- activities for older children
- increased hours and more flexible program scheduling
- better and/or more accessible facilities

6.6 STRATEGIES THAT WORKED WELL

When asked to describe the projects' approach to working with families, staff highlighted a number of important issues. They stressed flexibility as the key to a successful centre - both flexibility of staff and flexibility of programs. Too structured and rigid a centre would run counter to the CAPC objective to support the growth of the families involved:

> *That, the flexibility, is very important here and that makes things successful.*
> *Always making sure that things meet the needs of the client rather than setting*
> *up the program and hoping the client can meet the requirements.*

Initial programs were, out of necessity, driven by staff. However, as parent involvement increased and as programs expanded, parents took a much more active role in the day-to-day operations of the centres. They also increased their participation at committee and board levels. In this way, parents directly influenced the programs and the manner in which they were presented.

In terms of specific programs and activities, staff emphasized the importance of addressing the needs associated with day-to-day living. Furthermore, when participants found it difficult to identify their specific needs during their initial involvement with CAPC, staff found that the most beneficial and successful programs at this initial stage targeted parenting needs.

Overall, programs targeted to the stated needs of the participants were highly successful. This success, however, did have a negative impact on the ability of centres to meet the needs of all potential participants. CAPC programs were in constant demand, and many centres were expanding to the point where staff were forced to develop waiting lists for programs because they had neither the resources nor the staff to accommodate the increased demand.

Many of the key learnings that resulted from involvement in CAPC relate to project management. Several respondents from all levels of interviews in each province identified issues with boards and board-staff relations as one area requiring further support. It was felt that added support up-front would have provided for a smoother implementation and perhaps prevented some of these difficulties. In many respects, it was felt that the projects were pushed too fast toward delivery of programs and, in retrospect, required a longer time frame for organizational planning and community development.

While more work was required in this area, it was generally felt that project effectiveness was greatly enhanced by parental participation. Also, the critical role of both volunteers and community partners was considered a vital component of the on-going success and sustainability of the centres.

6.7 MAJOR FINDINGS ON IMPLEMENTATION AND PROCESS

- *Parents participated in CAPC projects to meet the needs of their children.*
  - Participants' concern for their children's well-being was a consistent theme.
  - The vast majority of parents indicated that they participated in the centre because they wanted to better address their children's needs.
  - Most parents continue to be involved with the centres because of their children's activities.

- *Parents liked and appreciated CAPC projects and programs.*
  - Ninety-one percent (91%) of CAPC projects were supported by volunteers, most of whom were families served by the projects.

- When parents stopped participating in CAPC projects, it was for practical reasons, not because of dissatisfaction with the project or programs. The most frequently cited reasons for discontinuing participation in a centre were work-related reasons; time/seasonal constraints; age of other children; and lack of transportation.

- *Promoting the program within the community was necessary to explain program goals and objectives, to recruit participants, and to build partnerships with community organizations.*

- *Flexibility was the key to success for CAPC projects.*
  - The critical element of a successful project was the ability of staff and programs to accommodate the changing needs of participants. Parents wanted programs and services that were practical and relevant to their needs, and staff needed continual feedback from parents to modify programs as required.

- *A welcoming atmosphere was an important factor in the projects' success.*
  - Almost all parents indicated that their first encounter with the centre was very positive. Projects were very successful in creating a warm, inviting environment that inspired trust and made families feel safe. Parents viewed the centre as their own.
  - Community partners also mentioned the atmosphere as an important consideration in the delivery of services. They said it took more than a potted plant and a television in the waiting room of agencies to make parents welcome. Families were more likely to access the services and programs in the CAPC kind of environment.

- *Satisfied participants were a project's best advertisement.*
  - Word-of-mouth, in particular through other parents, proved to be the best way to recruit new parents into the projects.

- *Volunteers made a significant contribution to CAPC projects at all levels from cleaning up to participating on committees and boards. In some cases, volunteering provided opportunities for project participants to build or enhance their skills.*

- *The joint federal/provincial management structure was effective.*
  - Although the JMC/PAC management structure required a considerable time commitment, the contribution received from both levels of government and the collaboration during the process were valuable in the implementation of CAPC.

playing
with
blocks

building
house
with
blocks

playing in the
Sand box

CENTRE: Family Room,
Wings Point, NF

ARTIST: Angela - Age 5

DESCRIPTION: Playing with blocks, building house with blocks and playing in the sandbox

7.0 INDIVIDUAL IMPACTS AND EFFECTS

This section looks at issues related to the effect that participation in CAPC had on parents[5], children, and staff. In particular, the evaluation looked at indicators of positive change, levels of satisfaction with the projects, and suggestions for improvements. The data for this section was primarily generated from Atlantic CAPC Regional Evaluation interviews and focus groups.

7.1 PARENTS AND CHILDREN

7.1.1 Overall Positive Changes

Overall, 131 parents (87%) reported positive changes in their lives as a result of their involvement with CAPC. This is a very encouraging number, given that new participants to CAPC projects comprised almost seventy-five percent (75%) of the sample and would not have participated long enough to be able to report change. Table 11 presents a summary of the changes reported by parents.

TABLE 11: **Positive Changes Reported by Parents**

	Percentage (%)
Change in child(ren)	**75%**
Change in parents	**53%**
Change in parent/child relationships	**54%**
Change in parent/other relationships	**39%**
*No change	**13%**
n=151	
*Some parents had not participated long enough to be able to report change	

7.1.2 Changes in Children

One hundred and fourteen parents (75%) reported positive changes in their children. As is shown in Table 12, the changes reported were primarily developmental.

---

[5] In this analysis, the term "parent" is used to include other caregivers, for example, grandparents or elders, who accompanied children to a CAPC centre.

TABLE 12 : **Perceived Changes in Children**

	Percentage (%)
Improved social skills	**56%**
Improved language/basic skills	**30%**
Greater independence	**20%**
Improved behaviour	**15%**
Other	**3%**
n=114	

Improved social and behavioural skills

Sixty four parents (56%) noticed considerable improvement in their child's social skills. In some cases, this was reflected in a child's ability to participate more comfortably in a group setting. For example, one parent commented

> *She's more relaxed mixing with other kids she doesn't know.*

Other parents stated that their children were much more outgoing as a result of their participation.

> *She just, it's like a flower. She just opened up... she started to find out who she was.*

Notably, the most frequently cited improvement in social skills reflected children's increased ability to share and cooperate with each other. This mother's story reflected the experiences of many parents:

> *... there was a kindergarten teacher when I was at a parent/teacher interview; she was saying that, um, its quite remarkable that [NAME] being an only child how well he interacts and shares... [EARLIER] it was like no, this is mine, don't you touch it. And he would take things if other kids were playing with them. It really helped him with sharing. He was at home with me and everything was his. It was great for him to see other kids share and to watch them share. It gave him experience.*

Staff also noted positive changes in the children's social skills. The National Evaluation of CAPC noted that coordinators found that children experienced growth in the areas of physical, emotional, intellectual, and social development over the course of their involvement in CAPC.

The opportunity to socialize and interact with other children dramatically improved children's interpersonal skills. Children who were initially very shy and introverted became much more confident, outgoing, and independent.

Seventeen parents (15%) noted improvements in a number of behavioural areas. Some parents observed a reduction in hyperactivity, biting, and bad manners. For others, the main area of improvement was the ability to problem solve and resolve conflict reasonably. One mother was relieved to find that her son no longer

> *fights with the kids... before I brought him to the centre him and his friend was steady fighting....*

A mother who had experienced an abusive environment talked about the impact the centre had on her children:

> *One hundred percent changes, it's all for the better...they had no self-esteem and were very violent children... they have calmed down tremendously. They realized OK, not everybody is against us and we can be a kid now.*

Another mother, who also had experiences of abuse, made a similar observation:

> *They have become different children altogether. Their confidence has improved, their self-esteem has improved and you know they are just becoming children again.*

CENTRE : A Family Place, NB

Artist : Emilie
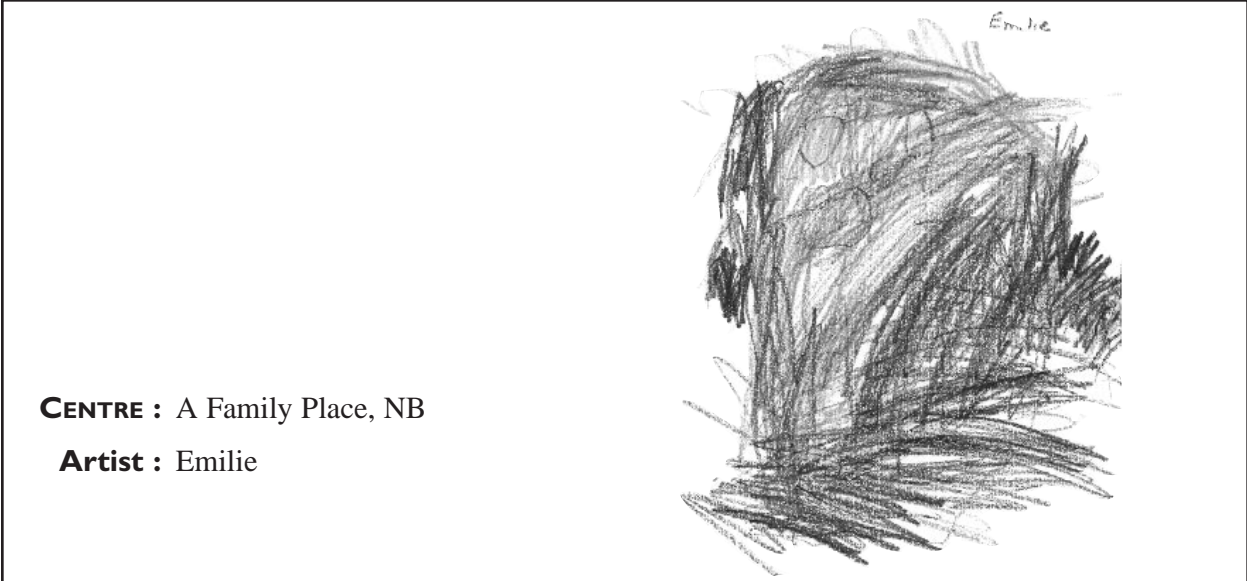
Improvement in behaviour was also noted by staff. Children who had previously been very aggressive had become much more self-controlled, more respectful of their parents, and less likely to inappropriately challenge other caregivers.

Staff also commented on perceived improvements in self-esteem. One coordinator spoke of a little boy who, coming from a disadvantaged environment, had had little confidence before his involvement in CAPC:

> *Working with him and... then him sitting on my lap one day ... drawing a picture with shapes and he said `This is me, I'm special'.*

Improved language and basic pre-school skills

Thirty-five parents (30%) also noted advances in their child's language and basic pre-school skills, including improvements in general speech; the use of longer and more complete sentences; increased knowledge of the letters, numbers and basic colours; and an overall improvement in the child's ability to communicate with parents and others.

Staff also noted improvements in language, reading skills and motor skills. It was particularly noted that in Aboriginal projects the focus on culture gave children a new appreciation for Mi'Kmaq traditions that would not have developed if they had not become involved in the centre. The importance placed on an holistic approach to incorporating Mi'Kmaq language, culture and values in programs was also highlighted by the national data.

Greater independence

Closely linked to improved social skills was the growth in independence noted by twenty-three parents (20%). One mother observed,

> *I can leave him alone and he doesn't cry so much. He used to be really scared and hide by me.*

Other mothers also commented on their child's transition from the "velcro stage" and the fact that their child is not "as clutchy". As one grateful parent commented,

> *Thank you Family Resource Centre for helping my children break that little tie to give them their space and my space for growth.*

7.1.3 Changes in Parents

Eighty parents (53%) noticed personal changes as a result of their participation in CAPC. As Table 13 shows, self-awareness, knowledge, and confidence were the most frequently cited areas of positive personal change.

TABLE 13: **Perceived Changes in Parents**

	Percentage (%)
Increased self-acceptance	**45%**
Increased parenting knowledge and skills	**39%**
Increased self-esteem and confidence	**38%**
Increased awareness of shared experiences, needs, and interests	**23%**
***Other**	**11%**
n=80 *Refers to changes reported by less than five parents.	

Increased self-acceptance

For thirty-six parents (45%), the centres provided an opportunity for self-discovery and self-acceptance. For some, this involved coming to grips with their past experiences:

> *I was internalizing my childhood, like down here. And putting the blame on myself. I now know where it goes and I've put the blame there and I went through the court procedures and that's, like, I've dealt with it.*

Others were given the opportunity to deal with their own personal development needs, particularly patterns of behaviour that warranted attention. For example, one parent recalled how participation at a centre

> *... helped me to understand where certain angers came from. How to deal with my emotions.*

The acknowledgment that *"you can't be a perfect parent, you can't always do everything right"* was a learning experience shared by many parents. Likewise, parents increased their awareness of their own needs. As one mother noted, *"I'm the one who needed the support to deal with the changing needs of children."*

For some participants, self-acceptance was closely linked to the discovery of cultural identity. As one Aboriginal mother put it,

> *I learned a lot more about my culture. I think what I was looking for, actually, was myself. And I think I have found myself at last.*

Increased parenting knowledge and skills

Thirty nine percent (39%) of parents were able to identify changes in their parenting knowledge and skills. Much of this knowledge focused on the specific skills related to caregiving, but parents also identified changes in their own attitudes and perceptions. One area of change was an increased ability and willingness to accept children for who they are:

> *... they're not that bad after all. It's all just part of being a kid. I think it is one of the basic things that helped me by going there. To realize that kids will be kids and its just part of their growing up.*

Other parents became increasingly sensitive to the effect their own behaviour had on their child. As one mother observed,

> *... he can pick up on my moods too. I didn't realize how much until I started going there.*

Improvement in disciplinary techniques was the most prevalent theme emerging from changes in parents' skills and knowledge.

CENTRE : Chaleur Resource Centre for Parents, Bathurst, NB

Artist : Jeremy Valley

Description : Jeremy has made this picture of our centre. I asked him what that little object on the side of the door was. Jeremy said it was a banana. I asked him why he drew a banana? Jeremy's answer was: "You got to eat you know!"

> *[THE CENTRE] helped me to learn how to really discipline her and discipline her with love...*

Parents expressed their need for this kind of knowledge very clearly:

> *I realize a lot of things that my mother did -- discipline isn't beating your child with a broomstick. But what do I do when I have that sort of anger? So that is something the Centre has worked on. If you're angry, here's some steps to take so your child doesn't land in the hospital or doesn't want to run away from home.*

> *I come from a background where there was total control a lot of the time - abuse. They probably decided it was discipline, but it wasn't like that. Those things are carried on unless you are taught differently. So they showed me, especially in the parenting course. The other parents and people shared that there are other ways of dealing with things and there is a way to get help which is very important to my son.*

Increased self-esteem and confidence

Thirty parents (38%) noted that their participation in the centres resulted in an increase in self-esteem and confidence. For some, this was directly related to their ability to parent:

> *When it comes to raising my child I'm as good as another person. I'm not perfect, but we all make mistakes.*

> *I always thought I wasn't a good mother but I am you know.*

Some parents expressed their feelings in terms of increased self-worth:

> *I know I'm smarter than I thought I was.*

> *I'm a blunt person but I have good ideas... I am not stupid.*

Others expressed increasing confidence in their own capabilities:

> *I learned that though I'm in my forties I don't have to act like I'm an old fuddy-duddy. That there are things out there for me. Things that I can learn. Things that I can do. Things that I enjoy doing.*

> *I am a very worthwhile person. You can do anything you want if you really decide to. Very empowering. Very, very empowering. A little education will go a long way. High school drop-out, I am. I am so eager to get back to learning, it isn't even funny.*

> *I learned that I am more capable than I thought I was. I learned that I do have something to give. I learned that my experiences can help somebody else, not just with my drug and alcohol problems and my recovery, but being a single parent trying to get sober.*

For others, the increase in self-esteem was evident in their general feelings about themselves:

I appreciate myself more.

I feel different. I feel brighter; it is an overwhelming feeling.

More aware of who I am, where I stand in the world and made me proud of being a native woman.

Increased awareness of shared experiences, needs, and interests

Eighteen parents (23%) commented on their increased awareness of commonality with other

parents. For some, the recognition of shared experiences helped to put their own parenting situations

in perspective:

I think that I am not a very good parent sometimes. I'm not giving my son what he needs. Then I talk to other people and they share their stuff and you find out that all parents struggle with this.

Some parents felt more comfortable about their own feelings once they realized that other parents

often felt the same way:

I recognized a lot of feelings I didn't know. I had been experiencing them, but I didn't realize that everyone else went through the same thing.

I find that other people have the same feelings I do. I don't feel as isolated. I feel like I'm not alone anymore...

7.1.4   Changes in Parent/Child Relationships

Eighty-two parents (54%) reported positive changes in their relationship with their children. As

shown in Table 14, these changes occurred primarily in the areas of bonding, discipline, and general

interaction.

TABLE 14: **Changes in Parent/Child Relationships**

	Percentage (%)
Closer relationships (emotional and interactive)	**49%**
Improved discipline	**25%**
More relaxed, patient	**25%**
***Other**	**15%**
n=82	
***Refers to changes reported by less than five parents.**	

Closer relationships (emotional and interactive)

Almost half of the parents (49%) who reported changes in their relationship with their child indicated that they developed closer bonds. For some, this was expressed as an increased appreciation for how special and brief childhood is:

> *He's the most important thing in my life. Before I thought "Well, he's a kid. That's it". Then I started going to the centre and I realized a kid is forever. Don't let it go away.*

Other parents noted that they became more in tune with their child's development and needs:

> *... how much to value their opinion and not to brush it off. And that when they are reacting in certain ways to take note of it and realize that may be a reaction to something that is going on with them.*
> *They [THE CHILDREN] are so proud too. I've got more pictures plastered on my fridge than when I had two children of my own at home. I would never have thought to do that with her if I was sitting home alone with her. I didn't even realize she was at the age yet to be interested.*

Many parents participating in the centres commented on how their relationship with their children had improved simply because they learned to enjoy them more:

> *I enjoy my children much more now than I ever did.*

> *I didn't think I would ever enjoy being home with my children. But I actually do really enjoy being home with them.*

A number of parents highlighted that relationships with their children had improved because they now placed more importance on playing and having fun with their children. As one mother commented,

> *Oh the minute you walk in the door, you just felt like Mary Poppins. You weren't there to be a mother; you were there to be a friend and to play. It was great! ... We should enjoy our children instead of thinking of them as a burden and responsibility. Children are wonderful little critters, and they will constantly amaze you. Just watch them play and interact with them down at their level uninterrupted. Its fabulous, fabulous. You can learn a lot from the children.*

Some parents pointed to their children as evidence of their improved relationship:

> *He'll say stuff that surprises me. Like before he never used to say "I love you Mom" and stuff like that, and now he does. It's really heartwarming.*

Staff also reported an increase in mutual respect between parents and their children. Families spent much more time together. They communicated more effectively and they openly expressed their love for one another:

> *When the mother and child first started coming to the centre, every time that child came near the mother, she pushed him away, and I can still remember the day that child came over and she picked that child up and sat him on her lap and hugged him.*

Improved discipline

Twenty parents (25%) indicated that their relationship with their children had improved through their own efforts to discipline more effectively. The following parent's story illustrates the connection between improved disciplining techniques and improved behaviour:

> *I was very uptight and short tempered, maybe, and I used to try to discipline him by spanking him until I started going there. And I realized this isn't working and they [STAFF] were really, well, like really good at teaching me, well not teaching me, but showing me that this is doing more damage than good. You can't teach a child not to hit by hitting him. I went by the old school the way we all raised and what not. It was hard not to hit him anymore, but the time-out, like, I never tried the time out but I saw the other mothers do it. So I thought I should try that. I find that our relationship is a lot more laid back and he has a little more respect for me now I find he listens a little better most days, not everyday.*

More relaxed, patient attitude

Twenty parents (25%) indicated that their relationship with their children improved because they had developed more patience and learned to relax a little in their role as parent:

> *I used to get frustrated if, like, I yelled at my kids and I'd go sit in the bathroom and cry because I was a mean mom...*

> *It showed me how to refrain myself when I'm losing it with them...*

> *Instead of saying "No" all the time - a negative response I say it in a more positive way and explain why.*

One mother talked about her attempts to be less controlling:

> *We interact. If he goes at stuff I can say "oh yeah, you can do that" because he's done it in here. Before, I wouldn't let him touch a book because I was frightened to death that he would tear out the pages. Now when he goes towards a book, I let him. All he wants to do is look at the pictures.*

7.1.5 Changes in Parent/Other Relationships

Fifty-nine parents (39%) commented on the changes that had occurred in their relationships with other people. Some spoke about the insights they had gained which had led to improved relationships:

> *I learned that moms are people. Especially after being a mom. I always held her responsible for a lot of things she did wrong or if she wasn't there for me for, like, certain things in my life. I, like, she was my mother, she was supposed to be there. But in the last year I've realized, she did the best she could with what she was taught.*

> *We [family] get along a lot better since, you know, I took that parenting course... we go and visit them and things like that, so its a very good relationship and I think a lot of it came from that course, because of some of the things that they said would help your child if you could have a good relationship and I really wanted to help her, so I made the effort.*

CENTRE:
Saint John Family Resource Centre, NB
ARTIST:
Kassandra, Age 4
DESCRIPTION:
"This mommy and Melissa (her sister) and me. Playing with the baby and the stroller.

Kassandra 4 years old
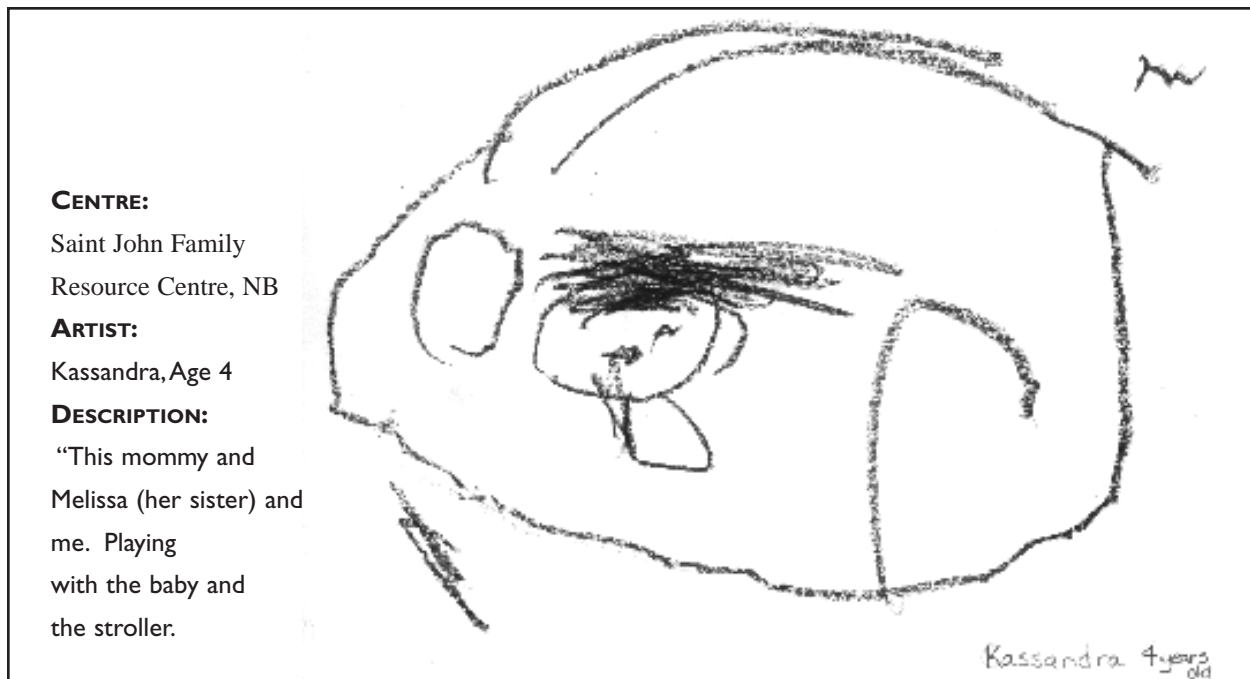
Others linked changes in relationships to their own increased confidence and assertiveness:

> *I finally told her you know like, she's my daughter, and I will kind of do what I want with her.*

> *Now I will stand up to them a little bit more.*

> *Now I'll speak up and say what's on my mind or what is bugging me.*

> *I've learned to put my foot down...*

> *I've been able to confront my mother on things she did to me as a child. I've also been able to out and out tell her things that I expect and don't expect from her....*

For one mother, at least, this increased confidence extended well past interactions with family and friends:

> *...you have that fear of the system people. I used to call them mini-Gods. And some of them still act that way, but when I relate to doctors or anything in the system I treat them as an equal not as way up there. If they can't do that then I just find someone else to talk to.*

Some parents commented on improved relationships with spouses/partners:

> *... He's learnt more patience which, in turn, makes me not get all upset.*

> *... He's more relaxed.*

> *... We've learned how, like, if we get in a fight we don't just let it build up and build up. We talk it out or work it out.*

> *... We talk more about what the kids need...*

> *If he's doing something that I don't agree with, I try to find ways to tell him without shouting.*

Some parents mentioned the positive feedback they were getting from family members:

> *I think they [PARENTS] really changed their attitude when they saw how we interact and my parenting skills, and I think they realized that maybe I am a good parent.*

> *My mom is more pleased with my parenting techniques and so is my husband. ... he didn't believe in spanking and we used to have quite a few arguments about that... we seem to agree more on our parenting techniques now... and I'm not as tense and uptight as I was before.*

Most parents who commented on changes in their relationships with others pointed out that it was their own increased happiness that produced positive effects elsewhere. As one mother explained,

> *I think if you have happy children and if you have control, too, you feel better about yourself. If you feel better about yourself, your family is going to feel better about itself, do you know where I'm coming from? I was able to overcome struggles that I was having bringing up my children. The family centre has helped me overcome those so I was able to be happy here, and that could only help out in relationships with my husband and with my children.*

7.2 IMPACTS ON STAFF

7.2.1 Positive Changes

Staff members were asked to assess the impact their involvement in the project has had on them. All staff members felt very positive about their involvement. Their perceptions of how and where they have experienced positive change are summarized in Table 15.

TABLE 15: **Positive Changes Reported by CAPC Project Staff**

	Percentage (%)
Increased skills and knowledge	**55%**
Increased self-acceptance	**48%**
Increased awareness of parental strengths	**32%**
Increased awareness of shared experiences, interests, and needs	**23%**
Increased awareness of value of teamwork	**13%**
n=50	

Increased skills and knowledge

Over half of the staff members (55%) felt that they had acquired new knowledge and skills. Others expressed pleasure in personal achievements.

Some staff members discovered new areas of interest and aptitude:

> *I like to evaluate; I really enjoy that. I love doing focus groups. I like writing the questions. I like collating what we've done with the group. I like to study it and see where we are making a difference.*

A number of staff members spoke about the ways in which their involvement in CAPC had enhanced their understanding and belief in its underlying principles:

> *What I've learned now is that the parent empowerment model really works. It's really significant to see the changes in the families.*

> *And community development - wow! I have learned a lot about that, what it is, what it isn't, what ideally it should be, what it can be...*

> *I really believe that it's the best way to develop and deliver services for vulnerable children and families that are effective in meeting their goal.*

Increased self-acceptance

Almost half (48%) of the staff members experienced positive changes in their perceptions of themselves.

Some learned a little more about themselves:

> *I've learned that I enjoy working with people more than I thought I did.*

> *... I have a lot more compassion than I thought I did.*

Others felt they had become more open-minded:

> *I find that I try not to judge anybody, that I take them as they are.*

> *I've learned that every single person has good in him, has value, has something to give.*

> *We do tend to label people and we do tend to make real assumptions about people based on their circumstances ... and most of the time those assumptions have no basis in fact.*

Some staff members said that they had become increasingly sensitive to their own role and place in the centre:

> *I've learned a lot about power things... you know, giving it up.*

> *I learnt that my own being comes into play and that sometimes when I'm listening to somebody, where I want to respond is where I need to not respond. They need to be able to get through whatever it is they're saying to me, without me stopping and saying, "Well, blah, blah, blah".*

> *You learned that the little things that you do are sometimes the biggest things. Like when you take the time to just sit and listen to someone and you learned how you respond to people is very important.*

How do you effectively deal with crisis... how do you rise to the occasion and deal with it, you know, sensitively so that people still keep involved.

I do want to help people, but I also know our place is not to do <u>for</u> them, but to empower, and its a very subtle difference, but I've learned what that means.

