

**OKANAGAN SIMILKAMEEN
COMMUNITY ACTION PROGRAM FOR CHILDREN**

**Program Evaluation Annual Report
2006-2007**



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Overview

The Okanagan Similkameen Community Action Program for Children (OSCAPC) consists of six program sites administered by a Coalition of community agencies and representatives of the Interior Health Authority (see Appendix B Coalition Profile Form). For past 11 years, the programs have provided group services for families with young children, pregnant women and new mothers, in particular those living in conditions of risk. Programs delivered fall under the CAPC designations of Family Education, Resources and Supports Program.

Each of the six program sites provide community-driven services guided by the OSCAPC Program Manual and the Coalition Logic Model (see Appendix A). Program sites range from smaller, rural communities to larger urban centers presenting unique challenges and opportunities for as service delivery. The OSCAPC has created a supportive network of staff throughout the region to enable achievement of common outcomes.

Each site provides a regular weekly program, with support, education and resources for parents. Activities include parent child mother goose, family literacy, food security, parenting to name a few. Each site maintains close partnerships with other community agencies, social service and public health professionals and participates actively in community building initiatives.

The evaluation methodology is participant driven and has been designed to increase community capacity for monitoring, reporting and assessing program development. The evaluation methodology is outlined in Appendix C: Methodology Form and tools are included in Appendix D: Evaluation Tools.

For the year of this report, the staff used the streamlined, single logic model under the area of “Family Support, Education and Resources” as well as the evaluation instruments developed to reflect the PHAC requirements. The area of “Community Systems Building” was also piloted towards the end of the fiscal year using the common data collection tools developed by PHAC. However, due to limited time and opportunity for data collection, the findings in the area of community systems building may be limited.

Key findings for the OSCAPC for fiscal year 2006-07 are summarized as follows:

- The OSCAPC Coalition continues to offer quality programming to families with young children (0-6 y) using a population health approach.
- The CAPC programs have once again shown an outstanding achievement in terms of meeting all of the outcomes in the Family Education, Resources and Supports area.
- For the community systems building area, the data was limited as this area of the logic model was introduced on a pilot basis and therefore needs to be considered preliminary for the purposes of the 2006-07 report. Nevertheless, findings indicated positive outcomes of valuing the community and advocating system improvement.

The 2006-07 OSCAPC evaluation report has been presented and discussed in five sections:

- participants
- activities and outputs
- outcomes and indicators
- using our evaluation results
- common questions feedback

Section One: Participants

Table 1: Proportion of Participants in Target Populations

Target Population	NOVEMBER 2004 Percent Overall (%)	NOVEMBER 2005 Percent Overall (%)	MAY 2006 (%)
Single Parenthood	39	34	-
Low Education Level	30	21	30
Low Income	77	67	72
Isolated	-	-	-
Aboriginal	17	24	19
Drug/alcohol Use in Family	-	-	-
Immigrant Status	13	10	10
Ethnic or Cultural group	11	21	-
Teenage Parenthood	-	-	7
Proportion of Participants in all target populations	75%	72%	-

The numbers for 2004 and 2005 were taken from the OSCAPC 2005-6 annual evaluation report and Participant Card Summary Report (PHAC, November 2005). The numbers for 2006 were taken from the National Snapshot Report (2006). Because Participant Cards were not completed in 2006 and the National Snapshot Report has limited information, numbers are unavailable for several of the above categories. As there was no Participant Card Summary Report in 2006, an overall percentage of participants in all target populations is not available. In comparison with 2005, of the 4 categories where comparison percentages are available, two percentages have increased slightly (low education and low income), one percentage stayed the same (immigrant status) and one percentage decreased slightly. Given the small size of the changes and the 3 year pattern, no changes were considered of major significance.

Reaching Participants for Whom the Program is Designed

Based on the above data, one can conclude that OSCAPC is “doing a good job” reaching the participants for whom the program is designed: families with young children living in conditions of risk, including pregnant women. Potential risk conditions in the OSCAPC region include financial hardship, low education, social and geographic isolation, and aboriginal and recent immigrant status. OSCAPC serves small rural communities, medium sized urban communities and off reserve aboriginal families.

Improving OSCAPC Reach

Participation maintenance strategies included:

- Healthy food provision at all activities
- Bus tickets and carpooling
- Connections with community groups working with young families to promote referrals
- Outreach to community groups with migrant and immigrant people
- Printed materials in service organizations where young families go (e.g. doctors’ offices, libraries).

Future participation maintenance strategies include:

At the spring evaluation meeting where staff reflected on the past year, observations were made that many of the programs are