Increased awareness of parental strengths

Thirteen of the staff members (32%) mentioned the strength they perceived in the parents involved with CAPC. For some, this meant an increased appreciation for those who parent under very difficult circumstances:

I've learnt that as parents and families, we are tremendously resourceful and tremendously resilient. That a lot of us parent in extremely difficult circumstances ... and do amazingly well with it.

[I'VE LEARNED] that parenting is very difficult. It's very trying, but parents love their children. And I learn that from parents over and over again.

Other staff members acknowledged that they had learned a great deal from parents:

I think coming from a background in child studies... when I came out you have this textbook stuck in your head and you're not really sure what to do, but I guess for me, the parents are the strength, but I don't have any answers, I don't even have any kids... but they have the strength and they have the abilities and confidence to do it.

CENTRE:
Kings County
Family Resource
Centre,
Sussex, NB
ARTIST:
Tony
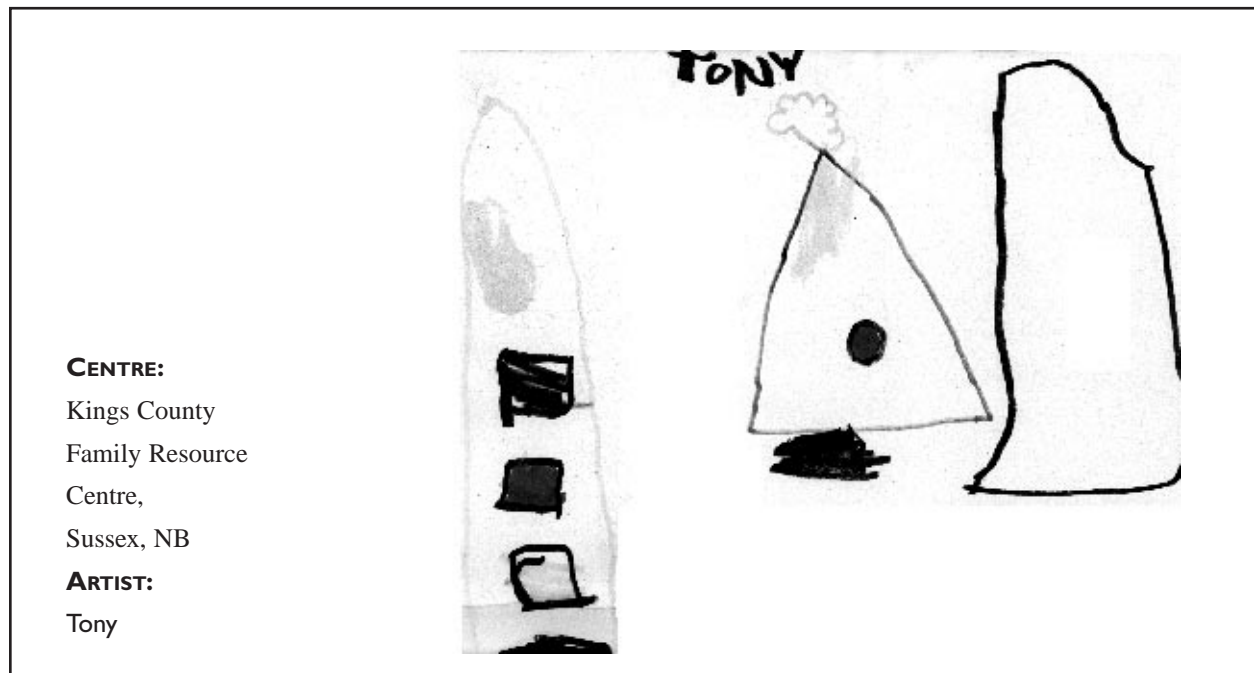
>*The parents have a lot more to offer than a lot of professionals and community members are willing to give them credit for.*

Shared Experiences, Interests, and Needs

Nine staff members (23%) found that they had many things in common with the parents involved in the centres:

>*People are people like me.*

>*When it comes to parenting... whatever your situation happens to be you have more in common with other parents than not.*

For some of these staff members, this recognition of commonality easily translated into a recognition of the need for mutual support:

>*People need people, and don't ever think you can do anything on your own because you need support.*

>*We're all together on the same road. And we can help each other and make each other grow a bit... a bit lighter.*

>*That no man is an island and... it's wonderful to have this community-based philosophy here in our area ... where everybody takes an act of courage.*

>*We're all the same. We can share the same happiness, the sadness, and that, and we can support each other.*

Value of Teamwork

Five of staff members noted that they had learned something positive about the value of teamwork within both the projects and the community:

>*We're not all the same, but it's funny how eight or nine people can sit around a table and work very closely together and accomplish something.*

>*I really have learned what true collaboration is. I've learned what taking lead from the parents is all about.*

>*... there are all kinds of smart people that have individual skills that you sure can utilize, people in the community, I'm learning to call on them, and I will be even more.*

>*I have a whole new perspective of what we are capable of doing as a community. First I thought this is ... pie in the sky but I truly believe now that we can take our communities back and we can run them much better than they have been run in the past.*

I have learned that every day, people can do amazing things when given the chance, when given the opportunity, that communities and families can come together and care.

Other staff members admired the human potential they saw all around them:

People are masters of their destiny. They are in charge. If people are given the chance, they will empower themselves. They will rise to be the best they can be. People want more faith; they are so strong. The will is there.

Limitations

Staff members also discussed the limiting factors within their work situation. In particular, coordinators noted the conflict between the demands of increasing clerical and administrative duties and their desire to spend more time working directly with parents:

... I'm spending more and more and more of my time and, in fact, in the last month, probably all my time, working with pen and paper to meet with the requirements of somebody somewhere for something.

A lot of days I'd come in and think I had five things to do on my list that day and didn't get any of it done because of things that have come up. And in the nature of what we are doing, if a parent walks in, then you talk to them because that's what you're here for.

Others faced constraints imposed by inadequate funding:

I have found this work is far more exhausting ... because of the desperation. Both because of not having the money to run the programs the way they should, and desperation of the people that I am involved with.

CENTRE:
Lend a Hand
Souris, PEI
ARTIST:
Emma, Age 3
DESCRIPTION:
"This is cross the
street".

A number of staff members had to learn to set limits on the amount and type of work they handled:

> *I think one thing I've learned is that at some point we have to draw the line. We're trying to do everything for everybody, and we're going off the tracks if we don't slow down a bit.*

Likewise, some coordinators learned that there were limits to the amount and kind of support they could give parents:

> *There are some people you can help and some don't want help. They just put a barrier there and you can't make them want your help.*
> *It's hard for some people not to become dependent on you, too. And that's something that you have to be really conscious of....*

Staff members also acknowledged that they had to reassess their own expectations:

> *I wanted to come in and sort of fix everybody, and I realize I can only fix small things, and over the long run, some of it will work.*

> *I'm learning that for my own being, I need to set a few boundaries. For myself, I find giving and giving, sometimes there's no [me] left.*

> *I have learned that I am not perfect. That people are human. You can only do so much. Try not to bite off more than you can chew and not to listen to every bit of criticism you get.*

7.3 PARENT AND STAFF SATISFACTION WITH CAPC

7.3.1   Parent Satisfaction

When asked to rate their project on a scale from one to ten (with ten being wonderful and one being awful), eighty-eight percent (88%) of respondents rated the program eight or better. (Former participants were not asked this question.) Forty-three percent (43%) gave the project a perfect 10.

In addition, parents were asked how satisfied they were with CAPC, given their initial reasons for participation. As Figure 5 demonstrates, a large majority indicated their satisfaction with their local project.

FIGURE 5: **Parents' Satisfaction with CAPC Projects**
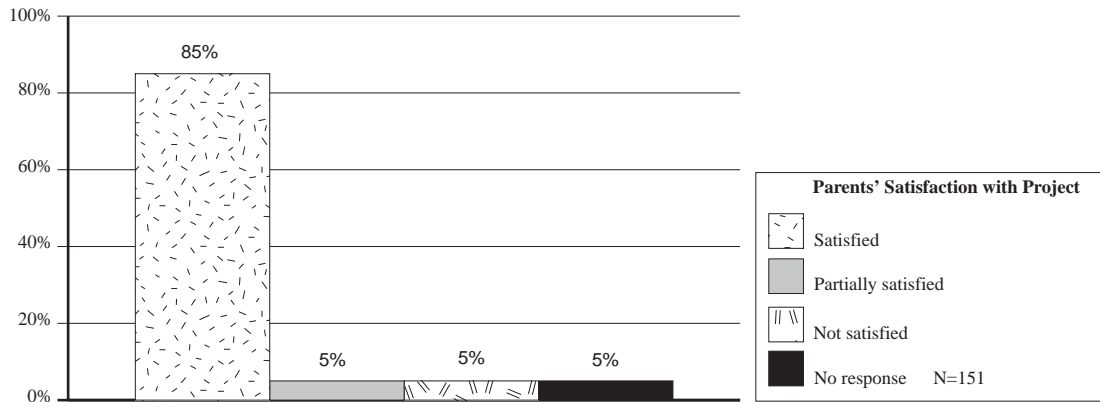
Eighty-five percent (85%) of parents, a large majority, were satisfied with their participation in the project. The specific reasons for their satisfaction are summarized below in Table 16. The few parents who were partially satisfied liked the project but found that there were not enough children there or that it was a good project but didn't meet their needs completely. Likewise, the parents who said they were not satisfied (5%) said that they had been under the wrong impression about what the centre could offer. They felt that the project was not meeting their needs or their child's and wished it could offer more.

Parents were also asked what, in particular, they liked about their involvement with CAPC. Their comments are summarized in Table 16.

TABLE 16: **What Parents Liked about CAPC Projects/Programs**

	Percentage (%)
Benefits for children	**83%**
Support of staff and other parents	**45%**
Programs and activities	**43%**
Interaction with others	**31%**
Friendly environment	**24%**
Child care	**13%**
No cost	**11%**
n=144	

Eighty-three percent (83%) of parents, the large majority, said that they liked the project because their child got a chance to play with other children, build social skills, break away from the child's

own environment, and become more independent. Some parents found that the quality of the supplies exceeded their expectations. They expected to find used toys and were surprised by the quantity, the variety, and the beautiful selection of "appropriate" toys. They also reported that their children enjoyed the structured activities such as finger-painting, glue and cut, story time, singing songs, and the parties that were held year round on occasions such as Halloween, Christmas and Valentine's Day.

Sixty-eight parents (45%) commented on the supportive relationship between parents and especially between parents and staff:

> *They were there throughout everything, like to support me. I mean nobody asks any questions, but if you want to talk, they're more than happy to and I mean, they have taken hours out of their day just to sit and talk to me while all this was going on ... and it doesn't even cross their mind as to your background and where you come from type of thing. That is totally irrelevant to them; it doesn't matter, They just want to help you... I wouldn't trade the place for the world. ... You really get the sense from these people that they want what's best for your children and they don't even know you.*

Sixty-four parents (43%) said that they liked the activities and programs offered by the project. They found that the parenting classes were a great benefit to their parenting skills because the classes allowed them to share experiences with other people within the same situation and learn how to respond to and/or deal with their children's behaviour. Other popular programs or activities were Special Delivery Club, Collective Kitchens, first aid courses, crafts classes and drop-ins. Parents also liked guest speakers who came to talk, for example, on self-esteem, self-confidence, stress management, or child sexual abuse. As one parent said,

> *They bring in new courses as parents express their needs.*

Participants also enjoyed field trips with their children and parties (Halloween, Christmas) or special occasions when they brought partners /husbands, relatives and friends. They also liked special events like Family Day, which introduced other adults in the child's life to the centre's activities.

Forty-six parents (30.5%) indicated that they enjoyed the company of other adults -- getting a break from the house, having an adult conversation, hearing other parents' stories, and giving each other

helpful hints. Thirty-six parents (23.8%) referred specifically to the centres themselves, calling CAPC projects: *"a great idea", "a good program", "a valuable resource".*

CAPC centres gave some parents a sense of "belonging somewhere". Others described their centres as places where they felt comfortable and at home:

> *Friendly, relaxed atmosphere. It's comfortable and clean.*
>
> *Well organized and very well run.*
>
> *It's a kid's dream world.*
>
> *It's a home away from home.*
>
> *It's my second home.*

Other parents liked the project's resources, such as the books and videos on subjects related to parenting and child development. In projects where it was available, the toy lending library was also very much appreciated.

Other aspects of the projects appreciated by parents were the times when children could attend groups alone (e.g., story time), allowing parents a break. The fact that almost everything is free was also appreciated. Parents said that these factors had allowed them to take part in a program or an activity that would have been impossible otherwise because of the cost of a babysitter because their child was not used to being left with a sitter, or because they didn't know of anyone trustworthy enough to babysit for their child. The projects gave parents a chance to take a break from their parenting responsibilities. Parents were also pleased that the centre gave them access to toys that they wouldn't have been able to afford otherwise:

> *It really is a terrific place. It's given me everything and more I think in what I was looking for in a pre-school because I'm not a single parent, but my husband is laid off at the present time. With three children, there's no way that you can get the quality care and, well, with her pre-school program, in the community for under a hundred dollars. It's just not there. So that's what I look at. It's helping everyone no matter what the income.*

As noted in Table 17, more than half of the respondents indicated that they had no particular concerns or problems with the projects.

TABLE 17: **Concerns with CAPC Projects**

	Percentage (%)
No concerns or problems	**57%**
Problems related to management	**16%**
Inadequate facilities	**16%**
Parent not comfortable	**11%**
Problems with other parents	**10%**
Problems with activities	**8%**
*Other	**26%**
No Response	**7%**
n=151	
*Refers to various concerns/problems each reported by less than 5 persons of which four parents were from the same project.	

Twenty-four parents (16%) felt that there were problems linked to staff. Parents made comments regarding lack of communication between staff members themselves. Some also stated that in certain projects, confidentiality was sometimes a problem. A few participants felt that they were not well greeted on their first visit to the centre. Some parents were not satisfied with the way their centre was managed, and others mentioned that the coordinator and staff who worked with children had too much work and could not meet the needs of parents.

CENTRE:
Centre de ressource familiale
Madawaska/Victoria, NB
ARTIST:
Luc, Age 4
DESCRIPTION:
Moi et Maman. Maman me regarde dessiner au Centre (Mom and me. Mom watches me drawing at the Centre)
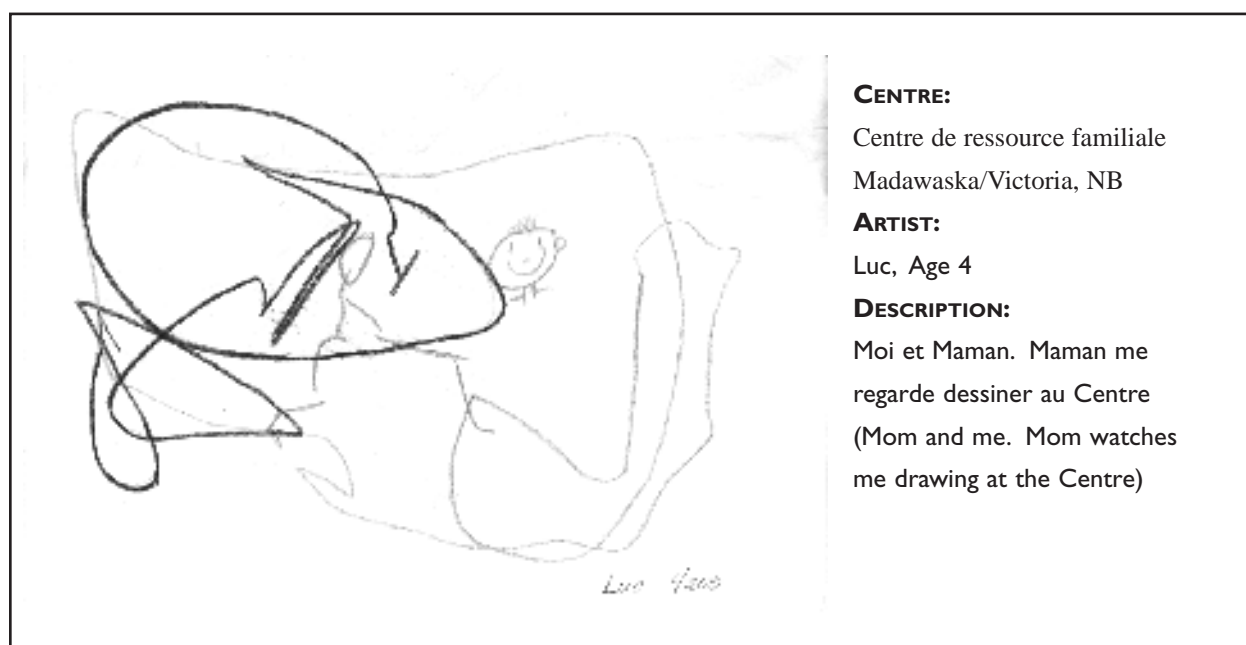
Sixteen percent (16%) of parents said that the project's programs were not housed in suitable locations for family resource activities. They found the rooms too small for large numbers of children and their moms, a situation that tended to create tension. There were centres with dangerous stairways, room divisions that did not allow supervision of children at all times, or cement floors that weren't appropriate for toddlers or crawling babies. Complaints included leaking roofs or windows or that the centre was located in an area of town where people were afraid to walk alone. According to parents, the main reason for these problems was the lack of funding, which required projects to rely on free space provided by the community.

In certain circumstances, particularly with outreach programs, space sharing posed a problem. Parents didn't have priority over the space, and it was hard for them to plan ahead. In one area, they had to put up pictures and take out toys for every play time. Considering that they had only an hour and a half to two hours to spend at the centre, much of their time was wasted arranging the room. Space-sharing also meant that groups not related to CAPC projects were allowed to smoke in the space, while most parents didn't want people smoking in the presence of their child. Some children with health problems couldn't attend activities because of cigarette smoke. Often, other groups sharing the facilities didn't follow CAPC projects' regulations.

Seventeen participants (11%) mentioned that they weren't comfortable at the centre. At times, parents or their child just felt bored or out of place, especially at board meetings. It was also felt that some staff were too intruding and "psychologizing", especially in their interactions with dads.

Fifteen parents (10%) expressed concern that other participants were not looking after their child properly while at the centre or that they didn't clean up after play group or drop-in. Some centres found ways to solve these problems, as the following comment by one mother illustrates:

> *...so we held a meeting and what we did, we talked to the parents and made a list of rules and when you come through the door, the rules are there and if you slip up they'll tell you.*

Twelve parents (8%) noted specific challenges related to activities. For example, in some play groups, older children were in the same play area as younger ones. Sometimes the difficulty highlighted was that volunteers lacked training with children or that the project had difficulty

keeping "competent" volunteers coming in on a regular basis. In a few projects, parents said that they didn't go often because there were not enough children attending or because activities were cancelled due to reasons beyond participants' control.

7.3.2 Staff Satisfaction

Staff members generally expressed considerable enthusiasm about their involvement with CAPC. For many, participation in CAPC was much more than a rewarding job:

> *If this job ended tomorrow, I don't think I could have ever had an experience that has taught me so much about people and about situations and lives and problem solving.*

> *I have learned so much. I mean, this is the best job ever. For as much as you know me, I come across as complaining, I am the luckiest person I can think of ... I couldn't be more happy about myself.*

> *Truly a week never goes by without something happening that makes me glad to be human. Just somebody does something or says something or achieves something that makes me believe in what we are doing.*
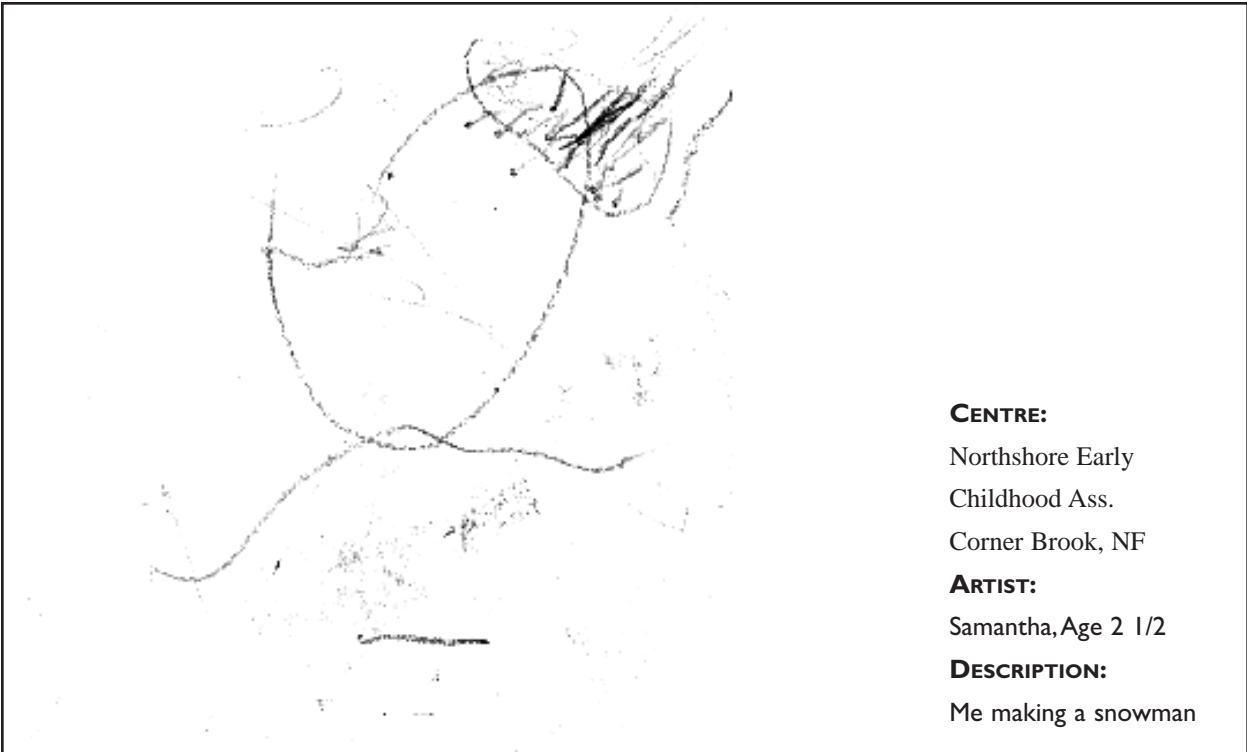
CENTRE:
Northshore Early
Childhood Ass.
Corner Brook, NF
ARTIST:
Samantha, Age 2 1/2
DESCRIPTION:
Me making a snowman

I have also identified the kind of work I love to do, and I love the variety of working at a Centre like this. It really truly is work that is just so moving; everyday there is so much growth that you see around you. Often it will bring tears to my eyes.

It has got to be the job that I have loved more than anything I've ever done and I've been involved in working with people in the community before.

7.4 MAJOR FINDINGS ON INDIVIDUAL IMPACTS AND EFFECTS

- **Participation in CAPC projects had an positive impact on parents, children, and staff.**

Parents

- Fifty-three percent (53%) of parents reported positive personal change as a result of their participation in a CAPC project, particularly in the areas of increased self-awareness, improved parenting skills and increased self-confidence.

- Fifty-four percent (54%) of parents reported positive changes in their relationships with their children, including closer bonding with children (49%) and improved discipline techniques (25%). Twenty-five percent (25%) said they were more relaxed and patient with their children.

Children

- Seventy-one percent (71%) of parents noticed positive change in children's social skills and behaviour. Thirty percent (30%) noticed improved language and basic skills, and 20% noted that their child was more independent. Most of the positive changes in children correspond closely to the criteria used to determine school readiness and healthy child development.

Staff

- Staff experienced personal and professional growth as a result of their participation in CAPC, including increased knowledge and skills, greater self-acceptance, and enhanced awareness of parents' strengths and community development practices.

- **Parents and Staff were satisfied with CAPC projects and programs**

- The large majority of parents, eighty-five percent (85%), were satisfied with their involvement with CAPC. Eighty-three percent (83%) particularly liked the CAPC projects' benefits for their children, while 45% highlighted the support of staff and other parents and 43% highlighted the programs and activities.

- Staff reported a high degree of satisfaction with their role and involvement with CAPC.

QUINto
NSiX

"I am going to the centre to play, I love the centre"

Quinten Age 6

CENTRE: Dartmouth Family Resource Centre, NS

ARTIST: Quinten, Age 6

DESCRIPTION: "I am going to the centre to play, I love the centre".

8.0 IMPACTS AND EFFECTS OF ADOPTING A COMMUNITY DEVELOPMENT APPROACH TO PROGRAMS AND SERVICES

The information gathered during participant and staff interviews, as well as in focus groups, indicated that CAPC projects created a unique program delivery model that had positive implications for participants beyond those realized within more traditional models. The broad-based and varied interaction among staff, participants, and/or volunteers seemed to be central to the positive impacts and effects highlighted by respondents. There were strong indications that the "participant-driven" program delivery model adopted by CAPC in Atlantic Canada created a positive atmosphere and project environment. It also seemed that this atmosphere provided a foundation that allowed parents to become more caring and capable and to help one another, decreasing their dependence on health and social service systems.

The need for, and appreciation of, the social interaction and mutual support inherent to CAPC was a theme that emerged repeatedly throughout the parent interviews and focus groups. Of the 151 parents interviewed, only five (3%) did not comment positively on this aspect of their involvement with CAPC.   Respondents' perceptions and experiences of several features of CAPC showed both the development of this positive project environment and the benefits related to this environment for participants and service providers in the broader community. These key features of CAPC are

- the way in which people work together in CAPC projects;
- the building of participant ownership, pride, and confidence through these close working relationships; and
- positive attitudes based on decreased isolation, increased knowledge, and participants' willingness to help and support each other.

8.1 WORKING TOGETHER IN CAPC PROJECTS

Collaboration was considered to be very important within CAPC projects. National Evaluation results for Atlantic Canada indicated that virtually all (99.6%) parents felt it was important to have a say in how human services are run and that fifty-six percent (56%) of parents volunteered within

their project. Regional data also showed that a majority of parents volunteered and that some project coordinators linked this collaboration of staff and participants to the successful operation of a project.

8.1.1 Integration of Parents in CAPC Project Operations and Management

Collaboration with parents was very much linked to their contribution of skills and time on a volunteer basis. At CAPC, volunteering provided many differing avenues for collaboration as described in Section 6.4.

Forty-six percent (46%) of parents were involved in project committees, which could involve varying degrees of skill and commitment. Many projects reported having parent committees and advisory committees, while others held regular monthly meetings attended by parents, volunteers, and staff. At the most formal governmental level of CAPC projects, parents volunteered their time as board members. Here, members were called on to take care of the overall integrity of the project. Almost without exception, parents were very heavily represented on boards, with most projects reporting at least 50% of members as parents.

Overall, many choices and few barriers existed with regard to parent participation in either the day-to-day life or overall management of CAPC projects. This provided parents with many approaches to beginning and continuing their volunteer involvement with CAPC. One staff member captured the complexity of the participatory and collaborative nature of CAPC:

> *... parents, volunteers and board members are all the same people. I mean the board members are volunteers and parents, and our parents, many of the people who participate in programs, also volunteer in other capacities. They all work together very happily, and one of the themes that really came out in the questionnaires, the analogy of this place to family... We work together in all kinds of scenarios; we're in formal committees where people get together to organize a fun day or organize an event. In board situations, which is about as structured as we get, where decisions have to be made and consensus has to be reached, reports are given.... And then people work together very informally; they come together for this cookbook. They dash in and one of them will look after the other's kids in drop-in with her own while the other one does photocopies. They go and have these little huddles in the playroom. A lot of stuff happening over the counter in the kitchen. And program*

planning happens that way too. People sitting together in the playroom... And it's kind of the way things happen in the home when you have small kids. A lot of that same kind of feeling of juggling several tasks and ideas at once with the little ones crawling around at your feet.

8.1.2 Sharing of Decision Making Among Participants, Staff, and Board

Most boards agreed that they shared decision making with parents and staff. In some cases, boards themselves were largely composed of parents. Figure 6 below underscores the degree to which cooperative relationships defined the overall atmosphere at CAPC.

FIGURE 6: **Feelings about Cooperation in the CAPC Projects**
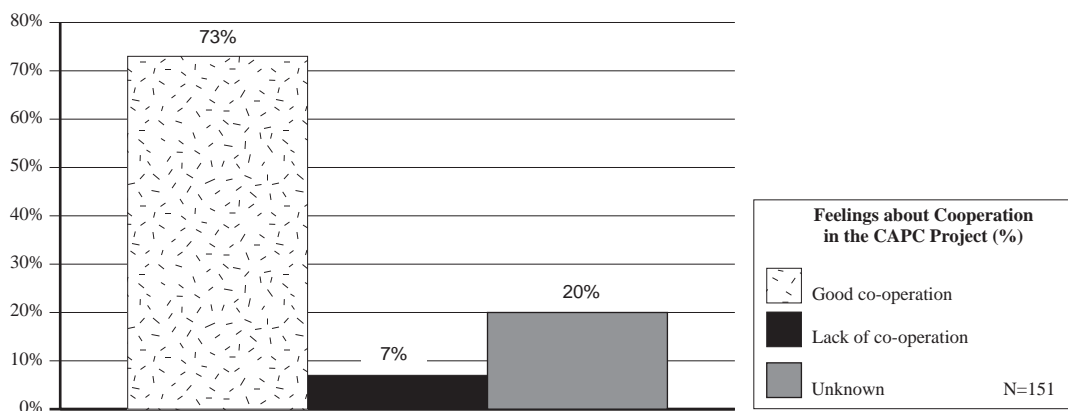
A large majority of participants, seventy-three percent (73%), agreed that everyone involved in the projects had a good working relationship. Most of the board members interviewed also felt that people worked well together in the projects. Good communication was aided by brainstorming sessions, meetings between board and staff, having a local advisory committee, having coordinators sit in on board meetings, holding volunteer meetings, and having staff and advisory committee members share responsibilities and information. The groups mentioned that all those involved worked together "as equals":

> *...we all have the same interest. Always children's welfare first... There's never any conflict between parents and board or with parents downstairs or with anyone...we get along and everything gets done because when you come through the door, you're not a board member. When you come in here for a drop-in, you're no different than any other parent that's down there.*

> *In terms of the coordinator now, the parents, the volunteers... Everyone pitches in... There's no such thing as "I don't want to get my hands dirty." They don't care.*

Project coordinators were recognized as a vital part of decision making and communication processes. In interviews, parents described staff as creative, helpful, and caring. Parents seemed to be aware of, and to appreciate, the efforts made by staff to ensure continual, informal, and inclusive communication:

> *[COORDINATORS] can offer the ideas but its always everybody... we talk about it. What do you guys thinks, we got this idea in our head?". Or a parent will come and say, you know "I think we should do this or we should have this person to speak". And I think we all decide as a group. I don't think there is one ruler over anybody.*

Parents particularly mentioned the importance of the coordinator in making day-to-day decisions "unless they are going to have a major, long-term effect on the Centre." Groups also said that the coordinator "makes certain judgment calls about programming":

> *You pretty near pass most things through the coordinator, and the coordinator decides if we can go ahead or if it should go past the board. The board is the coordinator's boss. Then the coordinators basically run the centre with the volunteers and also the other staff members.*

With respect to decisions about specific programming issues, staff reported that parents were extensively involved, in some cases to the point where they had exclusive responsibility for decisions about how programs were to be organized and administered. As one project coordinator explained,
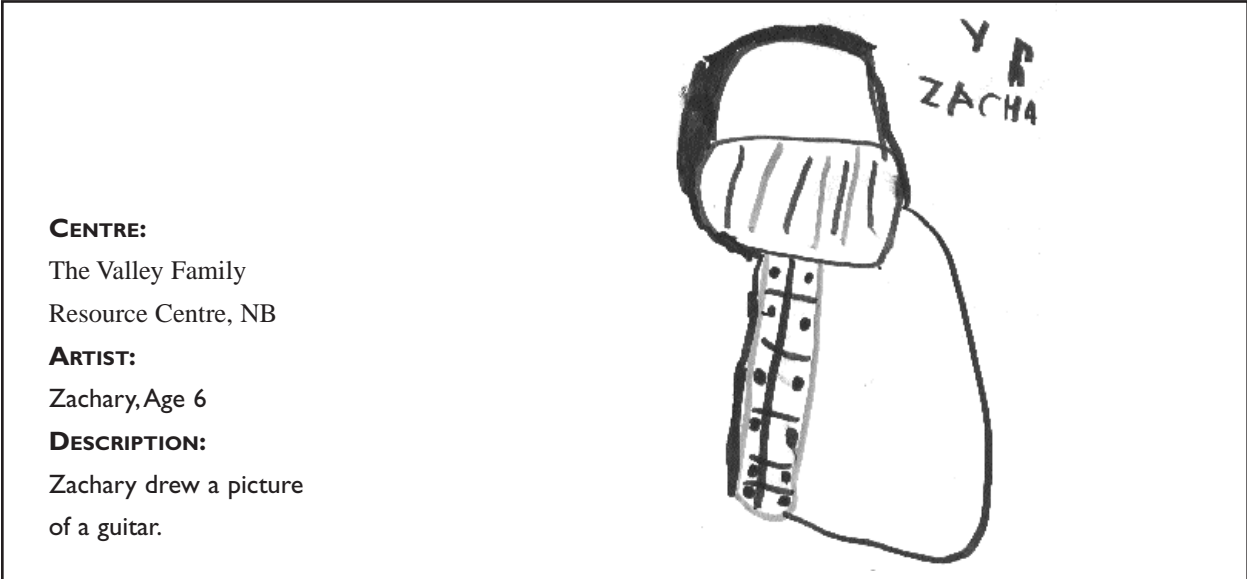
CENTRE:
The Valley Family
Resource Centre, NB
ARTIST:
Zachary, Age 6
DESCRIPTION:
Zachary drew a picture
of a guitar.

> *I think a lot of the decisions -- particularly about what goes on in a specific family resource centre -- the parents make those decisions with the staff acting as a resource, perhaps letting them know what is available. Very much so, the decisions are made by the parents.*

Two focus groups stated that parents made most decisions about such things as craft, music, or parent groups because they were running these groups themselves. It seemed that non-cumbersome mechanisms needed to be in place for making routine day-to-day decisions, especially in relation to program planning. However, the need for timely decisions was qualified when it was noted in two focus groups that boards must "OK" all decisions.

8.1.3   Developing Parents' Roles in Project Governance

The high level of participant involvement and collaboration experienced at CAPC had to be nurtured toward its current stage of development. According to parents, it took time and encouragement from staff and from other parents who were already involved before parents felt confident enough in their abilities to get involved at the decision-making level. On the other hand, focus group information indicated that recruitment of parents to participate in formal decision-making processes needed to be carefully tempered because for some parents, being involved in the project at this level was not of interest or important --   they wanted to come to the project only to spend quality time with their children.

Parents seemed to be aware of a continuum of involvement "from none to lots" and to be comfortable with the understanding that parents could choose their own role in the project.

> *Well, unless you're on a parenting committee, you wouldn't be kept up on things that are going on in the Centre itself. If you were just a regular Joe coming off the street, you wouldn't know behind the scenes, but if you're like on the parent advisory committee or one of the other committees, then they usually keep you informed of things quite well....*

In this environment, project staff needed to develop good communication and a continuum of opportunities   --   from least threatening to most formal -- so that those who wanted to become more involved in decisions were aware of that possibility and were supported and felt able to make that first step.

The following comments from staff interviews indicated that some lessons had been learned along the way, especially during project start-up. These were linked by staff to unrealistic expectations and/or the lack of confidence some parents may have felt in situations in which they were outnumbered by others with professional backgrounds:

> *I think in the beginning they were ... hoping that we had a fifty percent participant representation on our board. And right off the bat, that was really impossible because our participants felt really threatened... So what we've done is put them in a parent advisory committee.*

> *I would have to say that the decision making is almost one hundred percent with participants. So it is definitely participant driven in terms of what is offered and how it's offered, and when it's offered... We've found that participants haven't been all that interested in being part of boards.*

> *I think they have a really good overall involvement in all stages of the project, the parents do. It's just making them more comfortable in taking on more of a leadership role and more of the roles of the decision making that sometimes have title to them and sometimes scare them off.*

JMC/PAC members also recognized that the development of new boards and the degree of parent involvement in boards, resulted in many challenges for all involved. Some of the boards and coalitions experienced tension, power struggles, board turnover and other difficulties. Reasons for this included the combination of parents and professionals on boards, lack of experience, personality conflicts, different expectations, and unclear roles. JMC/PACs felt that if more developmental work had been done at the beginning of projects, implementation would have been smoother, and many difficulties could have been prevented. In all JMC/PAC interviews, the need for on-going board training to strengthen the projects was noted:

> *I think that another overall difficulty that projects have faced is in the whole area of project management, in the area of board and coalition development, in the area of parent involvement in the area of all these kinds of pieces, the dynamics of all those pieces... I think they are all still facing it. How does a board like this work...?*

> *Training for parents, training for professionals to be able to participate in that kind of board...I think the same needs are coming up over and over and they haven't gone away. I thought some of it might have settled out but it has not. It's going to be a very long and always shifting process.*

A number of projects were still working toward collaboration in terms of decision making and leadership. Some focus group parents noted that in their particular project, it was still mostly staff or board members who initiated activities or were involved in decision making, program planning, and budgeting. These same parents also indicated that increased collaboration could be achieved through increased volunteerism. This information was verified against the information concerning parents' contributions. It revealed that the more parents were involved as volunteers in the Centre, the more they were in a position to know who made decisions and how those decisions were made.

In some instances, staff recognized the need for formal training of parents and supplied that training to better prepare participants for decision-making responsibilities at the board level:

> *In terms of collaboration, in terms of that evolution, initially I think we had a board that really didn't know what it meant to be a board. We had a lot of problems at board level in terms of what their real role was and particularly in terms of the role of the coordinator.*

CAPC projects were learning that parents needed time and support to become comfortable with increasing their level of commitment and involvement.

The staff and JMC/PAC comments above underscored that "not all gains have come easily."   Two parents also referred to some of the difficulties they had encountered:

> *I think we work together very well. We've had our differences and we've had our crises, which we've all managed to deal with, and we've never lost any members... even if people have come away with hurt feelings over an issue, we've always managed to work it out, and they've always come back. Its not a matter of stomping out of the room.*
>
> *I think they [THE BOARD] work together pretty well... but it's been a struggle... .*

As the following quote shows, parents seemed to accept hard-earned gains as a part of ensuring a collaborative process:

> *It was a learning experience as we went along. I think we are all comfortable with that because we realized, hey, we can have input into what we would like to see happen and where this is going... people make mistakes and this was the whole idea and we could ask questions and, you know, be involved with the planning and what types of things we would like to see happening.*

This type of growth within CAPC projects may have been a contributing factor to the ownership, pride and confidence felt by parents and documented by the Regional Evaluation. While the CAPC environment was challenging and demanding, it seemed also to have provided a place where parents could exercise and extend their talents and skills in an environment that tried to be non-judgmental and accepting of the different potential of each parent.

8.2 THE BUILDING OF PARTICIPANT OWNERSHIP, PRIDE, AND CONFIDENCE THROUGH CLOSE WORKING RELATIONSHIPS

Many previously reported comments have indicated that the presence of parents in CAPC projects was multi-faceted and broad based. It was not surprising, then, that participant ownership, pride, and confidence were evident in parent interviews:

> *When you come to make suggestions or add to an idea, you're treated as equals. Your opinions are respected. There's a coordination of ideas. Most of the time when we want something, it's suggested and then it's done.*

In projects that were particularly successful in integrating parents at decision-making levels, parents were more likely to report in focus groups that they had a clear understanding of their commitment to the project's mission statement and to the needs of the community they were involved in. They also claimed more confidence in their skills as "decision makers" and good knowledge of their roles and responsibilities as board members. In addition, they believed that *"there will be a day that just the volunteers and parents will run the place."*   They felt that they had a say through parents' meetings and program committees and that they were well-represented on the board of directors.

One parent spoke of the need to ensure parental ownership by seizing opportunities for project governance even in instances where such opportunities were not readily available:

> *The only way we're going to be heard is if we all have a meeting and inform them. We can express what our problems are and what our ideas are and then pick our representative to take it higher up.*

In six board/volunteer focus groups, responses indicated a sense of the project becoming like a community or family. They stated that a greater sense of warmth, solidarity, or belonging developed over time. Five boards said that people had become more confident in carrying out their

roles and responsibilities. Four noted that parents were more involved or had become more committed to their work since the project began.

Staff, like parents, were aware that an active, yet comfortable environment was growing at CAPC. The sense of belonging that this nurtured among staff, families, and volunteers was apparent in the following staff remarks:

> *I think operational on a day-to-day basis, the staff and families work together in a wonderful partnership.*

> *All the volunteers and stuff, I think we're... all here, we almost end up being almost a family....*

The participant-friendly structure that allowed volunteers and participants alike to be both comfortable at, and enthused about, their local CAPC project was referred to in all regional data collection levels. The implications and outcomes assigned to this emerging environment are outlined in the following section.

8.3 POSITIVE ATTITUDES DEVELOPED BY CAPC PARTICIPANTS

The ninety-one percent (91%) parent participation in CAPC resulted in important new friendships. For some, CAPC made an important difference simply by providing a safe and comfortable public place where they were able to meet other parents. It seemed that a project could provide a local

CENTRE:
Single Parent Centre, Halifax, NS
DESCRIPTION:
The Babies at the Single Parent Centre.

setting where social isolation of parents and children could be decreased and the knowledge base and confidence needed for positive parenting could be built. Through the project, parents made alliances and supported one another, especially in times of increased difficulty or need.

8.3.1 Decreasing Social Isolation and Creating Positive Attitudes to Everyday Life and Struggles

Some parents appreciated CAPC as a place to simply meet, have some fun, and get to know others in their neighbourhood. For others, coming to a CAPC project replaced less constructive pastimes and created a sense of well-being where negative feelings had previously existed.

> *I've lived in [COMMUNITY] for eight years, but I never knew a lot of people until I started coming here.*

> *... I get great pleasure from just "Hi ladies, where's the coffee", and you know, it's like a comradeship now between the women.*

> *Without these groups, I would still be behind locked doors and my daughter would still be sitting, watching TV instead of playing with kids. ... If it hadn't been for these sessions, if it hadn't been for the Resource Centre, a lot of them [women) would still be behind locked doors and closed curtains ...*

> *... you feel like you are alone. Like I was down and depressed that I thought there is no one else going through it. I'm the only one. And then you meet people in a place like this and it makes you feel, not normal, but that you are not the only one that has these problems. Other people are dealing with these problems, and if they can do it, so can I.*

> *I still come back because I need people around me. I need people to tell me that it is all right to be a single mother. That there is hope out there...*

Parents also commented on how the support they received at CAPC helped them feel better about themselves and their current socio-economic status.

> *... you often find that you are discouraged the way you are in society, and trying to get ahead financially or whatever. Even sometimes within your own family, you don't get a lot of support, and it is good just to be around people who will support you.*

> *... it's really great because there are other parents to talk to and you see you're in the same boat. Actually my husband is out of work again, and I'm in the same boat again... I'm that down I should be coming here more often... you just get so down. But I find even coming here today talking to you today. I feel ... it's great.*

8.3.2 Increased Knowledge and Practice of Positive Parenting

Parents who were concerned about their child's behaviour and/or development found that attendance at CAPC, where there was a broad community of others interested in rearing children, helped increase their knowledge of healthy child development and gave them a more positive attitude towards their parenting abilities and role:

> *I look forward to it because there is something there. They've taught me. It's just wonderful support. It makes me feel so whole. I'm not the only person with kid problems.*

> *I had a problem with [CHILD]... I was trying to get him toilet trained when he was 19 months old. He just wasn't ready. He was still too young... The moms were telling me "give it up for awhile and try again". I would have kept at it and kept at it.*

> *So it's a good thing when you come over here and you say oh good, she's not an alien. She's supposed to be going through that stage and what do you do about it, you know, and you get some feedback....*

8.3.3 Giving Back from a Position of Growing Strength

For many parents, personal gains at CAPC resulted in an increased ability and willingness to help others in similar situations or those facing particular difficulties. As one respondent at a board focus group commented,

> *...the attitude has changed from "I need" to "I've got what I need, maybe somebody else might need this." ...So people seem to be giving more. At first there was a lot of receiving, and now it seems there's a lot of giving back.*

Some parents report that they received much needed help and support from their peers at particularly trying periods in their lives:

> *I was really sick to the point where I could not stand on my own two feet. And from the centre they came over and did my housework, they gave me something to eat, and they sent a card to cheer me up. And they were really supportive. I didn't feel abandoned like no one cared.*

> *There was one woman in one of our sites who was pregnant, there was no Healthy Baby Club in that community. We referred to another community to the Healthy Baby Club and they were full; they couldn't take her. So the*

whole community rallied behind this woman, raised money... they give her food supplements every day, they've gotten maternity clothes for her, things for the baby... the community just decided to do this.

I decided to take my son's father to court for child support. I had never done that since he was born. I listened to people there and what they said about it... We went through the court thing and the blood tests and it was pretty stressful and that was something I probably would have never started because I always had this fear. I realized I am not the only one with the fear, for one, and I get a lot of support here for that.

Friendship and learning that began at the CAPC centre spilled over into other settings, and the positive effects of CAPC participation (for example, increased support and discussion of parenting issues) extended beyond the project into the broader community:

And nine times out of ten, like, two or three more of the parents would come from the Centre and come here. We're like one family, is what I sort of feel like. And they'll come here and they'll gather here and have tea and we'll still be talking about it. Sometimes, one night we talked until about two o'clock in the morning. You know, about the speakers and what happened and what went on. Everybody was so wound up and excited, you know, didn't want to go to sleep. So it was good.

I've acquired some new friendships, some really good friendships. And they've become really true friends. I know that they are because when I was going through a really hard time back in May, like, every one of them girls were really there for me, to help with the kids and to help me. And that's what I got from ...that's the biggest, most special thing that happened.

8.3.4   Decreasing Dependence on Health and Social Service Professionals

CAPC demonstrated that many problems could be dispelled or handled through mutual support, a shoulder to lean on in times of crisis, or having someone to turn to for information or a fresh perspective. Parents realized the power of depending on one another and of creating their own support system rather than seeking assistance from outside. A better understanding of both their own strength and the limitations of professionals contributed to this realization. Some parents specifically mentioned the support they received from coordinators and staff:

I can sit down and talk to [STAFF], no problem. She'll tell me what's going on in her life, and I'll tell what's going on in my life, like you're not the only one.

I had a day that came up last year... it could have been a potentially severe health problem and you know [STAFF] says, "Can I hug you?" And I said, like, "OK" -you burst into tears, it's like, oh this feels good...

They will take time to do it even if they are busy, and they are. You can't find that at home. It's nice to have a shoulder to cry on. I don't care who you are, everyone needs a shoulder to cry on. You could be the best mom in the world, and you still need a shoulder to cry on.

Staff pointed out that parents turning to one another for help was a healthful trend that also decreased dependence on health and social service providers. As one staff member noted,

When parents are getting to the point where they are quite desperate, they are calling another parent before they call a social worker. Or before a social worker is knocking on their door. So I think parents are finding different support systems within their own CAPC network for times when they really need some concrete help.
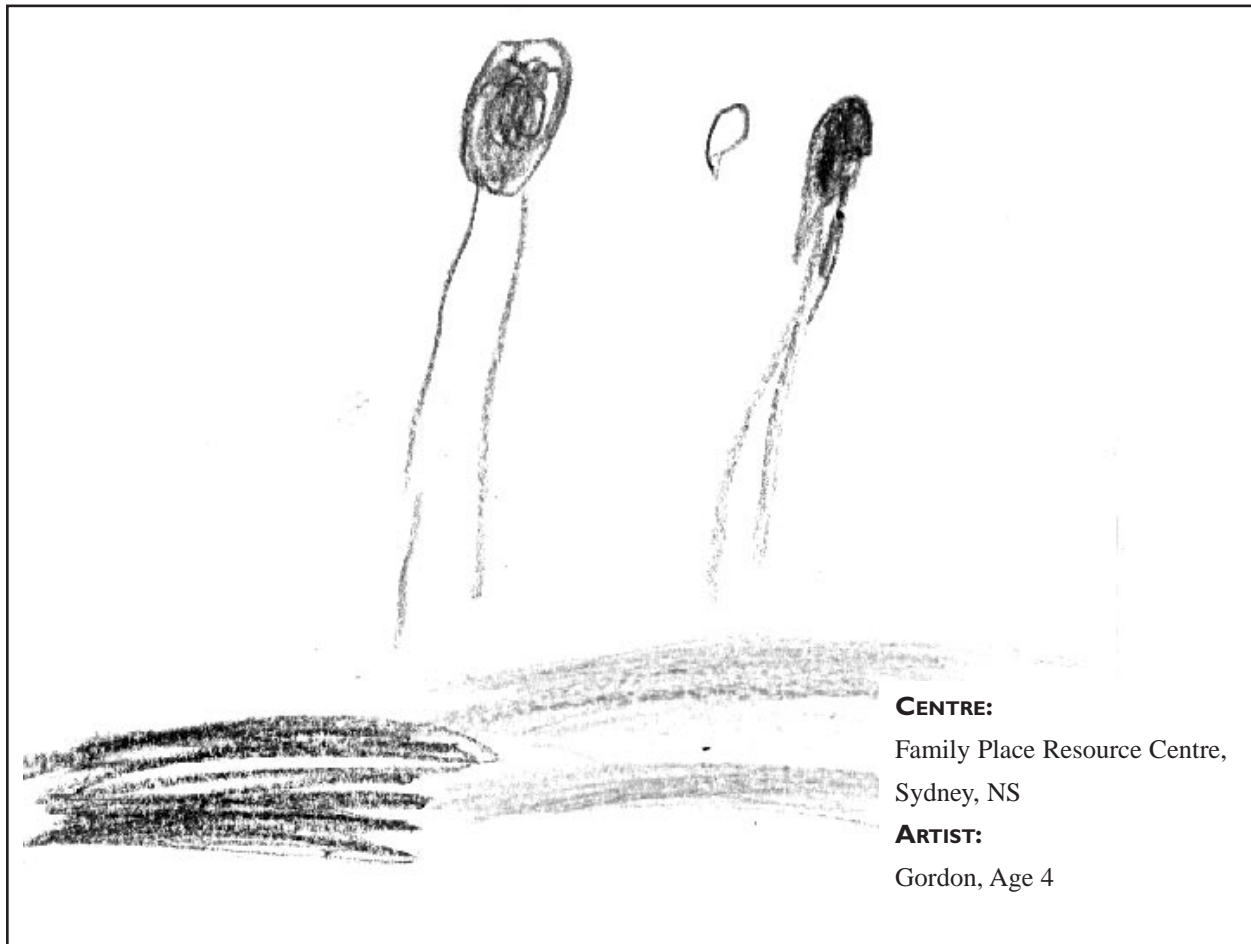
CENTRE:
Family Place Resource Centre, Sydney, NS
ARTIST:
Gordon, Age 4

At least one parent also noted this shift away from professional support:

[THE] most important thing was having an ear to listen and not necessarily a professional ear, like a doctor or social worker, but having somebody you can trust that you need to talk to just for any reason at all. That has fulfilled a lot of people's needs, including mine.

The satisfaction parents derived from helping each other also had profound value. It built the self-esteem, confidence, and/or morale of the helpers. Parents commented very positively on the pleasure they felt in giving support:

I am sort of her support hold. It is nothing for me to get five phone calls a day from her. She would say what would you do, and I say you need to make these decisions on your own, right? But I love it. I love being able to support other people, like, if someone has a problem, talk to me...

I've gotten a lot more and I'm able to help others too. That makes me feel good. It's sort of my way of paying back. Thank-you for helping me. Now let me help you....

As parents' positive attitudes grew so did their strength as a group, indicating the possible beginnings of a community willing and able to care for each other as needed.

8.4 Major Findings on the Impacts and Effects of Adopting a Community Development Approach to Programs and Services

- **Developing participant-driven approaches was not easy but was critical to the success of CAPC projects.**
  - Finding ways for people with different backgrounds and skills to work together collaboratively was challenging for projects. It is inevitable that some gains were hard earned as projects tried to accommodate differences and overcome difficulties.
  - Good working relationships among staff, volunteers, board members, and parents were achieved and were essential to project success.

- **The development of new boards, especially those composed of a mix of parents and professionals, required on-going board training to ensure effective relationships among board members and productive board/staff interactions.**
  - The development of new boards and the degree of parent involvement in boards were worthwhile but resulted in many challenges for all involved.
  - Training for all board members, both parents and professionals, is critical to project success.

- **It took time for parents to feel confident enough to get involved at the decision-making level, but this meaningful participation created a growing sense of ownership, pride, and confidence among parents.**
  - The broad integration of parents throughout CAPC, allowed parents to take part in the many functions required to develop and operate a project.
  - Participant involvement in decision making improved over time.
  - Increased parent confidence spilled over into the broader community as some parents became, or were asked to become, more active in their community.

- **The mutual support and learning that took place when parents had the opportunity to interact meant that it was an effective and user-friendly way for parents to learn about healthy child development and positive parenting practices.**

- **Parents' involvement in CAPC extended beyond the project into the community.**
  - As a parent community formed around CAPC, its positive effects extended beyond the project. As parents supported one another and became more confident in their abilities, their dependence on health and social service professionals decreased.

Me at KIDS west

Noelle

Smith

CENTRE: Kids West Inc., PEI

ARTIST: Noelle Smith

DESCRIPTION: Me at Kids West

9.0 COMMUNITY PARTNERSHIPS

This section looks at issues related to the establishment of community partnerships, including the effectiveness of efforts to establish partnerships and levels of satisfaction with the process. Data was derived from Atlantic CAPC Regional Evaluation interviews and focus groups and from the National Evaluation Form A, B, and C.

9.1 PARTNERSHIPS

Successful partnerships were established between CAPC projects and many types of community organizations ranging from the Lion's Club to the public library to the church on the corner. In a series of focus groups, representatives from these community agencies expressed their thoughts on how partnerships with CAPC projects were established and how they worked. Despite the diversity of backgrounds, a clear message came through – partnerships work and were crucial to successfully meeting community needs.

9.1.1 CAPC Partners

Partners of the CAPC projects came from a wide array of agencies or organizations. CAPC projects established partnerships with local schools, libraries, department stores, day care centres, public health units, mental health associations, Family and Social Services, community centres, other community coalitions, Aboriginal elders, churches, civic groups, RCMP and local police forces, employment centres, housing agencies, colleges and universities, early child development programs, programs for children with special needs, hospitals, youth centres, women's centres, breastfeeding support groups, nutritionists, agencies to prevent family violence, literacy groups, and many other types of groups or individuals in the community.

This diversity of CAPC project partners was also reflected in information from the National Evaluation Form C. This data described the different agencies or organizations that were involved in the delivery or management of the 485 CAPC programs in the Atlantic Region. Figure 7 depicts the percentage of different types of partners working with CAPC projects.

FIGURE 7: **Organizations Currently in Partnerships with Atlantic CAPC Projects**

Community Partners (%)

Community Partners	
	Govt. Agency or Dept. (54%)
	Individual Residents(51%)
	Community Agency (51%)
	Advocacy Group (18%)
	Religious Group ((22%)
	Service Club (19%)
	Prov./Terr. Org. or Ass. (15%)
	National Org. (13%)
	Other (37%)
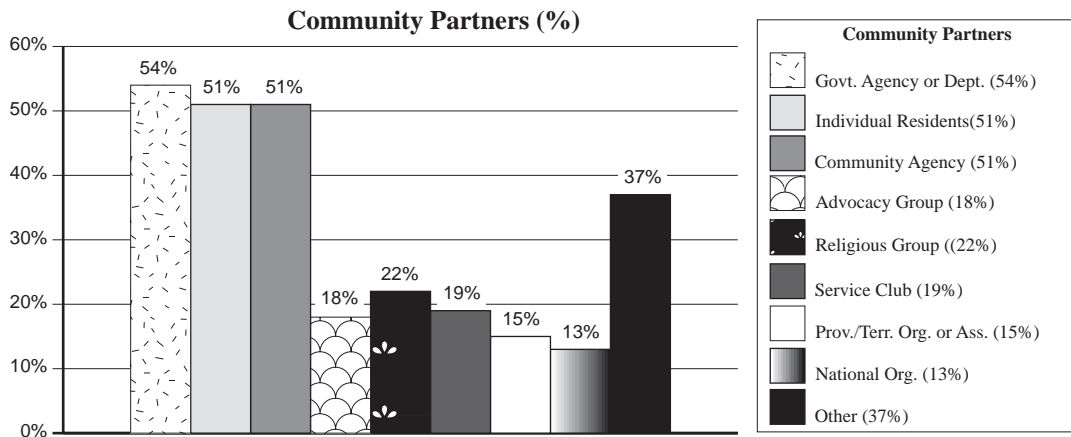
9.1.2 Nature of Partnerships

The nature of the partnerships was as diverse as the kind of partner involved. Representatives from community agencies stated in the focus groups that they partnered in a variety of ways, beginning, in some instances, as early as collaboration on the writing of the funding proposal. Partners provided space, encouragement, referrals, and leadership. This was an interactive relationship characterized by mutual help and support.

9.1.3 Establishment of Partnerships

In some cases, partnerships were established before funds were available. In some instances, these groups viewed CAPC as a means to get needed partnerships underway:

> *I think the bringing together of all the groups was never a major problem,*
> *but actually having the resources, financial resources and other resources,*
> *to finally be able to do something that would make an impact, those were*
> *missing.*

This view was supported by data from the National Form A in which projects reported the degree to which their ability to develop CAPC programs depended on the assets already existing in the community before CAPC was announced (see Figure 8). Fifty-six percent (56%) of projects reported that the development of the CAPC proposal depended on the strengths and assets already existing in the community before CAPC was announced.

FIGURE 8: **Dependence on Community Strengths and Assets to Develop CAPC Proposal**
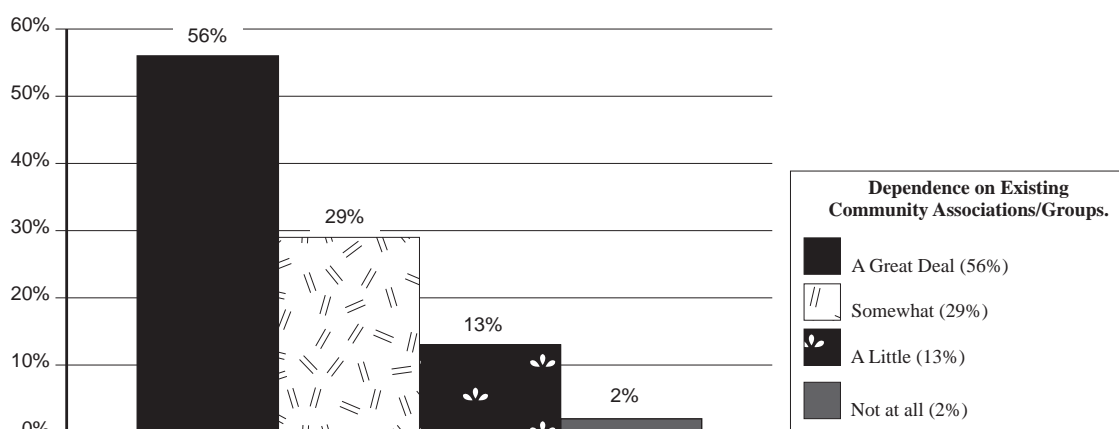
In other cases, building partnerships was more challenging because fewer community connections had been established. This finding was also supported by the national evaluation results, in which projects reported that partnership development sometimes represented barriers with regard to their proposal's development. Table 18, using the National Data for Atlantic Canada, describes some of the challenges reported by the projects regarding partnerships in developing the proposal.

TABLE 18: **Challenges Faced in Developing CAPC Proposal**

Challenges to Developing CAPC Proposal	Percentage (%)
Forming a partnership representing different points of view in the community	44%
Developing a consensus among project partners about community needs and priorities	34%
Identifying an individual, organization, or group to take primary responsability for the proposal	27%

Staff Views of Partnership Development

Staff echoed these concerns in the interviews and said that establishing vital links within the community was often a difficult process, particularly during initial stages of project development. Potential community partners were wary of associating with, and lending support to the projects because little was known about their role and purpose or about their potential effectiveness within the community. Staff had to build the trust of the community. Staff also found it difficult, during the start-up phase, to go out into the community and "sell" their programs when these programs had not yet been fully developed. Staff further suggested, however, that as the community began to see the positive results in participants and as centres and programs expanded, the number of community partners grew and projects earned the respect and support of the community.

Community Partners' View of Partnerships

Community partners spoke positively about relationships that had been established, mentioning that such partnerships were "excellent," and create "good rapport." They described a "very successful history of partnerships" and said that "collaboration is the key to our success." Community representatives also reported that the establishment of relationships "takes time" and was an "evolving process." They spoke about the need to understand each other, to develop sound working relationships and communication, and to "just get comfortable with each other." Some of these issues of partnership development were discussed in one focus group:

> *I think they're better at it [PARTNERSHIPS] now, but initially they weren't very good at it. Like, at that point, I was with Child and Family and always had the sense that they wanted referrals, they wanted us to send people here, but they really didn't want to be partnering with us initially. But I think we've come a long way.*

> *It's all about feeling a level of comfort, a level of trust, and that is not something that develops overnight. It probably develops better when there's a sense on both parties of the understanding that I mentioned earlier.*

For both staff and the community agencies, there was a recognition that good working relationships had to be based on open communication, trust, and a willingness to allow understanding of CAPC and its potential to develop. Overall, there was a strong commitment to the development of such relationships and a desire to nurture these connections.

9.1.4 Partnership Activities

Partners were involved in various and specific ways within CAPC. For example, civic groups were often mentioned for holding special children's events for CAPC projects or for donating food, toys, or supplies to the project. Partners had supervised high school students when they built a playhouse for the centre. Department stores were also mentioned for donating toys. Community agencies recognized the importance of these types of partnerships:

> *They did things that raised awareness and had the community buy ownership of the Centre...Some groups donated when they were having an Easter party out there and other groups offset the cost of photocopying, so I think even those kinds of activities.... they may not be organizations or institutions, such as Social Services or Public Health, but it's the businesses in the community and individuals who are also collaborating.*

Community partners also worked with projects by donating space or providing funds. According to the National Data for Atlantic Canada, during the interval April to September 1995, sixty-nine percent (69%) of the projects used donated space (no rent was paid). Projects used this space (averaging approximately 2,364 square feet) for about 16 days per month. The space was provided by a variety of community partners, as outlined in Figure 9.

FIGURE 9: **Community Partners Providing Space to CAPC Projects**
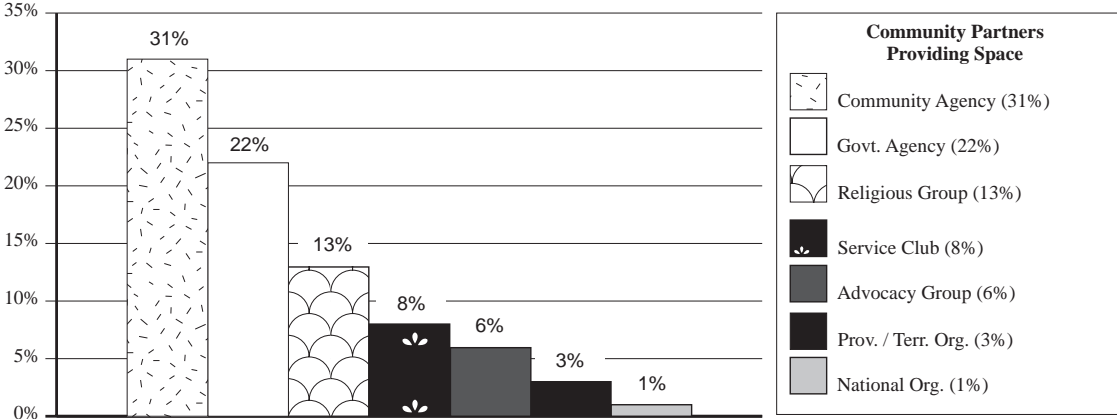
Community representatives recognized the value of such donations and suggested that these supports were often necessary to keep the project operating. Agencies further recognized that they frequently benefitted from these arrangements. A minister's wife spoke about how donating space to a project has affected the church:

> *The very coming into our place and space, the whole, the centre has helped dispense with some of the myth that surrounds our place and space too , you know... It's been a gift. It's as simple as that. As we... probably felt like we were in the position to be the helper and we are the ones to be helped, you know. That's, I mean, just spiritually enriched by the presence of people in the community, and I just see the centre as a catalyst for things like that. Not just as a place to be referred, but as a place that helps unite.*

According to the National data for Atlantic Canada from April to September 1995, sixty-six percent (66%) of the CAPC projects received government funding (excluding CAPC funding) from either federal, provincial, or municipal governments. Forty-seven percent (47%) of the projects received small amounts of money from other sources. The average total amount of money received (for six months) was $2,788. Donated services included transportation, living expenses, special equipment, rent, utilities, and insurance.

Partners participated by offering their services as "resource persons" – – ready and available when the staff needed to call upon them. Others served on the boards and/or acted in an advisory role. Still others developed and offered programs at the project facilities. Partners from government agencies spoke about offering information sessions that could reach a large number of people, including parents who likely might not contact an agency directly. Other partners used space at the centre to offer programs because the centre was a more "neutral space" than other settings. Partners also made use of the resources (books, tapes, and other materials) available at the centre in their own work and considered these resources an important aspect of the centre.

In approximately three-quarters of the focus groups, the importance of referrals was mentioned as a partnership activity. Community agencies and projects generally established an active two-way referral system that worked well and provided needed services or information for parents:

> *...if I'm looking for a parenting course or something like that, I'll contact and say, when is the next one coming up, I have people that could really benefit from it and ...if you have clients that you think could really benefit right away, they could attempt to get them in...*

> *For us in Public Health, I feel the centre has really helped us because we can't reach all the moms that we used to and now we are able to tell them "there's a place for you."*

Staff perspective on referrals

Staff reported an enhanced sense of community when referrals were made between CAPC and community agencies, as the following comments illustrate:

> *...wonderful partnerships in the community, community awareness that, you know, I'm not saying that we are out there and everybody knows about us, but I believe the people who refer to us, who have the confidence to do that...*

> *Another, I think, really significant event was when a mom came through the door and she had a doctor's prescription pad with Family Resource Centre written on it. And this was the prescription the doctor had given to her.*

9.2 COORDINATION AND AWARENESS

9.2.1 Coordination Between CAPC and Other Community Groups

As stated previously, many of the community partners had been involved with the CAPC project since its initiation. The vast majority of focus groups had at least one member who had been part of the original group applying for funds for the project. Thus, community partners had often had an active role in the development of the proposal and had been part of the planning of the centre. This development often involved long hours of meetings and work towards developing a vision of what the centre should be. As one group described this process,

> *When I first met [COORDINATOR], she had the Family Resource Centre in a cardboard box...I had just become the early childhood social worker, and I laughed with her because I said "Well, I'll go get a file." So she had a cardboard box and I had a file, and we were in this new program. She was saying "What does a family resource centre look like?".... Well, she went to all the different organizations and just said "What do you want in a centre?" She asked the parents a lot as well. "What are you looking for?"*

The finding that partners were involved in the project from the initiation was also evident in the results from the National Data (Form A) for the Atlantic Region. Figure 10 details the agency, organization, or group that took the primary initiative in developing the CAPC proposal. The strong involvement of the community in the Atlantic Region was evidenced by finding that fifty-one percent (51%) of the proposals were undertaken by either community agencies or coalitions of community groups. Also, fifteen percent (15%) were initiated by individual residents and ten percent (10%) were initiated by advocacy groups.

FIGURE 10: **Organization that Took the Primary Initiative in Developing CAPC Proposal**
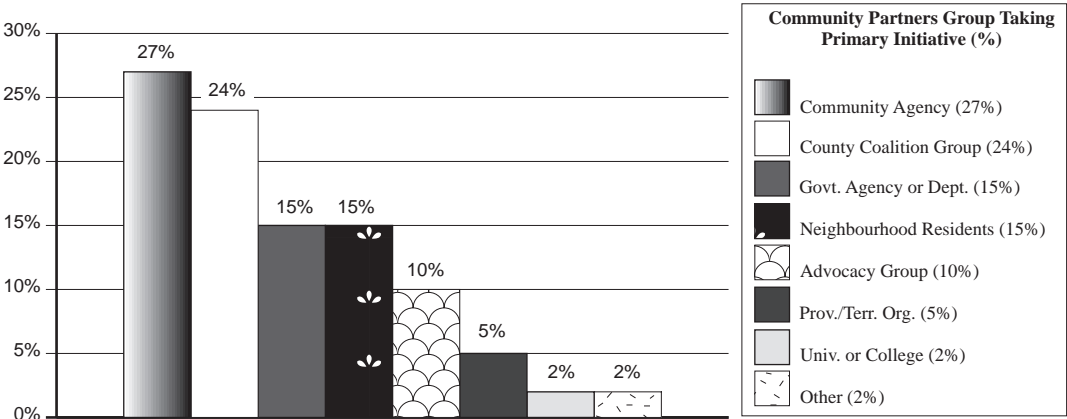
Further, as is evident from the National data for Atlantic Canada, community residents and partners had an active role in deciding the key features of the CAPC proposals. The primary decision makers during the development of the proposals in the Atlantic Region were individual residents (83%), community agencies and service providers (80%), government agencies or departments (73%), and advocacy groups (59%).

The involvement of community partners often continued beyond proposal development as they were expected to be further involved in program management and delivery of programs at the centres. Figure 11 shows the percentage of programs the groups contributed to during proposal development (National Form A) and commencement (National Form B) and during the interval April to September 1995 (National Form C).

FIGURE 11: **Partners during CAPC Proposal Development, Commencement, and On-going Phase**

Composition of Partnerships Over Time

A - Individual Residents	D - Advocacy Groups	G - Service Clubs
B - Community Agencies	E - Religious Groups	H - National Org.
C - Gov't Agencies or Dept.	F - Prov./Terr. Org. Or Assoc.	I - Others
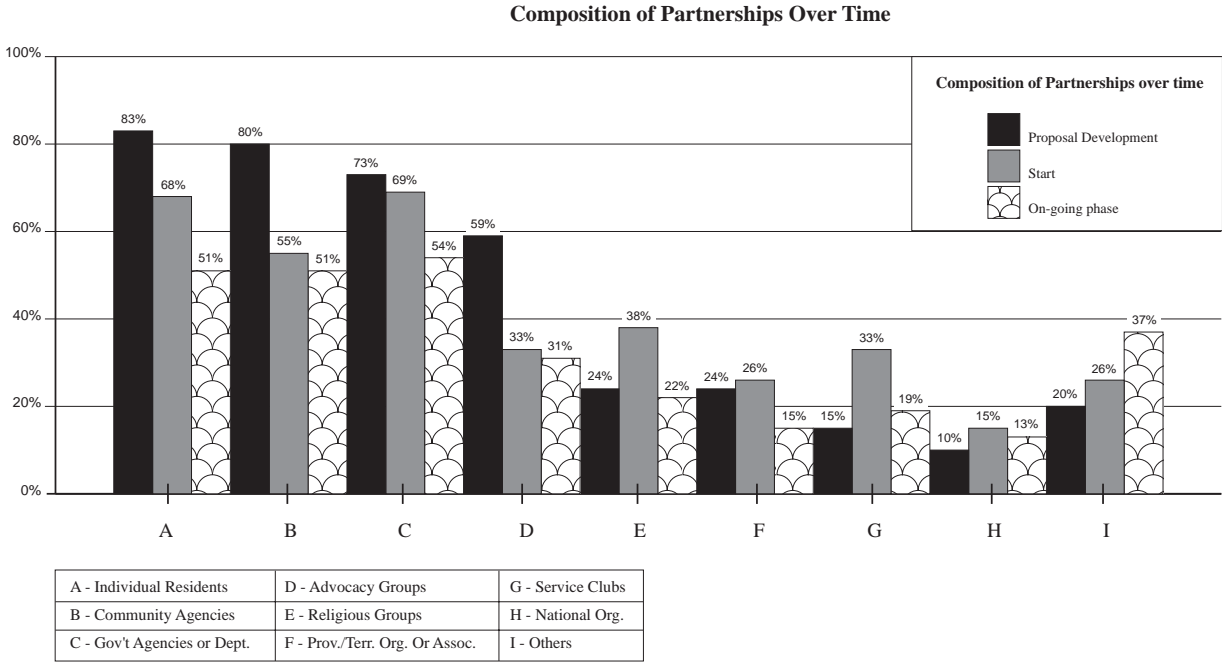
Results show that CAPC partners remained essentially the same from the time the project was conceptualized until September 1995. Partnerships with service clubs and religious groups increased during the start-up phase, while partnerships with community and government agencies and advocacy groups decreased over time. In community focus groups, some partners spoke about their continued involvement with the project and said that the projects needed their help less:

They [THE PROJECTS] will manage fine if we are not there. That's how much they have grown. But they did need us at first.

9.3 ROLE OF CAPC IN STRENGTHENING THE COMMUNITY

Programs were also expected to have some direct benefits for the communities and neighbourhoods they served. According to the National data from Form B for Atlantic Canada, the expected benefits to neighbourhoods and communities of the 485 programs listed were primarily higher levels of neighbourhood/community spirit (reported for 65% of the programs). Improved safety or security (31%) and more resources, such as parks and playgrounds (14%), also were mentioned (see Table 19).

TABLE 19: **Expected Benefits for Community**

	Percentage (%)
Higher levels of neighbourhood community spirit	**65%**
Improved safety or security	**31%**
More resources (i.e., parks, playgrounds)	**14%**
Other	**2%**

Within the focus groups, community representatives were asked how they thought CAPC projects had helped the community, and they spoke about many benefits to the community. Responses from community partners were often linked to specific activities accomplished through the projects and the impact such activities had had on the lives of individuals, families, and, ultimately, the community. In only one instance did a community member question the value of partnerships for the community.

Positive responses included benefits to families in terms of the opportunities for parental education and growth through the following: the activities offered at the centres and other resources; social networks and the opportunity to talk to others "in the same boat"; relief of parental stress by providing some time away from home and typical routine; and providing a place for children to play and acquire skills necessary for school. Other benefits included parents' increasing knowledge of the community and the many opportunities and resources that were present.

Community agency representatives took the long-term view of such benefits and suggested that *"when you help the parent or the child, you help all of them"* and that individual changes will ripple out *"like dropping a rock into water,"* ultimately producing positive changes in the community. Partners also expressed the belief that as a result of participating in the projects, parents would *"go into the community and become more involved."* These beliefs are illustrated in the following quotes:

> *But any education of the parent reflects back on the child, and I am sure these parents who are here are much more knowledgeable of what the community is all about and the people who are in it, the service organizations, and who they naturally ask when they want something.*
>
> *I think it's empowering women. It's empowering families. It's helping families to identify strategies, number one, what issues or concerns they have - to identify with other people, like to try to look at strategies around those issues and concerns. And when they're going back and talking this out within their own social circles, more and more people are coming in, and that's what we're really seeing in the centres that are working well. So it is going to improve parenting skills and is going to improve the skills of children and, with time, have a rippling effect within the school system.*

9.4 CAPC IMPACT ON SERVICE DELIVERY IN THE COMMUNITY

Programs offered by the centres were also expected to have benefits for the service delivery network. According to the National data for Atlantic Canada, these benefits included increased availability and accessibility of services (64%), higher levels of integration and/or coordination (58%), and improved quality of service (42%). Other benefits, cited for two percent of the programs, were increased information on, or awareness of, resources and services. (The service delivery network was not reported to have been directly affected for 15% of programs.)

Community partners also discussed the ways in which CAPC projects had an impact on service delivery in the community. Discussions centered around four areas: increased knowledge of services; filling a need in the community; the atmosphere of the projects; and the professional development of the partners as experienced through the project. These topic areas complemented the information found in the National data with the additional consideration of how involvement with CAPC produced benefits through influencing the service providers themselves.

9.4.1 Increased Knowledge of Services

Community partners suggested that the centre made other services more accessible because parents became aware of resources through information provided at the centre or by hearing a speaker from an agency. These contacts helped representatives of other organizations and agencies become more approachable for parents:

> *It makes it a lot easier to make that first contact, go over to the [AGENCY] if you ever need to call. It's not a foreign place any more.*

> *It just shows that, you know, that these people, who are supposed to be our helpers that are sort of on this plane up here, it brings them down to a level where the community [HAS ACCESS].*

JMC/PAC respondents noted that projects became more proficient at tapping into community services on behalf of their participants. They used the partnerships that they had developed and zeroed in on what other partners or community groups could do and made the necessary linkages:

> *What they are saying is, okay, the Family Resource Centre, we're doing enough programs. We've overextended ourselves in many cases; however, there is this organization, whether it's the Red Cross, the school, a service group, community health, that can do that and because of the partnerships that have been developed, they connect with one another, and there's a lot of that going on.*

9.4.2 The Filling of a Need

Community representatives stated that the projects filled a significant "need," "void," or "gap" in services. They noted CAPC projects provided services that would not be available otherwise, either because such services had never been available or because services to families had been eliminated due to cutbacks in government spending:

> *...met a need in the community that would never have been met without it. Besides it's unique in the way it is handled.*

> *And because of the changes with government cutbacks and all those kinds of things and the way Public Health and the Department of Health are changing, I feel like I don't do the job I was sent here to do any more... And working with CAPC, at least I know somebody else is doing the things that I feel like need to be done. Even though I'm not allowed to do it any more, somebody out there is doing it, and I can be comfortable with that.*

9.4.3 Atmosphere

Community partners suggested that because of the atmosphere at the centre, people were more likely to seek services there than at other agencies. Community partners spoke about the "user friendly" environments that the CAPC programs achieved. Consequently, projects contributed to service delivery by increasing access to services for people who might not seek help in other places:

> *To try to put on a "Nobody's Perfect" parenting group, I wouldn't have anyone show up because we've got Mental Health, Public Health, and Health and Community Services. There is enough paranoia around this kind of institutional service that the clients are not going to line up to come into it. But that very same program being run just two miles down the road at the Family Resource Centre. [COORDINATOR] has run one and has a waiting list for another. These are the same people that we are seeing at our centre, but if we were to offer the service, we wouldn't get any sign of these same clients. We have a lot of mutual clients, but when the service is offered here [AT THE PROJECT], the stigma is not attached, and they are lining up.*

> *They offer what the others don't and it's a trust. The people trust this place. It is not being run by people who have high fancy degrees or have no idea what it is like to suffer. They know, they have hands-on, they're aware of it. So, the group that's coming here, the people who are coming here, feel that...So that's comfort.*

In some cases, the stigma associated with some services limited the ability of some community partners to work with the project:

> *I need clearance here. I need to make sure that it [work with project) does not conflict with my job. There are people that I've worked with in the past and are sitting in the group and Oh, no, they know who I am and I say [TO HERSELF] "Get out of here now, this ain't gonna work!" My position here is getting a little tougher because I know more and more people and the more I know I'm not supposed to be here because I am a link with what scares people.*

9.4.4 Professional Development

JMC/PAC respondents mentioned that CAPC had demonstrated the ways in which partnerships among parents, staff, and service providers can work. Involvement with CAPC provided a learning experience with regard to what real partnerships were and how they worked. Service providers

were challenged to examine how they carried out their work and to look seriously at what they considered to be their "territory." The CAPC projects shifted thinking away from service provided solely by professionals and toward involvement by people who were able to deal with clients in a more comfortable way. For example, does a parent need a health professional to steer her toward a healthier diet?

> *CAPC challenged many systems and challenged many individuals. It certainly challenged the bureaucratic system. It certainly challenged federal/provincial relations. It's challenged professionals to think in a whole different way...And it's challenged communities and individuals in communities to see the power and potential that they have too...the parents.*

> *And we wouldn't have known what communities have the capacity to do; we wouldn't have known the kinds of partnerships that can be created. It's given us a lot. It's taken a lot out of us, but it's given us a lot. We're still here...more committed than ever.*

The community partners also noted a fourth way in which CAPC projects affected service delivery -- through the community providers themselves. CAPC partners commented that the projects served as a meeting place for professionals and helped to develop professional networks. Also, partners used project resources in their own work and, in some cases, the centres purchased books or other materials for community partners. Importantly, for some partners, partnerships with the project re-awoke beliefs in the capability and the basic good of people and parents, beliefs that had become dormant after many years of working in the system:

> *It helps me relearn, I guess, that in prior to becoming the early childhood social worker, I was in protection for six or seven years, and after you get into a situation like that or a field like that, eventually you begin to paint everyone with the same brush. There is no one good out there....I had to relearn it that people are basically good or inherently good and there are a lot of parents out there that, given the right opportunities, will develop further as parents...It has helped me relearn that regardless of our situation or condition in life, we want to do our best as parents.*

9.5 CAPC CONTRIBUTION TO COMMUNITY AWARENESS

Parents comment on the role that CAPC projects have in helping make them aware of what is available in the community. Of the 151 parents interviewed, 60 parents (39.7%) suggest that their

participation in the project has improved their knowledge of the community. Their responses are summarized below (Table 20). Parents who discussed their knowledge of community in focus groups also expressed the same types of responses.

TABLE 20: **What Parents Learned about the Community**

	Percentage (%)
General information about the community	**19%**
Information about specific programs or agencies	**20%**
View project as resource for accessing community	**5%**
Nothing learned	**17%**
Unknown	**44%**
n=151 (numbers may not add up due to rounding off)	

9.5.1 General Information

Parents spoke of learning about the community in general by reading the bulletins, brochures, calendars, and notices posted in the centres. They stated that they learned about the "different things and different groups that go on."   Parents who had recently moved into a new area were particularly appreciative of the information to be learned at the centres.   Other parents suggested that they might not have known about activities in the community if they had not come to the centre. They described the centre as a critical information source:

> *A lot of things that happen in the community happen here. You'll get the first call here, and while I've been coming here, I get to know more about it.*

9.5.2 Specific Agencies or Programs

Parents also mentioned specific agencies or programs that they had learned about as a result of participating in the project. Parents reported that they had signed up for different programs at Family Services; participated in community activities and agency visits; and learned about resources for single parents, prenatal programs, clinics, women's centres, the Mental Health Association, and Health and Community Services. One woman described the role of the centre in providing information about the community in this way:

Well, like for people who don't know anything about Social Services and stuff like that, they'll tell you all about that. They have these board signs and stuff, like for baby-sitters. If you need a baby-sitter or if you need an apartment. Clothes for kids or cribs or anything. They've got a lot of information.

Three parents said that as a result of activities at the centre, they knew more about how agencies function and understood the various roles of the individuals who work at them. Because of the project, parents spoke about having access to speakers and information that they would not otherwise have. In interviews (and parent focus groups), parents highlighted the value of meeting people from the agencies:

And met a lot of people in the human services...you know what I mean? You know, you've got a face to go to if you need whatever, right?

9.5.3 View of CAPC Project as a Resource

Parents viewed projects as an active resource working to resolve individual needs and help people make connections in the community by providing information and referrals and searching for the necessary information. In essence, these parents described the project as the key to opening up the community for them:

CENTRE: C.H.I.P., NS
ARTIST: Kelsey, Age 6
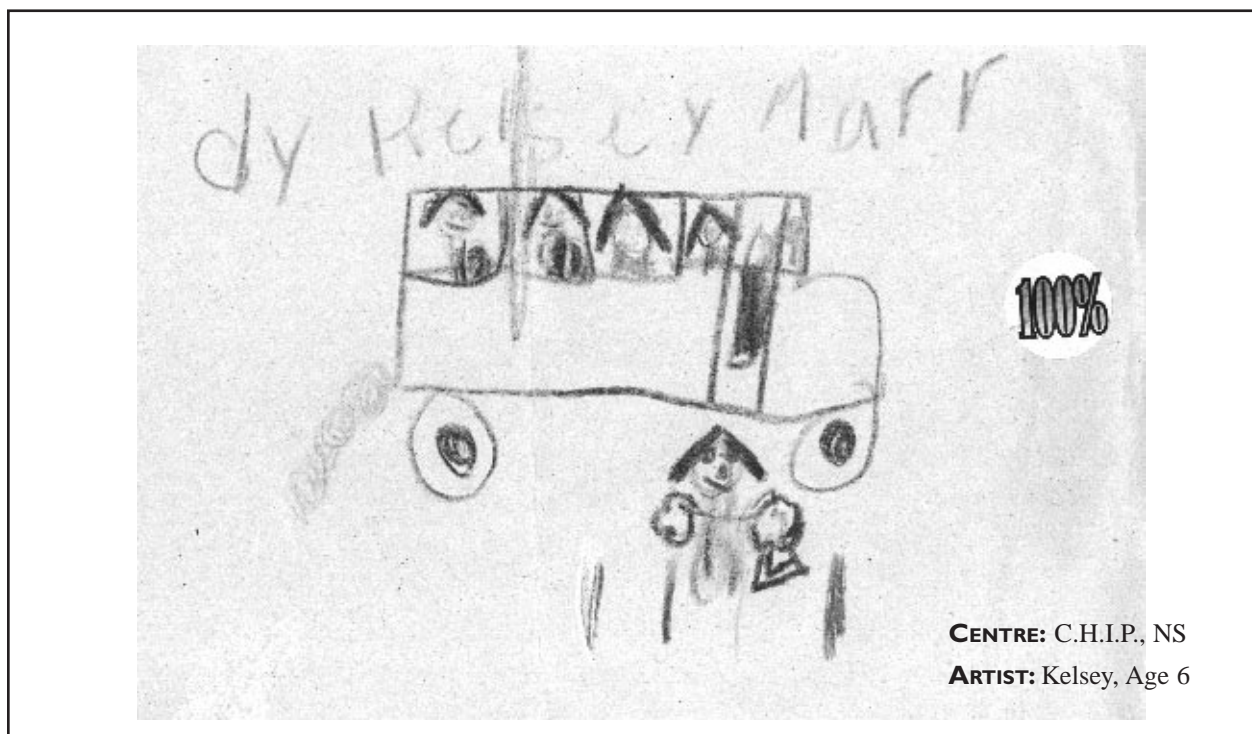
You didn't know the centre was here to offer anything to the community, and once you find out about it, you realize that the community is out there to help as a whole. The departments are there to do something for you.

My stuff was how to be a parent....Today I know that I don't need to call Social Services and talk to 10 different people and get a run-around to find out what I need to know. I can call the Centre and talk to the coordinator there and she can tell me exactly who I need to talk to or where I need to go, whereas I didn't have that before. So that's what it is supposed to be; it's supposed to be a resource centre.

Twenty-six (26) parents stated that they had not learned anything new about the community. Approximately half of these parents clarified their response by saying that they were already familiar with what was available in the community or had not participated often at the centre. Only one individual made a strong negative remark, saying that the staff knew little about the community and had little to offer parents in that regard.

9.6 MAJOR FINDINGS ON COMMUNITY PARTNERSHIPS

- **Partnerships worked and so are crucial to successfully meeting community needs.**
  - Successful partnerships were established between CAPC projects and many types of community organizations ranging from the Lion's Club to the public library to the church on the corner.
  - Many successful partnerships began in the initial stages of developing a CAPC project proposal and continued throughout the project.
  - Primary decision makers during the development of the proposals in the Atlantic Region included individual residents (83%), community agencies and service providers (80%), government agencies or departments (73%), and advocacy groups (59%).
  - Good communication and information sharing are the most effective strategies for building partnerships. Regular meetings between the project and agencies facilitate this.

- **Partnerships benefit the whole community.**
  - CAPC brought different sectors -- parents, professionals, health, social services and education sectors, community groups and services -- together, helping all groups to better understand each other.

- Partnerships have increased families level of awareness regarding services in their communities and increased their willingness to access help and appropriate services. As well, projects helped link parents with the appropriate services and gave community agencies the opportunity to review their policies and to improve their services to children and families.
- CAPC projects served as a meeting place for other professionals in the community and helped to develop professional networks.
- Partnerships gave CAPC participants the opportunity to break through their isolation, increase their confidence, and participate in their communities in meaningful ways.

- **Partnerships help ensure that CAPC projects don't duplicate existing services.**
- Community representatives stated that the projects have filled a significant "need," "void," or "gap" in services. The projects provided services that would not be available otherwise.

CENTRE: Mi'Kmaq Child Development Centre, Halifax, NS
ARTIST: Kurt Joseph, Age 5
DESCRIPTION: Singing A, B, C's, playing with blocks and playing with friends.

KEN
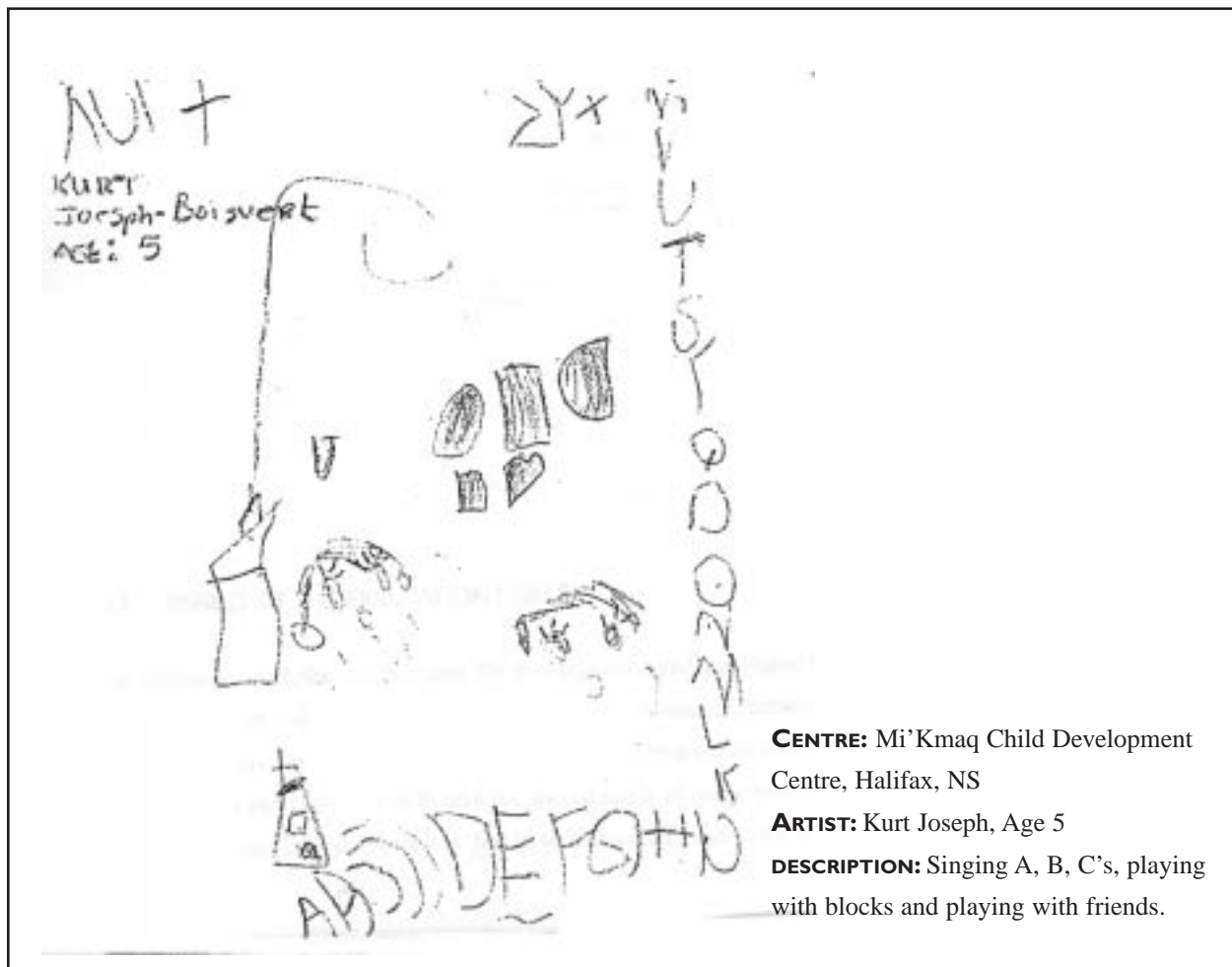
Centre: Sackville
Family day Care
Memory Lane
Family Place
Sackville, NS

Artist: Kendra Chisholm

10.0 IMPACT OF THE REGIONAL EVALUATION PROCESS – EVALUATION WITHIN THE EVALUATION

In an effort to track the impacts of participating in the evaluation process, an "evaluation within the evaluation" was developed that examined the impact of three components:

- the evaluation itself: evaluation activities specific to designing, collecting, analyzing, and interpreting information about the projects;
- the training given to project staff and participants as part of the evaluation; and
- the communication network and tools developed to support the evaluation.

FIGURE 12: **The Atlantic CAPC Regional Evaluation**

Impact[1] of the CAPC participatory evaluation on parents, projects, communities and governments.
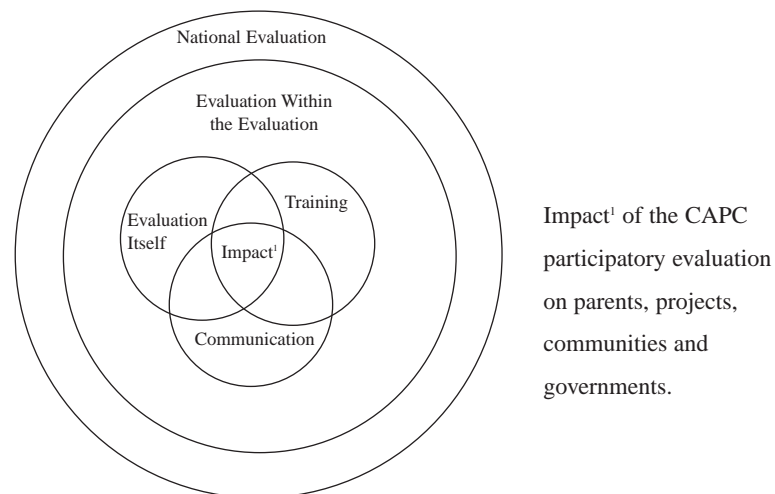
10.1 IMPACT OF THE EVALUATION ITSELF

The evaluation itself, the consultations, the data collection and analysis of the information collected from projects was difficult and time-consuming. An enormous amount of attention was required to ensure that every step of the evaluation process was inclusive, clear and accessible to all participants. All processes, including data collection and analysis, had to take into account the

special needs of participants and the demands of their lives. Decision-making processes had to be transparent and clearly communicated to keep the evaluation on track and handle problems quickly and effectively. The effort this took and its impact on those involved are evident in both the minutes of the various evaluation management teams and the data gathered from projects on the evaluation process and the burden it placed on staff and participants during an already hectic schedule. However, many who participated stated they had learned a lot about evaluation from being involved in the regional evaluation process:

> *I found the evaluation very time consuming. I enjoyed the participatory approach and enjoyed the focus group together speaking with evaluators, but it added stress when we didn't need it, and for me, it was a learning.*

> *Evaluation was something very new for me. Although we evaluate every day of our lives, this was completely different, and for me, it taught me that this is how we do things, this is where we learn that we can do things, this is where we learn that we can do things in different ways, and it brought me to the understanding of what we were all about.*

10.2 IMPACT OF THE TRAINING COMPONENT

An overall evaluation of the training component of the Regional Evaluation plan indicated that 65% of the projects felt that the training that was offered throughout the evaluation process resulted in an increase in knowledge and skill related to evaluation. Twenty-three percent (23%) indicated that the training did not increase their knowledge and skill. Seventy percent (70%) applied information from the training workshops directly to the work of their project.

Some of this difference in the assessment of the value of the training could be ascribed to the wide range of background, prior experience, and approach that the projects brought to the evaluation. Another factor was the ambitious scope of the Regional Evaluation. One participant described the training as "a massive undertaking." Another described it as "monumental," in the way it brought together large groups of people with differing needs and expectations related to the evaluation and other project responsibilities. The training also aimed to move each participant along a continuum while attempting to meet the expectation that more in-depth training would occur as the sessions progressed. However, gaps in learning made the divergences among the needs of participants and projects even more pronounced. This resulted in feedback that underscored the need for training to be more closely tailored to the different skill levels of participants.

For three out of four provincial training workshops, the evaluations indicated successful outcomes. The first of the four was rated as unsatisfactory in both content and organization. For the single regional training event, organizational problems again resulted in an unfavourable assessment:

> *Some of the information presented in Newfoundland was helpful but was overshadowed by the extreme level of disorganization and the lack of attention paid to detail and to the basic necessities of those present.*

There was considerable variation in the evaluations of individual workshops offered as part of the regional training event. Of the two key modules presented, one, a workshop designed to build quantitative evaluation skills, was highly rated -- eighty percent (80%) of participants rated it very good to excellent and only eight percent (8%) rated it fair to poor. The second key module, designed to build qualitative evaluation skills, was less well received -- fifty-one percent (51%) rated it very good to excellent and thirty-eight percent (38%) rated it fair to poor.

CENTRE: Carousel Family Resource Centre, PEI
ARTIST: Hope
DESCRIPTION: Making a string necklace at Carousel
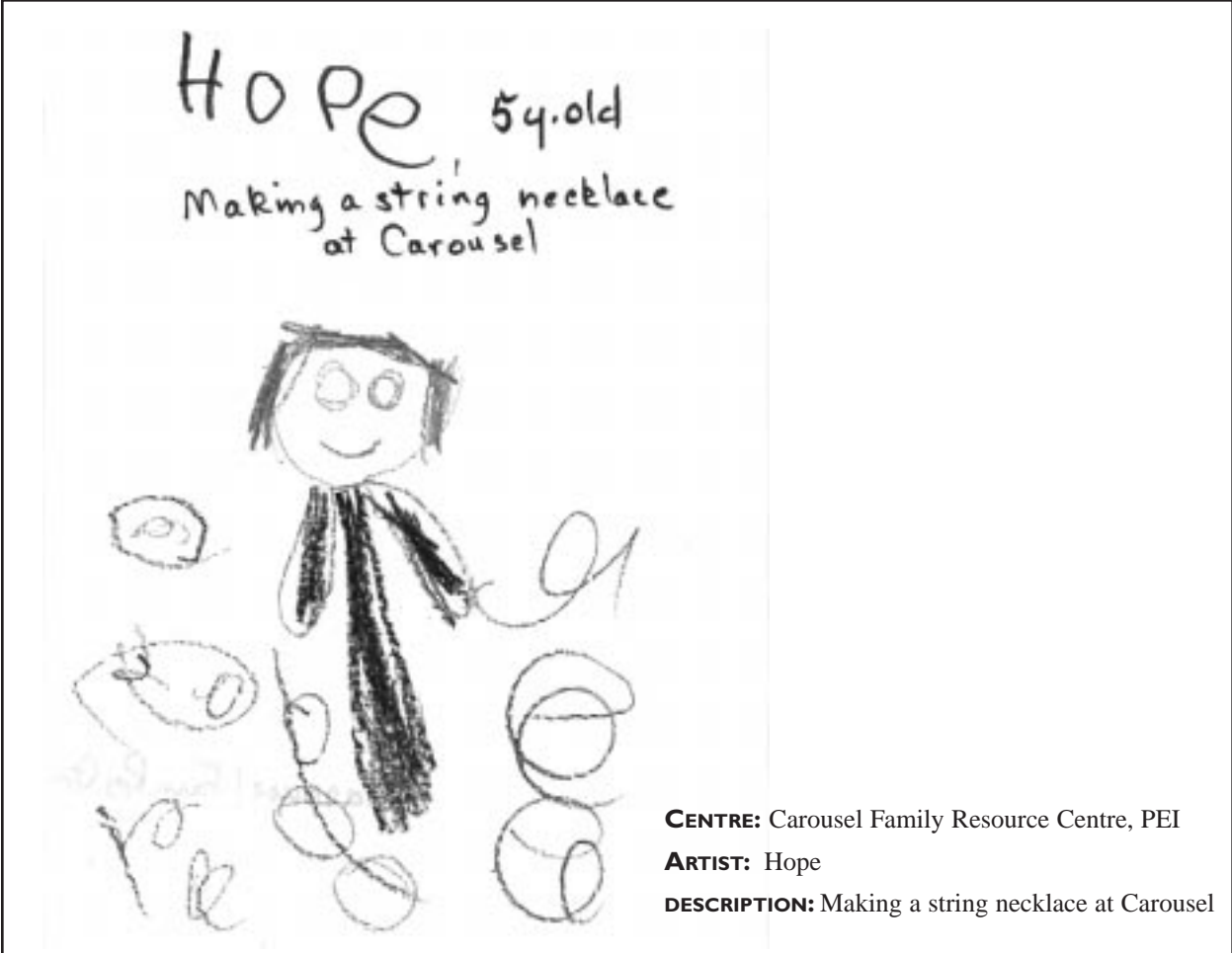
In addition to the two modules on evaluation skills, the regional training event also offered sessions based on the expressed training need of those attending. These workshops were directed at increasing skills in organizational development (e.g., resolving conflict, board development, public relations/communications) and program development (e.g., program-specific evaluation, recruitment, and theme assessment). Participation rates varied as a result of scheduling restrictions and participant preference. The majority of these workshops were rated very favourably by those attending.

Comments from the wrap-up sessions of the training workshops indicated that participants appreciated the opportunity for networking and collaboration made possible by being together. Seventy-seven percent (77%) of projects believe that collaboration among projects has increased as a result of participating in the evaluation, but more within provinces than across the region:

> *I can't say it [networking and collaboration] has increased regionally, but it has definitely done so for [provincial] groups. We talk to each other, worry about each other, care about helping others.*

Although many participants felt that the training did not adequately meet their needs, this did not change their overall commitment to the participatory process.

10.3 IMPACT OF THE COMMUNICATION COMPONENT

10.3.1 Newsletter

As part of the Regional Evaluation, an effort was made to create a practical, usable communication network through which CAPC projects could communicate with each other, share information, and offer mutual support. The network had three components: a newsletter, e-mail, and a 1-800 information line to the Regional Evaluation contractor.

The newsletter was the most popular communication medium. One hundred percent (100%) of respondents indicated that it had contributed to project awareness or knowledge of other CAPC projects. The newsletter helped build a stronger sense of community and strength among projects:

> *The newsletter shared important information and allowed our program to have a sense of being connected to other programs. [It gives] an opportunity to*

learn from each other, celebrate success, and a place to turn to if and when we need support.

10.3.2 E-Mail

Implementation of the e-mail component was slower than expected, but by the end of the evaluation, most of the 40 projects had operating e-mail accounts. Of those offering feedback on the electronic mail component, eighty-three percent (83%) indicated that they had e-mailed other CAPC projects. However, collaboration among projects through e-mail was low and uneven. Twenty-five percent (25%) of respondents indicated that they did not use e-mail at all to network, and another twenty percent (20%) said that they did not network electronically as much as they wished. However, as a result of the Regional Evaluation process, almost all CAPC Atlantic projects use electronic technology. Participants pointed out that its benefits may become more apparent as needs emerge and/or more training is available:

> *We haven't seen a lot of benefit from it [e-mail] yet. However, we see it as an effective tool for all of us and perhaps time is the limiting factor.*

> *...The e-mail was definitely an under-utilized tool...but that is all based on the lack of training.*

10.3.3 Toll-Free Line

Only twenty-six percent (26%) of respondents indicated that they had used the 1-800 line. A total of 127 calls were received in an eight-month period. For the most part, the calls requested information on evaluation documents and/or asked questions about to Regional Evaluation activities as they related to local projects.

Another impact of being involved in the communication component is described below:

> *I think it was very important to have the [Communications] Committee and what we did was good. I just feel that maybe some of the things that were envisioned for the Committee to accomplish were too big for four [volunteer] people, one in each province.*

10.4 IMPACT OF PARTICIPATING IN THE EVALUATION PROCESS

The key areas of impact for projects participating in the evaluation were the development or enhancement of skills and supportive relationships among those involved. Opportunities for interaction and informal sharing among projects and the strengthening of friendships and partnerships between projects were increased by the presence of training opportunities, the provision of mechanisms for communication throughout the Atlantic Region, and the sharing of the experience of being part of the Regional Evaluation.

Another key impact of the participatory design used for the Regional Evaluation (which attempted to integrate national, regional, and local evaluation activities) was the high level of demand it placed on the time of those involved, particularly project staff. The following comment was echoed by many participants:

> *The Regional Evaluation was squeezed into the already hectic national and local evaluations. I honestly don't feel that the Regional Evaluation was done justice because of this. I believe most people's attitudes were "not another evaluation." Having said that, I believe it was well done and worthwhile.*

Others made specific criticisms of the evaluation design and its implementation and their personal experiences:

> *I'm a firm believer in participatory evaluation, but what I do think, though, is that it's more meaningful at the local level because you can get more participants involved, and it was very difficult in the Regional Evaluation -- the sample size was quite small [when the regional numbers were translated into the number of local participants] when you think about it.*

It is also clear that for some participants, the process was very positive:

> *I really enjoyed the participatory approach. I must say that it promoted a lot of individual learning on the part of the projects as well as the parents. Because they were involved, they felt that -- I think it promoted ownership.*

10.5 MAJOR FINDINGS ON THE IMPACT OF THE REGIONAL EVALUATION PROCESS

- **Participants displayed a high degree of commitment to, and satisfaction with, the participatory approach.**

- The CAPC Atlantic Regional Evaluation was unique in the degree to which it tried to include a participatory action research approach. Areas for improvement have been noted, but despite difficulties, participants retained a high level of commitment to the approach and described high levels of satisfaction with their overall experience.

- **The training and communication components both had a positive impact on collaboration and mutual support among projects and provided the mechanisms to ensure those participating in the evaluation were informed and involved.**

  - The widespread electronic network among Atlantic CAPC projects holds the promise of additional cost-effective communication.

  - A varied approach to training resulted in the development and enhancement of evaluation skills and other skills applicable to project development.

  - The use of various communication tools resulted in a built-in mechanism to increase the connections and support of projects to each other and to the evaluation.

- **Excellent management skills and broad research expertise are required to carry out complex participatory action research.**

  - The Atlantic CAPC Regional Evaluation, which occurred in four provinces, was designed to gather two levels of data, used both qualitative and quantitative tools, and presented significant challenges to all involved.
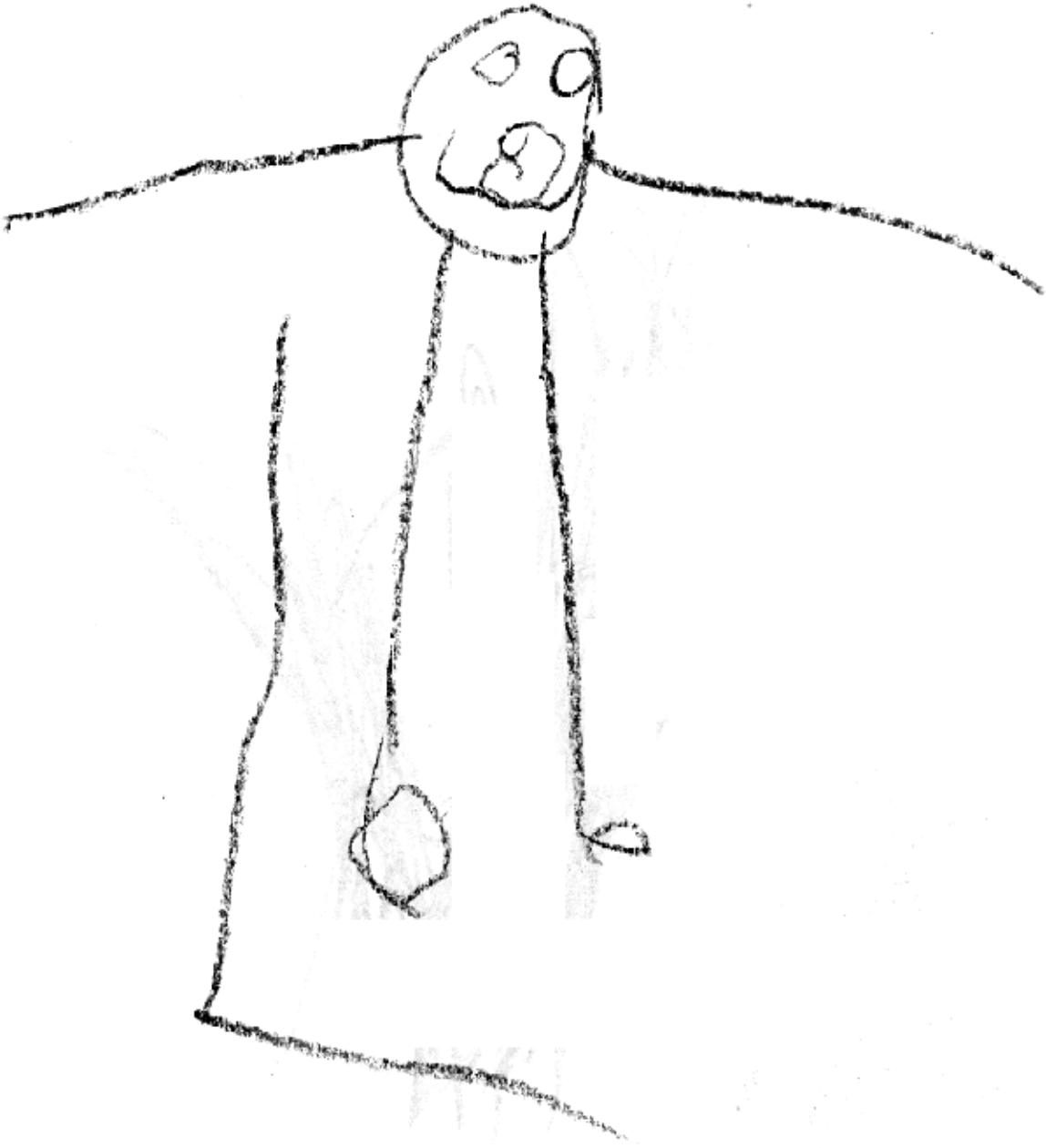
Colin

CENTRE: Greater Moncton Parent Resource Centre, NB

ARTIST: Colin

Description: "People are important".

PART IV
CONCLUSIONS

11.0 INTRODUCTION

The overall evaluation issue was whether CAPC improved the health and well-being of young children (0-6 years of age) considered to be "at risk". As noted in the *Synthesis of Selected Canadian Research on Children and Families*,

> **Children pass through critical periods along the developmental pathway. In these critical periods, there are specific windows of opportunity during which support and intervention can enhance their development. There is consensus in the documents that early childhood, from conception to the beginning of school at age five or six, is the most critical of these periods. (Human Resources Development Canada, 1997, p. 4)**

The results of this evaluation clearly demonstrated that CAPC projects provided parents, staff, and the community with the environment and resources that enabled them to take advantage of these windows of opportunity.

Specifically, CAPC contributed to the well-being of parents, children, and families by directly addressing at least four major determinants of health:

- personal health practices and social skills;
- social support networks;
- social environments; and
- healthy child development.

Personal Health Practices and Social Skills

Through its various programs, CAPC provides parents with access to an environment, opportunities, and resources that will enable them to enhance their knowledge, skills, and capacity to parent effectively. As noted in the *Report on the Health of Canadians,*

> **There is strong evidence that early childhood experiences influence coping skills, resistance to health problems, and overall health and well-being for the**

rest of one's life. For example, normal birthweight, effective parenting, good nutrition, and plentiful opportunities for stimulation in early childhood contribute to lifelong health. (Federal, Provincial and Territorial Advisory Committee on Population Health, 1996, p. 74)

Social Support Networks

One of the great strengths of CAPC is its capacity to help establish and/or strengthen social support networks available within communities. The importance of this capacity is stressed in *Children and Childhood in Canada:*

> *Access to social support networks as well as the number of intersections and quality of support has been linked to stress reduction, improved personal coping skills, and a greater sense of mastery over life events, as well as improved levels of satisfaction and well-being. (Working Group on the National Strategy on Healthy Child Development of the Federal, Provincial, Territorial Advisory Committee on Population Health, 1997, p. 8)*

Social Environments

CAPC affords parents, staff, board members, agencies and institutions the opportunity to work together as a community for the common good. As noted in *Children and Childhood in Canada,*

> *People participating in their own communities tend to experience greater degrees of psychological empowerment. Psychological empowerment can be described as the connection between a sense of personal competence, a desire for action, and a willingness to take action in the public domain. (Working Group on the National Strategy on Healthy Child Development of the Federal, Provincial, Territorial Advisory Committee on Population Health, 1997, p. 3)*

Healthy Child Development

This evaluation has demonstrated that CAPC projects enable parents, staff, and the community to respond more effectively to children's developmental needs. As such, the experience of CAPC was consistent with the conclusions reached in *Strategies for Population Health: Investing in the Health of Canadians:*

> *There is accumulating evidence that the effect of prenatal and early childhood experiences on subsequent health, well-being and competence is more powerful and long lasting than had been previously understood. (Federal, Provincial and Territorial Advisory Committee on Population Health, 1996, p. 23)*

Numerous studies have documented that these kinds of changes are the necessary preconditions for improved health and well-being (Steinhauer, 1996; Yoshikawa, 1995; Family and Child Health Unit, Health Canada, 1995; Landy and Tam, 1996; CPHA Working Group, 1997). While it is premature to measure the child health outcomes affected by CAPC, there is a consensus in the literature that investing in healthy early development is,

> *...more cost effective than correcting the potential long-term consequences of unhealthy development such as criminal activities and physical and mental health dollars. (One study has estimated that every dollar spent on early intervention can save seven dollars in expenditures on health and social spending). (Human Resources Development Canada, 1997, p. 11)*

11.1 IMPLEMENTATION AND PROCESS: CONCLUSIONS

11.1.1 Participation

The vast majority of parents indicated that their initial involvement and continued participation revolved around a desire to better address their children's needs. The primacy of their children's well-being as a major influence on parents' participation in parenting programs was consistent with the findings generated by other studies.

CENTRE: Grand Falls/ Grand Falls Botwood, NF
ARTIST: Brandon, Age 4
DESCRIPTION: I like to play with the toy lions.
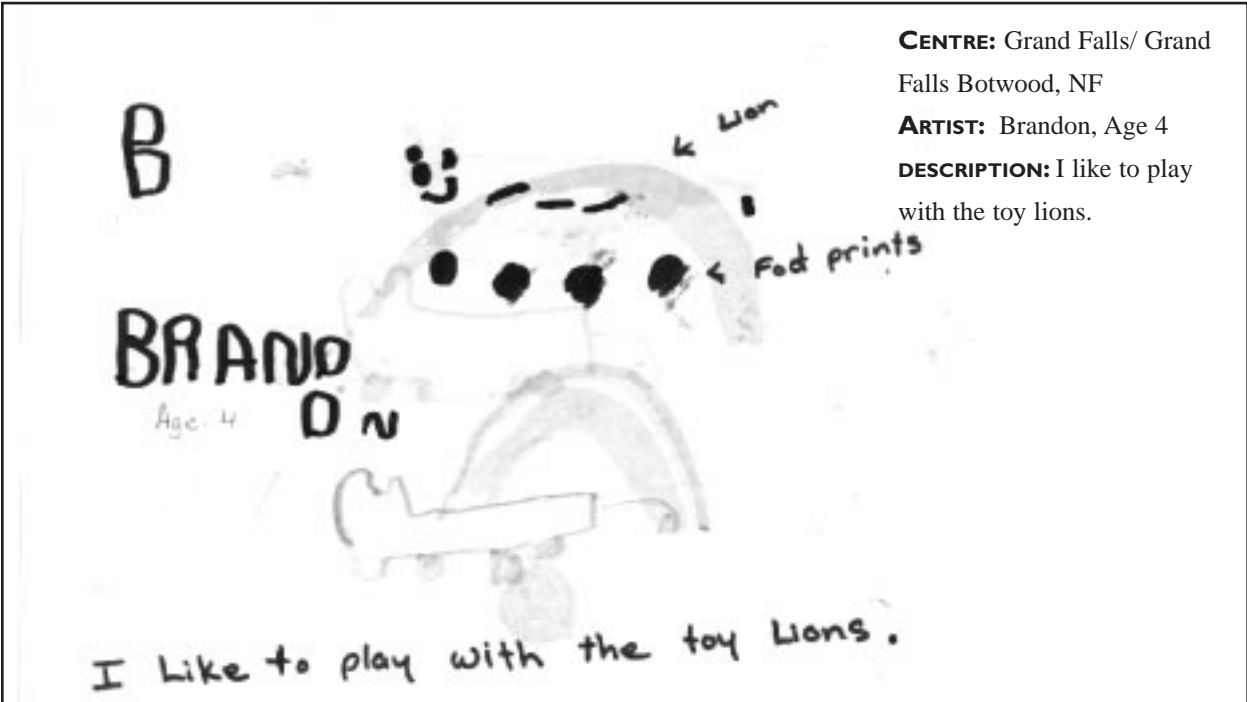
Lack of participation does not appear to be related to dissatisfaction with CAPC but rather to practical considerations, for example, conflict with work schedules or difficulties with transportation.

11.1.2 Flexibility of Projects and Programs

Staff and parents also noted that participants were not always prepared to articulate their needs as soon as they entered the program. It was through interaction with other parents and observing their children in group situations that parents gained a clearer understanding of their own personal situation(s) and how these might be addressed.

11.1.3 Parent Volunteers

Over half the parents who participated in the projects also volunteered their time. The main reasons for not volunteering related to constraints imposed by everyday life, particularly the lack of time and transportation. Other studies have shown that while active volunteerism is necessary for the well-being of projects and generally a positive experience for parents, it can also produce stresses, pressure, and burnout (Pancer and Cameron, 1994). Some evidence also suggested that parents are not always interested or comfortable in participating at the program management level, e.g., board membership.

11.1.4 Recruitment

Word-of-mouth, in particular through other parents, appeared to be a very effective form of recruitment. This evaluation also provided evidence for the use of multiple recruitment methods, including advertising and communication through human services agencies. In particular, thought should be given to recruitment practices specifically designed to reach socially isolated families. Other projects, most notably the Program for Early Parenting Support, have been relatively successful in actively recruiting hard-to-reach populations through health clinics, schools, housing projects, and existing family services (Youngren-Miller, 1992)

In general, the identified population of interest comprised the principal users of CAPC centres. In some centres, staff identified several other groups whom they feel would benefit from involvement with CAPC. Currently, they are working to involve these groups to both increase awareness and make programs more accessible.

11.1.5 Environment/Atmosphere in Projects

Parents and community partners all noted the importance of the positive environment created at CAPC centres. It is evident that the centres were able to overcome the stigma and parent distrust attached to more formal agencies. The positive environment had an obvious impact of centres' ability to involve and maintain parent participation.

11.1.6 Federal/Provincial Partnership

The JMC/PAC federal/provincial partnership used with CAPC worked well and was effective in managing the program.

11.2 INDIVIDUAL IMPACTS AND EFFECTS: CONCLUSIONS

11.2.1 Children

Parents readily identified the positive impacts of CAPC projects on their children. Most parents noticed positive developmental changes, particularly in the area of social skills. Parents' concern with social development tended to be within the context of learning readiness, and activities serving this end ranged from formal instruction to informal socialization skills building. Evidence suggests that providing preschool children with the opportunity for free play will enhance social skills, reduce avoidance behaviour, and decrease a child's anxiety (Steinhauer, 1996). Likewise, simple activities such as playing with blocks and beads and peekaboo can have long-term benefits for cognitive, motor, and language development (Begley, 1997).

Doherty (1997) notes that

> *The period from conception to age six is crucial in laying the foundation for school readiness at age six and later adult success in all aspects of life. "School readiness" refers to a child's ability to meet the task demands of school at the time of entry into the formal school system. (p. 1)*

> *The components of school readiness within the child go well beyond the traditional notion of age-appropriate cognitive functioning and specific language and number skills. We now recognize that physical well-being and appropriate motor development, good emotional health and a positive approach to new experiences, and age-appropriate social knowledge and competence are also very important.*

Initial evidence suggests that children who participate in CAPC projects do have enhanced "school readiness" skills.

11.2.2 Parents

On the whole, CAPC serves a keen and capable population. One of the CAPC strengths is that it creates an opportunity for parents to further explore and/or confirm their capabilities, apply them to emerging needs and interests, and become more active participants in their community.

A large majority of parents reported increased self-acceptance, enhanced parenting skills, and increased self-confidence as a result of their participation in CAPC projects. Staff attested to the commitment of parents to their children, their innate skills, and strengths. The significance of these findings cannot be understated as there is strong evidence to suggest that positive parenting can compensate for multiple risk factors in children's lives. As demonstrated in one study, "child outcome scores of children who were in at-risk families but enjoyed positive parenting were similar to or above those in non-risk situations without positive parenting" (Landy and Tam, 1996, p. 107). Likewise, studies have shown that adults' well-being is strongly linked with their coping skills and sense of identity, competence, and personal effectiveness (Human Resources Development Canada, 1997).

11.3 IMPACTS AND EFFECTS OF ADOPTING A COMMUNITY DEVELOPMENT APPROACH TO PROGRAMS AND SERVICES: CONCLUSIONS

11.3.1 Community-Based Approach

Almost all parents interviewed noted an increase in their social support networks. This, coupled with parents' identification of mutual support as a central theme emerging from their participation with CAPC, reinforced the centrality and importance of mutual support in achieving positive change.

There is some evidence that the positive experiences of parents extended well beyond their ability to parent more effectively. Other studies have shown that participation in mutual support-oriented collaborative projects has often led to employment opportunities for participants (Pancer and Cameron, 1994).

11.3.2 Parent Collaboration in Decision Making

Parents' involvement in decision making varied from the very structured and formal (board membership) to the less structured (parenting committees) to the unstructured (impromptu discussions).

Staff reported significant increases in parent involvement but would like to see more. The extent to which parents wish to be more actively involved or were able to become more actively involved was unclear, as were the factors and circumstances that contributed to the integration of parents in the decision-making process.

The majority of interviewees agreed that all staff, volunteers, board members, and parents involved in the projects have a good working relationship. However, it was generally agreed that both staff and board members need more training about their roles and responsibilities. All JMC/PAC identified problems with boards and board-staff relations as one area for improvement. It was felt that stronger initial support would have provided for a smoother implementation and perhaps prevented some of the difficulties experienced.

11.4 COMMUNITY PARTNERSHIPS: CONCLUSIONS

Community partners provided considerable evidence attesting to the value of CAPC and the benefits the program had for the whole community. It was also noted that partnerships made families more aware of the services in their communities and more willing to contact them. The importance of a community partnership approach to CAPC and, ultimately, to positive child development, is articulated in the *Synthesis of Selected Canadian Research on Children and Families*:

> *There is ... consensus on how we understand child development, that is in the environments in which children live, learn and play – their families, school, peer groups, and communities. Children benefit when they are valued and when strong, positive connections exist between these systems of influence in their lives. (Human Resources Development Canada, 1997, p. 4)*

11.4.1 Working Partnerships with Community Organizations

CAPC projects were effective in developing working partnerships with a large variety of organizations and agencies in the community and were believed to be an effective method of delivering services and the "key to success" for many projects.

CENTRE: Péninsule Acadienne, NB
ARTIST: Guillaume, Age 3 1/2
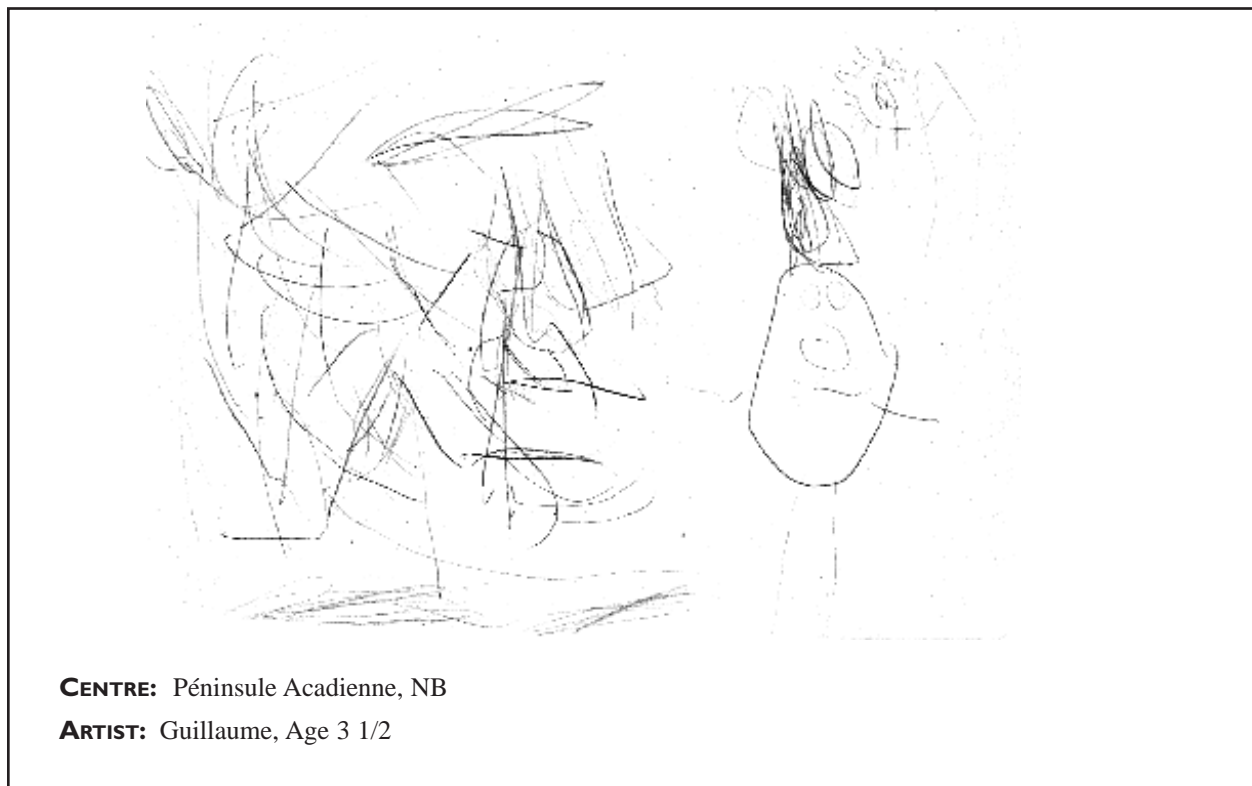
Projects recognized that developing and maintaining partnerships took time and concerted effort. Communication among partners was critical.

All types of partnerships were valued and viewed as helpful in meeting the needs of the community. It was acknowledged that the nature of partnerships varied widely and could take many forms, including one-time donations, money, space, time, lending items, special events, collaborative programming, and two-way referral systems.

11.4.2 Awareness of CAPC Role

Community partners had a positive view of CAPC and recognized the role of CAPC projects in the community. In many cases, partners had been involved since the inception of the program and continued to be involved in its development and delivery.

11.4.3 Coordination of Services

CAPC partners reported that partnerships work to increase coordination of services and eliminate duplication of services in the community.

Partners reported that CAPC filled a need or void in services within communities. In addition, service delivery was enhanced by the increased awareness of parents about services in the community and by referrals among agencies.

Partnerships also improved service delivery by affecting the community partners themselves. Some partners reported that involvement with CAPC projects had reawaken their belief in the goodness of people and had provided resources, opportunities to access new approaches, and a renewed professional network.

11.4.4 Parents' Awareness of Community Services

Parents reported that they are more aware and knowledgeable and use community resources as a result of involvement in CAPC.

Parents reported learning general information about the community and information about specific programs or agencies and viewed the projects as a bridge to needed resources available elsewhere. Guest speakers or agency visitations, staff, and other parents were key to successful learning experiences encountered through CAPC.

11.5 IMPACT OF THE REGIONAL EVALUATION PROCESS: CONCLUSIONS

11.5.1 Evaluation of the Evaluation Itself

The evaluation itself was difficult and time consuming and required the implementation of extensive processes to ensure the needs and realities of participants were respected within a participatory evaluation model. Overall, participants felt they had learned a lot from being part of the process.

11.5.2 Evaluation of the Training Component

Training was essential to the success of participatory evaluation. The building of networks increased exchange of information, validated the experience of the participants, and increased collaboration among projects.

However, to be effective, the training needs to be specific to the needs and experience of the participants, and adequate time must be devoted to development of the training concepts. It is important to provide support once training has been received, to give opportunities to put into practice what has been learned, and to offer adequate follow-up training.

The workshops provided opportunities to enrich the regional evaluation process, to begin to build a regional CAPC communications network, and to increase commitment among CAPC projects. Most participants gained knowledge and skills as a result of the workshops despite the fact that participants were at various learning stages with regard to conducting evaluations. Participants also reported an improvement in their attitude toward evaluation and in their understanding of the value of evaluation. Keeping the evaluation in people's own words was empowering to them.

The Provincial Workshops succeeded in establishing the expectations of the evaluation training and in inspiring participants to be actively involved in the participatory training. The success of these

workshops was reflected in the expectations of participants as they moved on from the Provincial Workshop to the Regional Workshop for in-depth evaluation training.

Overall, there was a positive response to the evaluation training modules at the Regional Workshop in spite of trying organizational problems that overshadowed the training aspects of the workshop. In fact, the negative comments, which came out of the Regional Workshop, emphasize the interest and commitment of participants in further participatory evaluation training. The divergent needs and expectations that surfaced at the Regional Workshop indicated a need for training that is tailored to the experience and needs of the participants.

11.5.3 Evaluation of the Communications Component

A communications network enhanced collaboration among projects, supported learning, and offered opportunities for exploration of new ideas and approaches.

While the traditional newsletter was most popular, many projects recognized that e-mail is still underutilized. Those who used this tool recognized its enormous potential and that additional training would permit others to use e-mail daily.

Efficiency in managing information will require basic use of electronic technology, which will ultimately facilitate exchange of information and reduce costs.

11.5.4 Evaluation of Participation in the Overall Evaluation Process

Information to date indicates that the evaluation process led to positive learning for the CAPC projects in Atlantic Canada.

The participatory evaluation and training approach used promoted individual and collective learning; facilitated the development of skills and knowledge; and reduced barriers and increased participation in the evaluation. The participatory evaluation model helped to develop a support system for individuals, projects, and communities.

The success of the evaluation was related to two components: (1) the strengthening and enhancing of CAPC projects themselves to address project development and organizational needs; and (2) building training and communication skills to better enable projects to take advantage of opportunities to participate in the evaluation.

The combination of participatory evaluation training at two levels (Provincial and Regional Workshops) combined with active follow-up and the establishment of a communications network supported CAPC project participants in achieving the goals of the Regional Evaluation. In addition, the involvement of parents and co-ordinators in analysis appears to have strengthened individual commitment and confidence in the evaluation process. However, the three levels of evaluation (local, regional, and national) were complex and time consuming. Understanding the process of the three levels and participating in all levels of the evaluation process challenged everyone involved.

Participatory Action Research (PAR) on this scale had never before been tried in Atlantic Canada. No one involved in the evaluation was prepared for the extent of the commitment and the amount of time required to plan and maintain a PAR model. This process has made clear that this commitment needs to be understood from the beginning and sufficient resources and support mechanisms provided.

Despite this, the PAR model successfully provided the research and program team with a context from which to build and strengthen the capacity of participants, communities, and governments to engage in a common goal.

Putting together a research team able to deal with the complexity of the research model was a challenge. Not all researchers have the experience or expertise to carry out such an evaluation. A different relationship was also required in contract management between the consultants and the clients. There needed to be an openness to adapting the work to reflect the needs at different levels.

CAPC projects are ideal for a participatory type of evaluation because the participants are working on projects that improve their own community and validate their own roles as individuals in the community.

Parker & Harley playing at the Mi'kmaq
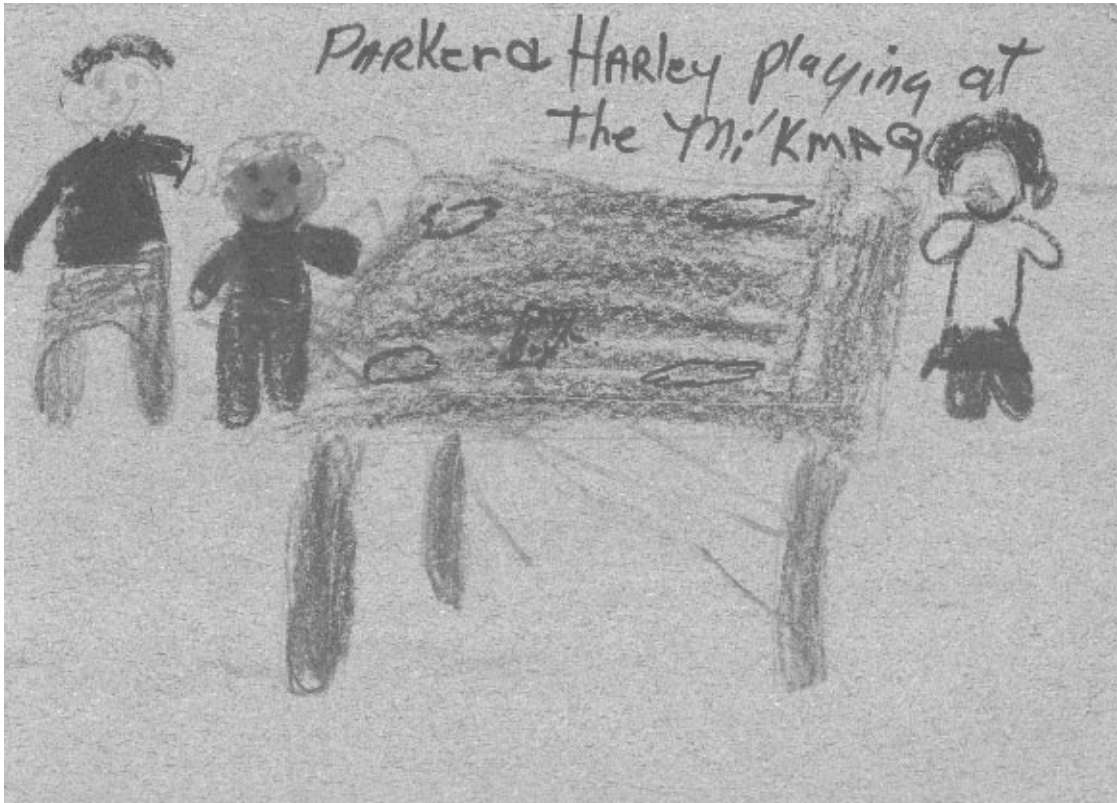
Centre:	Mi'Kmaq Family Resource Centre
	Charlottetown, PE
Artist:	Parker & Harley
Description:	Parker & Harley playing at the Mi'Kmaq

PART V
RECOMMENDATIONS

12.0 IMPLEMENTATION AND PROCESS

1. CAPC programming should be maintained and further developed as it is effectively meeting needs in the community.

2. Additional flexibility should be built into the design of the CAPC program model to allow staff to respond to the emerging and changing needs of families.

3. The Federal/Provincial JMC/PAC management structure worked well for CAPC and should be considered as a model for future federal/provincial program delivery.

4. The warm, positive atmosphere of the CAPC projects, which is inviting to families, should be maintained. This environment is critical to maintaining high levels of participation and volunteerism, the capacity to be mutually supportive, and the willingness to explore collective interests and action. The CAPC environment is an integral part of the empowering process and must be retained. Hiring of sensitive and qualified staff is a critical aspect of this atmosphere.

12.1 INDIVIDUAL IMPACTS AND EFFECTS

5. CAPC projects must actively highlight the role they can play in child development, particularly in the areas of school readiness, continuing to devote time and resources to child-specific programs.

6. Parents, staff, community partners, and others interested in the healthy development of children should be made aware of the structured and unstructured educational opportunities provided by CAPC and how these contribute to "school readiness" and children's well-being.

7. As they undertake further evaluation of their own projects and programs, projects should document the positive experiences of families beyond their direct participation in CAPC, examining changes in all areas of their lives, such as employment, school and community activities.

12.2 COMMUNITY DEVELOPMENT APPROACH TO PROGRAMS AND SERVICES

8. Current and future programming efforts must recognize that CAPC's strength lies in its capacity to build collective action and mutual support among families and the community. These features are key to the empowerment process as well as capacity building.

9. More training is needed by both staff and board members as to their roles and responsibilities. Issues related to boards and board-staff relations were raised at all levels. Added initial and on-going support and training for staff and boards would have provided a smoother implementation and perhaps prevented some difficulties.

10. Parents, staff, board members, and community partners should be made aware of the various ways and degrees to which people can participate or "volunteer" in project activities. All involved should recognize the value of their contributions to the projects at whatever level they are made and that these variations be included in the understanding of a "participant-driven" delivery model.

12.3 COMMUNITY PARTNERSHIPS

11. The development of partnerships should be supported to include community organizations not currently involved with CAPC.

12. The mutual efforts needed to develop partnerships should be recognized and steps taken to smooth this process by clearly delineating roles, expectations, and common goals among partners.

13. Projects and partners should recognize that the role of the partners may evolve over time. Thus, partnerships should be re-assessed periodically so that the relationships continue to benefit families that participate in CAPC, the community at large, and partner agencies.

14. Diversity of partnerships should be encouraged as well as a recognition that all partners contribute in an important way.

15. Strategies to enhance referral systems should be developed to reach additional partners (doctors and health clinics were mentioned specially). CAPC strives to enhance informal communication among all agencies (working partnerships), which, in turn, enhances referral capacity.

16. Additional collaborative efforts between agencies and CAPC should be undertaken to increase community awareness of local resources for families. While endeavours to increase this awareness have been successful, such efforts need to reach more parents, and programming in this area should be expanded. In particular, visits from agency/department personnel are an effective strategy for providing information and also "putting a face" to the agency or service.

17. Benefits to service providers are an important outcome of partnerships, and more attention to such outcomes should be highlighted when considering the contribution of CAPC to communities.

12.4 REGIONAL EVALUATION PROCESS

18. The participatory approach to evaluation developed in this contract should be considered as an appropriate model for other community-based programs.

19. Ongoing training to build participatory evaluation skills should be offered to the CAPC projects to support ongoing site-level evaluations. Such training needs to be specific to the needs and experience of the participants, and adequate time must be devoted to the development of training modules/activities.

20. Consideration should be given to focusing on the results of on-site project evaluations as a basis for information used to assess the impact of CAPC at a provincial and/or regional level.

21. Training and support in the use of electronic technology should be provided to increase cost-effective communications among projects. As needed, training in the basic use of computers and of e-mail should be introduced early in project development, and a website to increase communication among projects should be developed.

22. The newsletter should be continued and distributed electronically.

12.5 GENERAL

23. The results of the Atlantic CAPC Regional Evaluation should be distributed to as wide an audience as possible, such as health professionals and other community groups.

The Atlantic CAPC Regional Evaluation has produced information well beyond a documentation of individual behavioural change and program effectiveness. The participatory action research model allowed for the capture of insights and knowledge that are of considerable value not only to those directly involved with CAPC but also for anyone interested in enhancing the well-being of families and the communities in which they live. The uniqueness of the research also makes a significant contribution to our understanding of evaluation and the role it plays in empowerment-oriented health promotion activities.

Jasmine Hinks
Age 4

Jasmine loves to play with the
water babies and loves to draw
pictures.

CENTRE:	Community Action Committee
	Bay St. George, NF
ARTIST:	Jasmine, Age 4
Description:	Jasmine loves to play with the waterbabies
	and loves to draw pictures

PART VI
REFLECTIONS OF A PRINCIPAL INVESTIGATOR ON PARTICIPATORY ACTION RESEARCH (PAR)

The Atlantic CAPC Regional Evaluation was unique in its commitment to include participatory action research (PAR) in its evaluation strategy. The PAR approach required substantial expenditures of time and energy on the part of everyone involved in the process -- parents, staff, board members, researchers, and the various evaluation management teams. However, the data and insights generated by the process were far richer than those that would have resulted from more conventional approaches, and, despite the workload, most of those involved in the evaluation were very positive about the experience.

13.0 BENEFITS OF A PARTICIPATORY APPROACH TO EVALUATION

Traditional evaluations focus only on what has been learned by program participants and, sometimes, by staff. The PAR approach brought program managers and evaluators into the learning circle by requiring that parents and staff determine the direction of the analysis. As a result, the initial issues and assumptions proposed by the researchers were modified, and sometimes eliminated, to ensure that this evaluation investigated themes and questions consistent with the projects' reality.

The PAR also highlighted the dynamic and fluid nature of empowerment-oriented social interventions like CAPC. The Atlantic CAPC Regional Evaluation has shown how misleading it can be to take a static, snapshot approach to measuring responses such as the degree to which a program has satisfied participants' needs. For example, a standard evaluation question might simply ask whether parents' expectations and needs had been met by the program. The CAPC evaluation, however, revealed that parents' needs tend to emerge as a result of interacting with other parents and developing a sense of collective interest. It showed that needs change not only in response to changing family circumstances, but also because parents have been able to bring new understanding to their mutual experiences.

13.1 POTENTIAL IMPROVEMENTS TO THE PARTICIPATORY APPROACH

As noted earlier, the evaluation allowed for and, in fact, encouraged the emergence of themes and issues not originally envisioned in the evaluation design. While this enhanced the richness and validity of the data, it also resulted in the emergence of new issues and questions. For example, evidence emerged suggesting that the ideal of a participant-driven delivery model as currently formulated may, in some ways, be at odds with the realities of participants' lives. Ideally, these new questions should have been incorporated into the research design and explored more fully. The current study could not accommodate this second stage data collection and analysis but is recommended for future evaluations.

In principle, PAR assumes equality among all members of the research team, not only in terms of the knowledge each brings to the project, but also in terms of where the evaluation looks for indicators of project effectiveness. Like conventional evaluations, the Atlantic CAPC Regional Evaluation focused almost exclusively on the parents and children in seeking indicators of program effectiveness. The criteria by which the success of projects was judged was limited to evidence that positive changes had occurred in the behaviour and attitudes of program participants. Staff, board members, community partners, and evaluation managers were encouraged to share their views on the effectiveness of CAPC for parents and children. They were not asked how involvement with CAPC had changed their own attitudes, behaviour, and practices. Likewise, parents were not asked to reflect on the possible learnings of others or on how the practices of others affected their attitudes and behaviours. A truly participatory and empowering approach to intervention and evaluation would include the recognition that social change is a product of both individual change and changes to social institutions and agencies or, more specifically, of changes to the practices of those of us who represent those institutions and agencies.

Moi, pendant le temps
du bricolage à la halte-garderie

Amy Lynn (5 ans)

Centre: Centre de ressources pour parents
Restigouche, NB

Artist: Amy Lynn, Age 5

Description: Moi, pendant le temps du bricolage à la halte-garderie.
(Me during craft time at the Drop-In)

FUTURE RESEARCH

14.0   IMPLEMENTATION AND PROCESS

- There is a need to explore more carefully the ideal of a participant-driven delivery model and the realities within which participants live their lives.

- Additional research should also be conducted to determine how parents' comfort level with board participation can be increased.

- This evaluation did not do a comparison between "open door" centres and those who serve a particular population of interest. Such an exercise may be useful in future evaluations to either support or refute the need for targeted recruitment.

- The positive environment had an obvious impact on centres' ability to attract and maintain parental involvement. It would be useful to explore more fully how such environments are actually created. For example, what makes CAPC centres different from other services available?

- It would be useful to study more carefully the barriers to participation experienced by groups of parents with special needs who could benefit from participation in CAPC projects.

- A comparison of results using the National Longitudinal Survey of Children and Youth and the CAPC National Evaluation Form E interviews, as well as comparison of Form C (progress reports) through the various cycles, should be done to further validate the findings of this evaluation.

14.1   INDIVIDUAL IMPACTS AND EFFECTS

- There is some evidence that the positive experiences of parents extend well beyond their ability to parent more effectively. For future support of the program, it would be useful to document the long-term impacts on parents to determine changes in other aspects of life, such as work, school, and community involvement.

- It would be useful to focus more specifically on the effectiveness of CAPC within the context of the different determinants of health.

- It will be important to document more precisely, perhaps through a longitudinal study, the impact of CAPC on school readiness and future school success.

- Future studies should use the concept of "non-participant" as a basis for comparison with participants. The concept of "former participant" did not work very well given that parents move in and out of CAPC programs as circumstances and life stages permit. Dissatisfaction with CAPC did not appear to be a reason for lack of participation and, hence, a more useful focus of study would be the non-participant.

14.2   COMMUNITY DEVELOPMENT APPROACH TO PROGRAMS AND SERVICES

- The effect of CAPC on community development is worthy of additional consideration and research. In particular, it would be useful to establish indicators for demonstrated effectiveness at the broader community level.

- It would be useful to explore more fully the dynamics of mutual support and its role in the production of individual and collective change.

- In future evaluations, it would be useful to explore more fully the factors/circumstances that contribute to the integration of parents in the decision-making process. Likewise, it would be beneficial to explore more fully the practicalities of user-directed projects – their potential, what does and does not work and useful strategies for effecting the transition.

14.3   REGIONAL EVALUATION PROCESS

- Consideration should be given to replicating this evaluation model in other provinces / regions in Canada. This would further validate the findings of this evaluation and further the knowledge base on participatory evaluations.

- A lot was learned about the PAR process during the design, implementation, and evaluation of the CAPC evaluation. Further work in this area by building on what was learned, especially methodologically, would benefit the PAR and community development fields.

Celsey Age 3

She Likes to draw, play with Playdough and t draw.

happy face

Play dough

sun is out
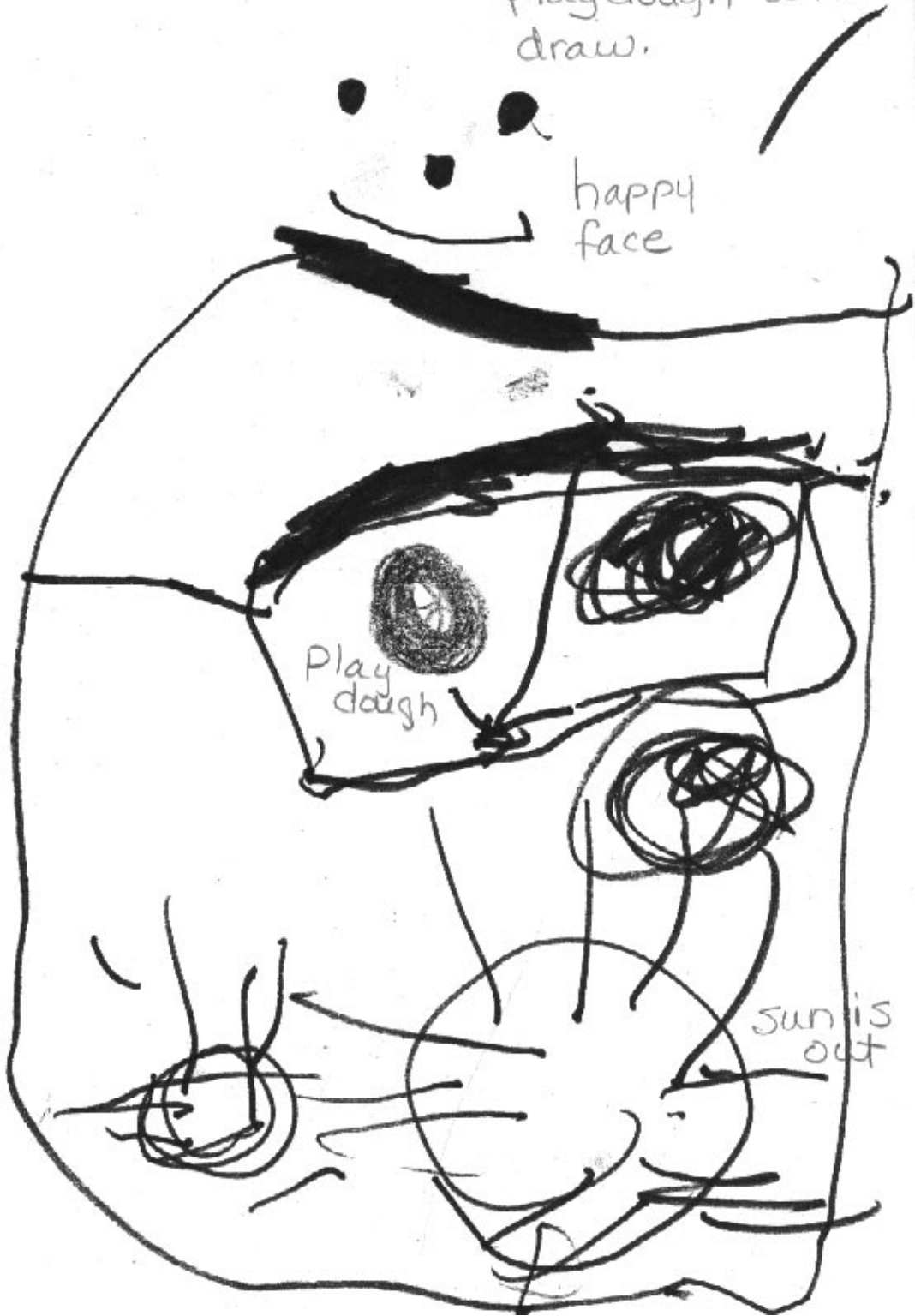
CENTRE: Family Support Centre

Bridgewater, NS

ARTIST: Celsey, Age 3

Description: She likes to draw and play with play dough.

BIBLIOGRAPHY

Begley, S., How to Build a Baby's Brain. <u>Newsweek Special Issue</u>, Spring/Summer 1997, p. 28-31.

CPHA Working Group, <u>Health Impacts of Social and Economic Conditions: Implications for Public Policy</u>. Canadian Public Health Association, 1997.

Doherty, G., <u>Zero to Six: the Basis for School Readiness (R-97-8E),</u> Applied Research Branch, Strategic Policy, Human Resources Development Canada, May 1997.

Family and Child Health Unit, Health Canada, <u>Turning Points:National Goals for Healthy Child and Youth Development</u>. Health Canada, 1995.

Federal, Provincial and Territorial Advisory Committee on Population Health, <u>Report on the Health of Canadians</u>. Prepared for the meeting of the Ministers of Health, September, 1996.

Federal, Provincial and Territorial Advisory Committee on Population Health, <u>Strategies for Population Health: Investing in the Health of Canadians.</u> Ottawa: Publications, Health Canada, 1994.

Human Resources Development Canada, <u>Synthesis of Selected Canadian Research on Children and Families,</u> Human Resources Development Canada, August 1997.

Kretzman and McKnight. <u>Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets.</u> Chicago: ACTA Publications, 1993.

Landy, S. and Kwok Kwan, Tam, Yes, Parenting Does Make a Difference to the Development of Children in Canada, in <u>Growing Up in Canada: National Longitudinal Study of Children and Youth</u>, Statistics Canada, 1996.

Pancer, M.S. And Cameron, G., Resident Participation in the Better Beginnings, Better Futures Prevention Project: Part 1 - Impacts of Involvement. <u>Canadian Journal of Community Mental Health,</u> 13:2, Fall 1994.

Rossi, P.H. And Freeman, H.E., <u>Evaluation: A Systematic Approach</u> (4th edition). Newbury Park, CA: Sage Publications, 1989.

Steinhauer, P. D., <u>Methods for Developing Resiliency in Children from Disadvantaged Populations.</u> Prepared for the National Forum on Health, March 31, 1996 (Draft paper: Not for citation of quotation)

Swanson, J.M., Analysing Data for Categories and Description. In W. C. Henitz & J.M. Swanson (Eds.) <u>From Practice to Grounded Theory</u> (pp. 121-132). Menlo Park, CA: Addison-Wesley Publishing, 1986.

Working Group on the National Strategy on Healthy Child Development of the Federal, Provincial, Territorial Advisory Committee on Population Health, <u>Children and Childhood in Canada</u>. Unpublished draft support document, 1997.

Yoshikawa, H., Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency, <u>The Future of Children</u>, Winter 1995.

Youngren-Miller, J., <u>A Study of the Effects of PEPS: Summary of Findings.</u> <u>The Program for Early Parenting Support</u>, August 1992.

GLOSSARY

Analysis: The process of bringing order to the data, organizing what is there into patterns, categories, or basic descriptive units.

Bias: A distortion of research results by neglected or undeclared factors.

Data: The facts or information about a particular situation, issue, or problem.

Demographic data: Statistics illustrating conditions of people's lives in a community, i.e., gender, income,education.

Evaluation: A way of measuring if a program is doing what it says it will do.

Focus Groups: A discussion with a group of people regarding a particular topic. A focus group can generate more ideas and opinions than one-on-one interviews as the participants build on each others ideas. In many cases, focus groups are used to clarify and validate findings from one-on-one interviews.

Interview Guide: A list or series of open-ended questions for interviewers to ask of participants in each interview or focus group.

Methodology: An operational framework, design, or plan with specified rules and controls that govern the research process.

National Evaluation: The following forms were used to collect data for the National Evaluation:

Form A: Collects information on the development of the CAPC proposal. The form was completed at the time the project was approved.

Form B: Collects information on the implementation of the CAPC proposal. The form is to be completed every time new programs are introduced to the project.

Form C: Collects information on the ongoing operation of the CAPC projects in general, as well as the programs offered within CAPC projects.

Form D: Collects basic demographic characteristics of CAPC participants. Forms were completed for all new participants in CAPC projects between January 1 and March 31, 1996.

Form E: Collects information on the impact of the CAPC program on participants. The selected participants are interviewed three times: at entrance to the program and followed by 9-month and 24-month follow-up interviews.

Participant: The persons directly receiving the program or services of the project. They include parents (mothers and fathers), grandparents, elders, and caregivers.

Participatory Action

Research: A community-directed process of collecting and analyzing information on an issue or situation for the purpose of taking action and making change.

Qualitative approach: An approach that examines the qualities of a program using a number of methods. This approach uses non-numerical information – words, thoughts, and phrases from program participants, staff, and others in the community – to try and understand the meaning of a program and its outcome.

Quantitative approach: An approach that tries to determine cause and effect relationships in a program. A quantitative approach will use measurements, numbers, and statistics to compare program results.

Research: The systematic collection and analysis of information on a particular topic.

Sampling: The choosing of some individuals to represent the whole population, community, or group of people.

APPENDICES

APPENDIX I
National CAPC Goals and Guiding Principles

NATIONAL CAPC GOALS AND GUIDING PRINCIPLES

The objective of the Community Action Program for Children (CAPC) is to enable communities to develop comprehensive integrated programs to promote the health and social development of at-risk children (0-6 years) and their families through the preconception, prenatal, infant, and early childhood periods.

Nationally, CAPC addresses the following broad goals:
- promoting the growth of healthy babies;
- reducing the number of low birthweight babies born across Canada;
- increasing and improving the community resources available for parents of young children;
- encouraging organizations and governments that provide services for very young children to work together and share resources;
- giving families and communities the tools to assist and support at-risk children and their families; and
- helping communities take part in planning and delivering services to young children considered to be at risk.

CAPC is also governed by the following National Guiding Principles:
- The health and well-being of children at risk will be the primary consideration.
- Parents have primary responsibility for their children's care, but all sectors of Canadian society are responsible for supporting these children.
- Programs will provide the impetus for partnerships and will make a significant contribution, but they cannot fully address the needs of children at risk.
- The community is the focus for decision making and action.
- Partnerships are crucial for effective, coordinated, and comprehensive programs.
- Children have equal rights and the right to equal opportunity regardless of their socioeconomic status.
- Programs will be sensitive to cultural and linguistic diversities.
- Funding will be flexible and directed at gaps in existing services.
- Programs will have a strong evaluation component to provide for the development of knowledge and expertise in community-based promotion.

APPENDIX II
Involvement in the Regional Evaluation

APPENDIX II - Involvement in the Regional Evaluation

	Involvement in the Regional Evaluation				
	ACES Management Committee	ACES Committee	40 CAPC Projects	Project Evaluation Team	Regional Evaluation Team
Preliminary Planning and Establishment of Evaluation Focus	-Actively participated in determining the evaluation focus and indicators of success and recommended methods of data collection through joint meetings with the Regional Evaluation Team. - Provided feedback/recommendations.	- Participated in determining evaluation focus and indicators of success and recommended methods of data collection through joint meeting with Regional Evaluation Team. - Provided feedback/recommendations. - Gave approval of initial plans, documents.	- Participated in determining evaluation focus and indicators of success and recommended methods of data collection.	No involvement (NI) Team not established yet.	- Conducted Project Consultation sessions. - Introduced evaluation. - Became familiar with projects. - Identified roles. - Collected and consolidated project input into preliminary document.
Communication[1]	- Participated in meetings, conference calls with Regional Evaluation Team to monitor the progress of the Regional Evaluation on behalf of ACES. - Reviewed and approved communication products.	- Participated in meetings, conference calls with Regional Evaluation Team to review and approve the overall direction of the Regional Evaluation process.	- Identified one representative per province to serve on the Regional Communication Committee. - Submitted articles, announcements, and other information for the newsletter.	- NI	- Established 1-800 line. - Prepared manuals for e-mail training. - Developed format for initial newsletter. - Distributed newsletter at regular intervals. - Established Communication Committee.

---

[1] Other aspects of Communication were integrated throughout the remaining phases.

Involvement in Regional Evaluation... continued

	ACES Management Committee	ACES Committee	40 CAPC Projects	Project Evaluation Team	Regional Evaluation Team
Training[2]	- Reviewed training modules, materials, and products and provided feedback/ recommendations. - Member representatives attended training workshops. - Select participation in training workshops. - Provided feedback on training workshops.	- Provided feedback and approval on the process. - Member representatives attended training workshops. - Provided feedback on training workshops.	- Identified training topics and requirements. - Identified four (4) project representatives per project to attend provincial training workshop. - Identified two (2) project representatives to attend the regional training workshop. - Evaluated learning experience at training workshops.	- NI	- Consulted with 40 CAPC projects to determine training topics and requirements. - Developed training modules based on consultations. - Conducted a training workshop in each province. - Conducted a regional training workshop. - Provided an overview of the evaluation process at all three levels. - Provided project-level support throughout the evaluation.
Evaluation Design and Questions	- Active involvement through conference calls, meetings. - Reviewed preliminary products and provided feedback/ recommendations.	- Reviewed preliminary products and provided feedback/recommendations. - Gave final approval of evaluation design and questions.	- Involvement through Regional Evaluation Team consultation process. - Selected representatives to participate on the Project Evaluation Team.	- Direct input into overall evaluation design, questions, and data collection methods.	- Checked in regularly with the projects. - Provided project-level support. - Encouraged networking and use of communications. - Gathered input and incorporated feedback. - Developed and finalized design. - Tested and finalized questions. - Prepared Interview / Focus Group Guide.

---

2 Other aspects of Training were integrated throughout the remaining phases.

Involvement in Regional Evaluation... continued

	ACES Management Committee	ACES Committee	40 CAPC Projects	Project Evaluation Team	Regional Evaluation Team
Data Collection	- Provided feedback / recommendations on the process.	- Provided feedback / recommendations on the process.	- Project coordinators identified potential participants for interviews / focus groups by generating a list of names according to established criteria. - Provided any necessary project documentation. - Submitted information for the newsletter.		- Conducted interviews/ focus groups. - Gathered second round of Form E for National Evaluation. - Collected information on e-mail use. - Developed fact sheets on data collection process and updates in newsletter. - Checked in regularly with projects.
Data Analysis and Confirmation	- Provided feedback and recommendations on the overall process. - Reviewed analysis summary and provided feedback and recommendations.	- Provided feedback, recommendations, and approval of process. - Reviewed analysis summary and provided feedback, recommendations, and approval.	- Reviewed analysis summary and provided feedback and recommendations. - Submitted information for the newsletter.	- Reviewed analysis summary and provided feedback and recommendations. - Actively participated in first round of provincial-level analysis of project data.	- Developed and distributed Analysis Guide to Project Evaluation Team and ACES Management Team. - Oversaw overall analysis process. - Coordinated and consolidated first round of analysis. - Analysed and consolidated data from different sources. - Encouraged networking and use of communications through conference call. - Produced summary of results. - Facilitated conference calls and feedback process.

Involvement in Regional Evaluation... continued

	ACES Management Committee	ACES Committee	40 CAPC Projects	Project Evaluation Team	Regional Evaluation Team
Generation of Conclusions and Initial Recommendations	- Reviewed Conclusions and Initial Recommendations. - Shared experiences of the evaluation process.	- Reviewed Conclusions and Initial Recommendations. - Shared experiences of the evaluation process.	- Reviewed Conclusions and Initial Recommendations. - Shared experiences of the evaluation process. - Submitted any additional comments via fax, e-mail, or phone.	- Reviewed Conclusions and Initial Recommendations. - Participated in Focus group session. - Shared experiences of evaluation process.	- Facilitated provincial focus group sessions and feedback process. - Consolidated all input, recommendations, advice, and experiences. - Requested additional comments, observations, recommendations. - Encouraged networking and use of communication to submit comments. - Distributed newsletter with update on the evaluation process.
Report Writing	- Provided feedback.	- Provided feedback, recommendations, and final approval of Report.	NI	NI	- Incorporated feedback from all levels. - Wrote Report.

APPENDIX III
Evaluation Framework

APPENDIX III - Evaluation Framework - Implementation and Process

Evaluation Focus/Question	Question	Indicator	Data Sources	Regional Report
CAPC Project Development How has the project been implemented and how has it evolved?	4a. How and to what extent do project activities reflect CAPC goals and priorities?	Linkages between activities and goals.	Program descriptions and goals.	Summary statistics and descriptions of project information will be included in the report.
	4b. Is project implemented according to objectives/plans?	Proposed project objectives compared with implementations to date.	BV15,16; S14, 15	
	4c. To what extent has the project been successful in establishing ongoing programs for parents and children? Are the services/ programs provided consistent with the needs of the families served?	Number and description of programs/services provided (new and repeated). Reported satisfaction of participants. Linkages between needs and services provided.	National Evaluation Form B: B1, B3-B7 P3-5,10; PFG13,23	
	4d. To what extent is the project successfully attracting participants?	Number of parents by program/service weekly. Number of children by program/service weekly.	National Evaluation Form C: C4, C5	

Evaluation Framework – Implementation and Process (continued)

Evaluation Focus/ Question	Question	Indicator	Data Sources	Regional Report
CAPC Project Development How has the project been implemented and evolved over time?	4e. To what extent is project successfully reaching parents in its geographic area?	Geographic area defined versus actual area covered by the project (e.g., participants are only those in close proximity to centre.)	Knowledge of general geographic area where families live.	Summary statistics and descriptions of project information will be included in the report.
	4f. What project activities, strategies, components are successful? What gaps or discrepancies can be addressed?	Reports of parents, board members, volunteers, staff of specific activities that are working and why. Reports of parents, board members, volunteers, staff of identified gaps.	P4; PVG8; BV7; S7; FPC8b PFG9; BV9-11; P4,8,9,11	
	4g. Are projects successfully attracting/maintaining volunteers? What recruitment strategies have been successful? How satisfied are volunteers with their participation?	Number of volunteers and participation levels. Satisfaction level of volunteers.	Numbers of volunteers Hours worked per volunteer Activities per volunteer National Evaluation Form C: C19, C20 P3,4; BV19; PFG13	

*Participant Interview–P; Participant Focus Group–PFG; Board/Volunteer Focus Group–BV; JMC/PAC Interview–FPC; Staff Interview–S; Community Focus Group–CFG

Evaluation of Individual Impacts and Effects

Evaluation Focus/Questions	Question	Indicator	Data Sources	Regional Report
Individual Impacts and Effects How does CAPC contribute to positive change in the lives of parents and children?	2a. How and to what extent do parents experience positive change in skills, knowledge, attitudes, feelings, behaviour in relation to their involvement in CAPC?	Parents report positive changes in relation to their involvement in the project (i.e., increased knowledge, enhanced parenting skills, changed behaviour, change in how they feel about themselves as a parent and toward a child).	P20, P22-P25; PFG5, PFG8; S7; FPC8a, FPC8b; CG8 National Form E: F42, D70, D72, F9	Analysis of each of the one-on-one interviews will identify themes related to personal change. Anecdotal stories, emerging patterns of change will become part of the regional profile.
	2b. Are parents' needs being met? How satisfied are parents with how their needs are being met?	Parents report that their needs are met through the project. Parents attend the centre programs regularly.	P3, P4	
	2c. To what extent do parents have a sense of belonging, ownership of and a role in the management and delivery of the CAPC programs? In what ways are they involved?	Parents make decisions and suggestions about the programs/centre. Parents volunteer. Parents report a sense of ownership and a role in the project. Parents recruit others to attend.	P11-14, P3-5; PFG3,10,11,12; BV9,13,14; S8,12,13; National Form E: B3-B6	
	2d. What barriers exist to participants? Why do parents stop participating?	Parents express problems, difficulties, and barriers. Reports from former participants.	P8,9; PFG9-11	

*Participant Interview-P; Participant Focus Group-PFG; Board/Volunteer Focus Group-BV; JMC/PAC Interview-FPC; Staff Interview-S; Community Focus Group-CFG

Evaluation of Individual Impacts and Effects (Continued)

Evaluation Focus/Question	Question	Indicator	Data Sources	Regional Report
Individual Impacts and Effects	2e. Do parents experience increased social support?	Parents report an increase in personal supports as a result of their involvement in CAPC (i.e., new relationships).	P5; National Form E: C9; PFG 5; S9; BV10; C8; FPC8a	Analysis of each of the one-on-one interviews will identify themes related to personal change.
How does CAPC contribute to positive change in the lives of parents and children?	2f. How and to what extent do children experience positive change and satisfaction in relation to their involvement in CAPC?	Perception of parents, staff, board members, and volunteers that children have made positive changes and are satisfied with participation (i.e., changes in behaviour, children want to come back).	P15-18; S7,8; BV7,8; FPC8a; National Form E: F43, E12, E13	Anecdotal stories, emerging patterns of change will become part of the regional profile.
	2g. Has the involvement in CAPC brought about positive change in family life/ relationships? In what ways have changes occurred?	Perception of parents, staff, board members, and volunteers that there has been positive change.	P19, 21; S7,8; BV7,8; FPC8a; National Form E: F43, E12, E13	
	2h. To what extent do staff increase knowledge about parents, program delivery, and community resources? What skills do staff acquire?	Staff report a change in their knowledge of parenting issues, program delivery, and resources for parents.	S22-S25	
	2i. How satisfied are staff?	Staff report acquiring skills to work with project participants.	S22-S25	
		Staff reports	S21	

Evaluation of Impacts and Effects of Adopting a Community Development Approach

Evaluation Focus/ Question	Question	Indicator	Data Sources	Regional Report
Impacts and Effects of adopting a Community Development Approach How does involvement in CAPC contribute to developing collective understanding and action, and how does it support parents and children in the community?	To what extent is there awareness and understanding of 3a. –who the project is trying to reach.	Staff, board members, and volunteers collectively report on: –the families the project is trying to reach.	Information on these questions will be gathered from multiple sources: BV3,4;PFG2,4; FPC4-5; CFG2-7,S2-5	Analysis of each of the focus groups will be used by participants to discuss program improvements at the project level. Anecdotal stories, emerging patterns of change will become part of the regional profile
	3b. –project achievements.	–what successes the project has achieved.	FPC8, BV12; CFG10; S11	
	3c. –strategies that work well and do not work well to help families and children in the community.	–what strategies work best in terms of meeting needs, involving participants, and providing supports.	FPC8A; BV7; PFG5,7,8; CFG8	
	3d. –strategies that work well and do not work well to establish community partnerships.	–what strategies work best in terms of building community partnerships.	BV11; CG9; FPC9; S10; PFG8A	
	3e. –what has been learned and what are the future plans.	–lessons learned and future directions.	BV19,20; PFG13,14; S18,19; FPC 11,12; CFG 11-12	
	3f. How does group collaboration emerge? How has it developed and changed? To what extent has parent involvement influenced decision making?	–reports of group process.	BV17,18; S16,17	

*Participant Interview–P; Participant Focus Group–PFG; Board/Volunteer Focus Group–BV; JMC/PAC Interview–FPC; Staff Interview-S; Community Focus Group–CFG

Evaluation of Impacts and Effects of Adopting a Community Development Approach (Continued)

Evaluation Focus/ Question	Question	Indicator	Data Sources	Regional Report
Impacts and Effects How does involvement in CAPC contribute to developing collective understanding and action and how does it support parents and children in the community?	3g. To what extent are parents, board members, volunteers, and staff collaborating?	Parents, board members, volunteers, and staff report collaborative initiative activities.	S13; PFG12; BV14	
	3h. To what extent is there shared decision making and leadership?	Parents, board members, volunteers, and staff report joint involvement, decision making and leadership.	S12; PFG10; BV13	
	3i. Has participation in CAPC brought about a shared commitment, purpose, and collective planning for the future? In what ways?	Parents, board members, volunteers, and staff corroborate purpose and plans for the future.	S13,16,17 ; PFG12; BV15-18,20; P14,25	

*Participant Interview–P; Participant Focus Group–PFG; Board/Volunteer Focus Group–BV; JMC/PAC Interview–FPC; Staff Interview–S; Community Focus Group–CFG

Community Partnerships

Evaluation Focus/Question	Question	Indicator	Data Sources	Regional Report
Community Partnerships How have partnerships been established and how do they support parents and children within the community?	5a. Have projects been effective in developing working partnerships with organizations and agencies within the community? What is the nature of the CAPC partnerships?	Community groups, board members, project volunteers, and staff members report that partnerships have been established and are working.	PFG8a; S10; BV11; FPC9; CFG9	The Regional Report will describe informal and formal partnerships established between the CAPC projects and other agencies/organizations. The nature of these partnerships will be described as well as what has worked well and what has not. Further, the agencies=/organizations= view of CAPC will be described. Participants= community networks as the result of CAPC involvement will be outlined.
	5b. To what extent is there positive awareness and recognition of the role of CAPC projects in the community?	Community groups report that they are aware of and recognize the role of CAPC projects in their community.	National Form A: A1- A6 National Form B: B4.iii, B4.iv,B9 National Form C: C13 P7; PFG5,8	
	5c. How and to what extent have CAPC partnerships contributed to more coordinated and enhanced service for parents and children? Has duplication of service been reduced as a result of CAPC?	Agencies/organizations working with CAPC report increased coordination of services for parents and children and elimination of duplication.	CFG2-5,8	
	5d. How does CAPC contribute to parents' increased awareness/ knowledge and/or participation in community groups?	Parents report that they are more aware and knowledgeable and use community resources as the result of involvement in CAPC. Parents report the appropriate use of new community contacts as a result of involvement in CAPC.	National Form E: C10, C12, C13-C17	

*Participant Interview=P; Participant Focus Group=PFG; Board/Volunteer Focus Group=BV; JMC/PAC Interview=FPC; Staff Interview=S; Community Focus group=CFG

Evaluation of the Training

Evaluation Focus/Question	Indicator	Measures	Tools/Techniques	Regional Report
Have the training workshops been effective in changing participants' knowledge, skills, attitudes, feelings, and behaviour with regard to evaluation?	Participants have increased knowledge about evaluation.	Participant report	Focus group discussion Feedback forms	Participants' reports of changes in knowledge, attitudes, feelings, behaviours, and skills will be incorporated into the report.
	Participants have improved attitudes toward evaluation.	Participant report	Wrap-up Session from Training Workshops Evaluation Forms from Training Workshops	
	Participants have increased skills in evaluation.	Participant report	Focus group discussion Evaluation Forms from Training Workshops	
	Participants have increased sense of confidence related to evaluation skills.	Participant report	Focus group discussion Evaluation Forms from Training Workshops	
	Participants have incorporated and used new skills in project activities.	Evaluation Forms from Training Workshops	Focus group discussion Follow-up Calls	

Evaluation of the Communication Plan

Evaluation Focus/Question	Indicator	Measures	Tools/Techniques	Regional Report
Has the communication plan been effective in teaching skills (i.e., use of e-mail), providing support and information (1-800 line, newsletter) and providing a mechanism for dialogue?	Projects use the 1-800 number to ask questions and clarify issues around the evaluation.	Numbers of calls to the 1-800 line.	Phone records of calls.	Summary statistics and descriptions of use will be incorporated in the report.
	Projects increase their use of e-mail	Project report of use.	Project response to survey sent.	
	Projects increase sharing of information.	Project report of sharing information via e-mail or phone.	Project response to survey sent.	
		Number of project contributions to the newsletter.	Examine newsletters and count number of project submissions.	
	Internet home page proposal developed.	-		

Evaluation of the Evaluation Process

Evaluation Focus/Question	Indicator	Measures	Tools/Techniques	Regional Report
How does the evaluation process contribute to collective learning, empowerment, and collaborative action?	Participants have an increased understanding of how the project affects the lives of families.	Participant perceptions	Focus group discussion Feedback form	Report will include excerpts from, testimonies to the changes brought about by the evaluation process.
	Participants have increased knowledge and skills about evaluation.	Participant perceptions	Feedback form Focus group discussion Training Evaluation Forms	
	Participants have incorporated evaluation skills/knowledge into project activities.	Participant report	Feedback form Focus group discussion Project Evaluation Plan	
	Participants have increased sense of confidence related to evaluation skills.	Participant perceptions	Feedback form Focus group discussion Wrap-Up Session of Evaluation Training	
	Participants have a sense of ownership and control over the evaluation.	Participant perceptions	Feedback form Focus group discussion Wrap-Up Session of Evaluation Training	
	Participants have a collective commitment to acting on the results.	Participant reports	Feedback form Focus group discussion Wrap-Up Session of Evaluation Training	
	Participants have increased sense of collaboration.	Participant reports	Feedback form Focus group discussion Wrap-Up Session of Evaluation Training	
What unintended effects resulted?	Participants report positive/negative unintended effects.	Participant reports	Focus group discussion	

APPENDIX IV
Data Collection Instruments

PARTICIPANT INTERVIEW

1.   Do you remember how you first heard about the Family Resource Centre?

      - When did you first learn about the Family Resource Centre?
      -What were you told about the centre?

2.   Why did you decide to come to the centre?

      - Can you remember, at that time, what made you think the centre was worth looking into?
      - Was there anything in particular you were interested in for yourself?
      - Was there anything in particular you were interested in for your children?

3.   Can you remember the first time you came in to the centre? What was that like--what was
      your first impression? What happened that first time?

      - What do you remember about the place itself? (physical environment, noise level, activity
        number of people, etc.)
      - Who met you? What were they like?

4.   Now that you have been coming for awhile, how do you feel about the centre now?

      - If I asked you what one thing about the centre keeps you coming back, what would it be?

5.   Looking back over the time that you have been coming to the centre, what has been the one
      thing or event that happened here that was important to you--something that made a
      difference in your life?

6.   So, what kinds of things do you do at the centre?

      - What activities/programs? How often?
      - Do you help out at the centre?
      - Do you do any volunteer activities? How often?
      - How satisfying has it been?

7.   Are there any other kinds of things you would like to do at the centre?

        - Other activities/programs?   - Other volunteer activities?

8.   Have you had a chance to meet different people here at the centre?

        - Do you talk much with other parents you have met here? Do you look forward to seeing
          them?
        - Do you get together with people from the centre at other times?

9.   Do you belong to any other community groups/organizations?

        - Has your involvement with other community groups/organizations changed since you have
          been coming to the centre? In what way?
        - Has your knowledge of the community and the services offered changed since you have
          been coming to the centre? In what way?

10.   Have you ever experienced any problems or difficulties at the centre? What happened?

11.   Are there things that keep you from coming to the centre as much as you would like?
        (If needed, suggest money, time, transportation, weather, etc.)

12.   Do you have any suggestions about how things at the centre might be changed to make it
        better for you, your children, and others?

        - Do you have suggestions about other programs that are not currently being offered?
        - Have you ever shared suggestions about the centre with staff or board members?
          What happened?
        - Would you like to have more to say?

13.   Do you have a sense of how decisions are made at the centre and who makes them?

        - From what you see, how do people (staff, volunteers, board members, and parents) at
        the centre work together?

Now I would like to change topics for a few minutes and talk about your child/ren.

14.   What kinds of activities/programs does your child do at the centre? How often?

15.   Are there any other kinds of activities you would like the centre to offer for your child?

16.   What's it like for your child/ren to come to the centre?

17.   Have you noticed any changes in your child since s/he has been coming to the centre?

        (Probe for specific descriptions of change and whether this change can be linked to the
          centre.)
        - Can you describe this change?
        - Do you think visiting the centre has had anything to do with this change?

18.   Can you describe any changes in your relationship with your child/ren since you have been
        coming to the centre?

        - Do you think this change might be linked to coming to the centre?

19.   Have you learned anything new about your child/ren since coming to the centre?

20.   Can you describe any changes in your relationships with other family members since you
        have been coming to the centre?

        - Do you think this change might be linked to coming to the centre?

21.   Have you learned anything about yourself?

22.   Looking back on what you first came here for, would you say that you have gotten what you
        came for?

23.   Overall, if you were rating your satisfaction with this program as a parent on a scale from 1
        to 10, with 10 being wonderful, and 1 being awful,... how would you rate it?

24.   What are your future plans in terms of the centre?

       - Have you thought about if or how you will participate in this centre after your child/ren
         turn 7 years of age?

Are there any additional comments you would like to make or points that you would like to add about the centre and your experience there?   Is there anything that I have not thought to ask you about the centre?

FORMER PARTICIPANT INTERVIEW

1.   Do you remember how you first heard about the Family Resource Centre?

        - This was back when?
        - What were you told about the centre?

2.   Why did you decide to come to the centre?

        - Can you remember, at that time, what made you think the centre was worth looking into?
        - Was there anything in particular you were interested in for yourself?
        - Was there anything in particular that you were interested in for your children?

3.   Can you remember the first time you came in to the centre? What happened the first time?

        What was your first impression?
        - What do you remember about the place itself? (physical environment, noise level, activity,
          number of people, etc.)
        - Did somebody greet you? What were they like?

4.   So what kinds of things did you do at the centre?

        - Did you get the chance to help out at the centre or do volunteer activities?
        - How often? Was it a satisfying experience?

5.   Are there other things you would have liked to do at the centre?

        - Activities, programs, or volunteer activities, etc.

6.   Did you ever experience any problems or difficulties at the centre? If so, could you tell
        me about it?

7.   Can you tell me why you no longer come to the centre?

        Were there things that kept you from going to the centre as much as you would have liked?
        (If needed, suggest money, time, transportation, weather, etc.)

8.	Did you have a chance to meet different people at the centre?

- Did you talk much with other people/parents/friends you met there?

- Did you look forward to seeing them?

- Did you get together with people from the centre at other times?

9.	Looking back over the time that you were going to the centre, was there one thing or event that happened that was important to you -- was there something that made a difference in your life?

- Would you say that you have gotten from the centre what you came for originally? If yes or no, give an example?

10.	Did you have a sense of how decisions were made at the centre and who makes them?
- From what you saw, how do people (staff, volunteers, board members, and parents) at the centre work together?

- Did you ever share suggestions about the project with staff or board members? -- Were your suggestions considered?

Now I would like to change topics and talk about your child/ren.

11.	What kinds of activities/programs did your child do at the centre?

- How often for each activity?

12.	How might things at the centre be changed to make it better for you, your *children*, and *others*?

13.	How did your child/ren like coming to the centre?

14.	Did you notice any *changes in your child/ren* or changes in your relationship with your child/ren while s/he was going to the centre?

- Can you describe these changes?

- Do you think *visiting the centre* had anything to do with these changes? -- How?

15.   Can you describe any *changes in your relationships with other family members*
        when you were going to the centre?

        - Again could you describe these changes?
        - Do you think this change might have been linked to going to the centre? -- How?

16.   Did you learn anything about yourself while you were going to the centre?

        - Can you describe it?

17.   Do you have any future plans in terms of the centre?

18.   Are there any additional comments you would like to make or points that you would like to
        add about what we have discussed today?

PARTICIPANT FOCUS GROUP

The centre and its people

1.   First of all, as a group, let's try to recall how we heard about the centre and why we decided to come for the first time.

        - (Help the participants recall the details of their coming to the centre and what attracted them, i.e., the people, the courses, the activities, to get out of the house, for the children, etc.)

2.   Who comes to the centre?

        - According to you, are there people who might feel that the centre is not for them?
        - What could be the reasons for this?
        - What kind of difficulties or problems can come up that may keep people from coming to the centre? (transportation, financial reasons, health reasons, etc.)

The activities in the centre

3.   What keeps you coming back to the centre?
        *(*What do you like about the centre?)

        (Ask the participants to describe what they like and ask for examples and details of programs/services that are working well with parents and children. Also ask how these programs work.)

        *(*What don't you like about the centre?)

        (Ask the participants to describe what they don't like, and ask for examples of and details on the programs/services, courses, that don't seem to work so well.)

4.   Would you have any suggestions for new services or projects that would be useful and interesting for your children and for you?

        (Ask the participants to describe what could be done.)

5.   Do you find that the parents are sufficiently involved in the activities of the centre?
(Ask them to describe how they are presently involved and how they could become further
involved.)

The operation of the centre

6.   Are you aware of how the decisions are made at the centre and who makes them?

(Ask the participants to describe how and identify who makes decisions – not necessarily
names but the title of the function of the persons who make decisions, e.g., parent on the
board, the coordinator.)
- Are you satisfied with this way of operating or running the centre? If you could change
something about the way decisions are made, what would you change?

The centre and the community

7.   Do you believe that the centre really answers to the needs of the community?

(Ask the participants to describe their answers.)

8.   In your opinion, in what ways does the centre work with other organizations, other groups
here in the community?

- How have these collaborations worked? Are there other or better ways of working
together?

You and the centre

9.   Since you have been coming to the centre, have you noticed any changes in the way you see
yourself and in *your relationship* with others?

- Did you learn something about your community through your involvement with the
centre? e.g.: knowledge of other services, etc.
- (For each of the above cases, describe and give examples.)

10.   Ideally, how do you see the future of the centre in the coming years?

       (Describe.)

11.   Are there any important areas that we did not touch upon and we could add?

       - Finally did we forget something? Could we add anything else?

BOARD/VOLUNTEERS FOCUS GROUP

1.   What needs were expressed by parents and service providers (community agencies, non-profit organizations) that resulted in the opening of the centre?

        - How were these needs addressed in the original objectives of the centre?

2.   Since opening the centre, have the needs changed?

        - What do you think still needs to be done?
        - How is the centre responding to this?

3.   Who comes to the centre and why?

        - Do they bring other family members?

4.   What programs/services have worked well to help parents and children?

        - Are there changes that you think should be made to these programs?

5.   What are the different ways that parents are involved in the centre?

        - How has this worked?
        - Are there other ways that parents can be involved?

6.   In what ways is your centre working together with other community groups and organizations?

        - How has this worked?
        - Are there other or better ways of working together?

AT THIS POINT BREAK THE GROUP INTO TWO WORKING GROUPS (Parents and Community Resource People). Have groups identified previously so that this transition will go smoothly.

Now, I would like you to think back over the time you have been involved in the centre and think about how the centre has developed over time. To get a sense of the important events or markers that have happened at the centre, we are going to develop a timeline together.

(Draw a line on the flip chart. Mark a B at the beginning of the line to represent the beginning of the centre.)" This line represents the development of the centre since it started (pointing to the line). Thinking back, what is the first significant event or important event that you can remember ?" (Mark an X on the time line and write the event). Then ask "Who was involved? What happened?"

7.   What is the first significant/important event for the centre that you can remember? Who was involved? What happened?

        - From there, what was the next event? Who was involved? What happened?

(Continue process until all events up until the present are listed. Keep marking X's and labelling the events as you go. If possible, include dates. NOTE: Different perspectives might exist on what happenings were important and why. A consensus is not necessary.)

8.   How do the different people (staff, parents, board members, volunteers) involved in the centre work together?

        (Probe for a sense of commitment, collaboration, and planning among all involved.)
        - Does this work well, or are there changes that can be made?

9.   Have there been any changes in how people work together since the centre opened?

        - Have these changes worked well, or are there other changes that could be made?

10.   What successes has the centre experienced? How do you define these successes? Has the centre faced any problems or difficulties?

        - If so, what were they and what happened?

11.   What have you learned as a result of your involvement with the centre?

12.   Where do you see the centre going in the future?

        (Probe with different scenarios, ideal circumstances of more funding, or less ideal

        circumstances of cutbacks.)

        - How can the evaluation help you get there?

Is there anything that anyone would like to add? Is there some area that we have not covered?

COMMUNITY GROUPS FOCUS GROUP

1.   How and when did you first become aware of the CAPC project (centre) in your community?

2.   How does the centre help in your community?

3.   Who comes to the centre? Why do they come?

4.   What needs are being expressed by parents or service providers (community agencies, non- profit organizations, etc.) in your community?

5.   In what ways does the centre help support parents and children in this community?

        - Can you provide some examples of services/programs/approaches that worked well?
        - How have these programs/services worked?
        - What could be done differently? Are there ways to improve the programs or services?
          Additional ones to offer?

6.   In what ways, does the centre work with other organizations in the community?

        - How has this collaboration worked?
        - What are other or better ways of working together?
        - How do partnerships help support children, parents, and families in the community?
        (Ask for specific examples.)

7.   Are there other community agencies that should be working with CAPC but are not currently?

        - Why do think these agencies are not involved?

8.   What successes has the project experienced? (Be specific about how these successes can be demonstrated.) What problems/difficulties has the project faced?

9.   What have you learned as a result of your involvement with CAPC?

10.   Where do you see the project going in the future?

        - How do you plan to be involved in the future?

11.   Is there anything else that should be mentioned or added to the discussion? Is there some
        area that we have not covered?

PROJECT STAFF INTERVIEW

First, I would like to talk to you about the centre.

1.   How do you think a family resource centre helps your community?

   - What needs are being expressed by parents and service providers in your community?
     How does the centre meet these needs?
   - Have the needs changed since the centre first opened? If there has been change, how has
     the centre responded?

2.   Who comes to the centre? (Who does the centre serve?)

   - Do they bring other family members? Do they bring other people (who are not family)?
     Who?
   - Why do you think they come?
     Are there other people that the centre would like to reach who currently are not coming?

3.   Can you give me some examples of programs/services that are working well with parents
        and children participating in the centre?

   - What characteristics of these programs make them successful?
   - Are there changes that you think should be made to these programs?
   - Anything you would do differently?

4.   In what ways is your centre working with other community groups and organizations?
        (shared space, resources, staff, funding, referrals, other associations)

   - How has this worked?
   - Are there other or better ways of working together?

5.   How are decisions made at the centre?

        - Who is usually involved?
        - How involved are parents in decision making?
        - Would you like to see more or less parent involvement in decision making?

6.   How do the different people (staff members, board members, volunteers, parents) involved at the centre work together?

        (Probe about sense of commitment, collaboration, planning.)
        - Has this changed over time? For example, has there been a change in how parents are involved?

7.   What are the different ways that parents contribute to the centre?

        (Volunteers, suggestions)
        - How has this worked? Is there anything that may make it difficult for parents to contribute to the centre?
        - Are there other ways that parents can be involved?

        Now I would like you to think back over the time since you have been involved in the centre and think how the centre has developed over time.

8.   What is the first significant event that you can remember? Who was involved? What happened?

        - From there, what was the next event? Who was involved? What happened?
        (Continue process until all events up until the present are explained.)

9.   Looking back, what successes has the centre experienced?

        - What challenges or difficulties has the centre experienced? What happened?

10.   Where do you see the centre going in the future?

       (Probe with different scenarios--ideal circumstances of more funding or less ideal
       circumstances of cutbacks.)
       - How can the evaluation findings help you get there?

       Now, I'm going to shift slightly and talk about your own experiences at the centre.

11.   How long have you been with centre?

       - What is a typical day like for you at the centre?
       - What are your responsibilities as project coordinator?
       - Are you working with parents and children as much as you would like to?
       - How do you feel about that?
       - Anything you would like to change?

12.   What have you learned as the result of your involvement in the centre?

13.   Have you developed/changed in your relationships with participants/families? In what ways?

14.   Are there specific examples or stories about parents who have benefitted from participating
       in the centre that you would like to tell me about? (Parents who participated in the centre
       and may have gone on to join other community groups or started other ventures).

       - Any stories about children?

15.   From your perspective, what effect do you think the evaluation process is having on the
       centre?

       **Are there any additional comments you would like to make or points you would like to
       expand upon?**

JOINT MANAGEMENT / PROGRAM ADVISORY COMMITTEE (JMC/PAC) INTERVIEW

1.   Thinking back, how did the JMC think CAPC Projects would help communities?

   - What were the needs expressed by parents and/or service providers (community agencies, non-profit organizations)?
   - How well did CAPC projects address the needs initially assessed?
   - Have these needs changed?
   - How well have projects been able to adapt to changing needs? (Please provide specific examples).

2.   What process was established for putting CAPC in place?

   - Do you think this process was successful?

3.   What challenges did you face in the implementation?

   - How were they resolved?
   - What would you do differently?

4.   In general, who accesses the projects in your province? Why?

5.   In general, how would you define a successful project in your province?

   - Can you provide examples of programs/ services/ approaches that are working well to help parents and children?
   - What could be done differently?

6.   How have partnership/collaborative efforts worked?

   - What do you see as the key ingredients of a successful partnership?
     (Provide specific examples.)
   - What could be done differently?

7.   What successes have the projects experienced? What difficulties/problems have the
        projects faced?

        - What happened?

8.   What has been learned through the implementation of CAPC?

9.   Where do you see the CAPC projects going in the future?

        - How is the evaluation process affecting the projects?

10.   Are there any other issues that have not been addressed that are pertinent to this evaluation?

APPENDIX V
COMMITTEE MEMBERS

ATLANTIC CAPC EVALUATION SUB-COMMITTEE (ACES)

REPRESENTATIVE	NEW BRUNSWICK	PRINCE EDWARD ISLAND	NOVA SCOTIA	NEWFOUNDLAND	ATLANTIC REGION
Project	Nicole Bernard (Nov. 96 to present) Linda Floyd-Sadler (until Oct. 96)	Wendy Pobjoy	Pauline Raven	Josh Carey	
Aboriginal			Donna Gillis		
Provincial Government	Linda Robertson	Kathy Flanagan-Rochon	Alicia Nolan	Lynn Vivian-Book	
Federal Government	Dorothée Arsenault	Carole Landry	Michelle Rivard	Carol Ann Keough	Kathy Coffin Yolande Samson

ACES MANAGEMENT TEAM

Yolande Samson, Health Canada, Chairperson and Overall Manager

Michelle Rivard, Health Canada, Contract Manager

Carole Landry, Prince Edward Island and Federal Government Representative

Nicole Bernard, New Brunswick and Project Representative

Pauline Raven, Nova Scotia and Project Representative

Lynn Vivian-Book, Newfoundland and Provincial Government Representative

PROVINCIAL PROJECT EVALUATION TEAMS (PPET)

PROVINCE	PARENT	PROJECT COORDINATOR OR STAFF	PROVINCIAL EVALUATION COORDINATOR	FACILITATOR
Newfoundland	Shelley Smith Audrey Fortune	Tina M. Hackett-Myles Reginal Hawco Debbi Reynolds	Neil Tilley	Anne F. Stapleton
New Brunswick (English)	Deborah David	Marie Hélène Mazerolle	Nicole Deveau	Ann O'Hanlon
New Brunswick	Debbie Carrier	Marie Hélène Mazerolle	Nicole Deveau	Marcelle Saint-Pierre
Prince Edward Island	Deborah Jackson Donna Blanchard	Sterling Carruthers	Brenda Bradford	Anne F. Stapleton
Nova Scotia	Vera Lynn Beal	Virginia Hurlburt	Barb Moore	Anne F. Stapleton
Nova Scotia (Aboriginal)	April Hiltz	Virginia Hurlburt	Barb Moore	Anne F. Stapleton

REGIONAL COMMUNICATIONS COMMITTEE (RCC)

Newfoundland: Deborah Collier, Fortune Bay North Family Resource Centre

New Brunswick: Amy Soucy, Madawaska/Victoria Family Resource Coalition

Prince Edward Island: Sterling Carruthers, Kids West Inc.

Nova Scotia: Joyce Beaudry, Sackville Family Day Care Association

Communication Contract Lead: Neil Tilley (until September 1996)

                                       Susan Turner (to present)

REGIONAL EVALUATION CONTRACT TEAM

The following individuals were hired under contract to perform various duties for the Atlantic CAPC Regional Evaluation. Some individuals performed more than one function at different times during the contract period. Outlined below is a list of team members and their key roles.

A.   Contract Manager

- Neil Tilley, Extension Community Development Cooperative (until September 1996)
- Liane Roy, Landal Inc. (to present)

B.   Evaluation Team

1.   Co-Principal Investigators:

- Ann O'Hanlon
- Madine VanderPlaat

2.   Design and Planning Team

- Neil Tilley
- Brenda Bradford
- Ann O'Hanlon
- Susan Chalmers-Gauvin
- Richard Cawley

3.   Provincial Evaluation Coordinators

- Neil Tilley, Newfoundland
- Barb Moore, Nova Scotia
- Brenda Bradford, Prince Edward Island (was also the Regional Coordinator
  for the National CAPC Evaluation)
- Susan Chalmers-Gauvin, New Brunswick (English), until September 1996
  Liane Roy, New Brunswick (French), until September 1996
  Nicole Deveau, New Brunswick, until December 1996

4.   Central Analysis Team

- Ann O'Hanlon
- Brenda Bradford
- Susan Chalmers-Gauvin
- Marcelle Saint-Pierre
- Alison Dunwoody
- Anne Stapleton
- Susan McAllen

C.   Communications Component

- Neil Tilley (Lead until September 1996)
- Susan Turner (Lead from October 1996 to present)
- David Penny (until September 1996)
- Maura Hanrahan (until September 1996)

D.   Training Component

- Neil Tilley
- Barb Moore
- Brenda Bradford
- Wendy Keats
- Liane Roy

E.   Administrative and Financial Team

- Kim Tibbo (until September 1996)
- David Penny (until September 1996)
- Pauline Caissie (September 1996 to present)
- Florence Hardy (September 1996 to present)

F.   Editor/Plain Language Writer of Final Report

- Janis Wood Catano

APPENDIX VI
LIST OF PROJECTS

CAPC PROJECTS

NEW BRUNSWICK

1) Centre de ressource familiale Restigouche
   1 Tingley Crescent/P.O. Box 863
   Campbellton, NB   E3N 2S1/E3N 3H3

2) Care 'N Share Parent Child Support Centre
   93 Bridge Street, P.O. Box 46
   Chipman, NB   E0E 1C0

3) Centre de ressource familiale de la Péninsule Acadienne
   111, boul. St.-Pierre ouest
   Caraquet, NB   E1W 1B9

4) Kings County Family Resource Centre
   P.O. Box 1340
   625 Main Street
   Sussex, NB   E0E 1P0

5) Valley Family Resource Centre
   690 Main Street
   P.O. Box 8000, Cap Box 102
   Woodstock, NB   E0J 2B0

6) Saint John Family Resource Centre (S.J.)
   39 Cliff Street
   Saint John, NB   E2L 3A8

7) Centre de ressource familiale pour le comté de Kent
   C.P. 958, 21 rue Renaud
   8 rue Maillet,
   Bouctouche, NB   E0A 1G0

8) Greater Moncton Parent Resource Centres
   154 Queen Street
   Moncton, NB   E1C 1K8

9) A Family Place/Le Cercle Familial/Northumberland Family Resource Centre /
   Centre de ressources familiales de Northumberland
   185 Willow Street
   Newcastle, NB   E1V 3Z8

10)   Fredericton Regional Family Resource Centre
        Operations Coordinator
        300 Union Street
        Fredericton, NB E3A 3L9

11)   Centre de ressource familiale Madawaska/Victoria Family Resource Centre
        475 Terrace Street
        Grand Falls, NB E3Z 1B3

12)   Charlotte County Family Resource Centre
        P.O. Box 352
        126 Milltown Blvd
        St. Stephen, NB   E3L 2X3

13)   Chaleur Resource Centre for Parents /
        Chaleur centre de ressources pour parents.
        1236, boul Vanier
        Bathurst, NB   E2A 3N7

NEWFOUNDLAND

14)   Fortune Bay North Family Resource Centre
        General Delivery
        Belleoram, NF A0K 1B0

15)   Burin Peninsula Brighter Futures Inc.
        P.O. Box 659
        131 Smallwood Crescent
        Marystown, NF A0E 2M0

16)   Trinity Conception Family Resource Program
        9 Newfoundland Drive
        Carbonear, NF A1Y 1A4

17)   Gander Bay and Area Community Coalition for Children Inc.
        c/o Riverwood Academy
        Wings Point, NF A0G 4T0

18)   Community Action Committee for Bay St. George Inc.
        58 Oregon Drive
        Stephenville, NF A0K 1A0

19)   Family Outreach Resource Centre
        Organization for Community Action Initiatives Inc.
        9 Vine Place, P.O. Box 712
        Corner Brook, NF A2H 6E6

20)   North Shore Early Childhood Committee
        R.R. # 2
        Corner Brook, NF A2E 6B9

21)   Exploits Valley Community Coalition
        P.O. Box 609
        Botwood, NF A0H 1E0

22)   Brighter Futures Coalition of St. John's and District
        89 Froude Avenue
        St. John's, NF A1E 3B8

PRINCE EDWARD ISLAND

23)   Eastern Kings Community Coalition
        Lend a Hand Family Resource Centre
        P.O. Box 682, 120 Main Street
        Souris, PE C0A 1R0

24)   Voices for Children Coalition
        Carousel Family Resource Centre
        P.O. Box 133, Main Street South
        Montague, PE C0A 1R0

25)   Kids West Incorporated
        P.O. Box 369, 14 Railway Street
        Alberton, PE C0B 1B0

26)   East Prince Community Coalition
        Kids R First Family Resource Centre
        P.O. Box 1567
        Summerside, PE C1N 3L2

27)   Mi'Kmaq Family Resource Centre
        228 Grafton Street
        Charlottetown, PE C1A 1L4

28)   C.H.A.N.C.E.S. Inc.
        16 Brighton Road
        Charlottetown, PE C1A 1T4

NOVA SCOTIA

29)   Kids First (Tri-County)
        14 Court Street
        Antigonish, NS B2G 2L6

30)   Memory Lane Family Place Resource Centre
        70 Memory Lane
        Lower Sackville, NS B4C 2J3

31)   SUNN-C Coalition
        Dartmouth Family Resource Centre
        96 Highfield park, Site 111
        Dartmouth, NS B3E 4W4

32)   Maggie's Place
        P.O. Box 1149, 12 LaPlanche Street
        Amherst, NS B4H 4L2

33)   Child Help Initiative Program
        Native Council of Nova Scotia
        P.O. Box 1320, Abenaki Road,
        Truro, NS B2N 5N2

34)   Associations of Three Parent Resource Centres (Tri-Site)
        Bayers/Westwood Family Support Services of NS
        6720 Chisholm Avenue
        Halifax, NS B3L 2R9

35)   Cape Breton Family Place Resource Centre
        106 Townsend Street
        Sydney, NS B1P 5E1

36)   South West Nova Family Resource Centre (Tri-County)
        P.O. Box 163, 63 Warwick Street
        Digby, NS B0V 1B0

37)   Parent Education Program
        North End Parent Resource Centre
        2465 Gottingen Street
        Halifax, NS B3K 3A3

38)   Mi'Kmaq Child Development Centre
        2161 Gottingen Street
        Halifax, NS B3K 3B5

39)   Annapolis Valley Hants Community Action Program for Children
        Apple Tree Landing Children's Centre
        1205 Main Street, P.O. Box 159
        Canning, NS B0P 1H0

40)   South Shore Family Resource Associations (Tri-County)
        156 York Street
        Bridgewater, NS B4V 1R3

APPENDIX VII
Map of Atlantic Region

Map of Atlantic Region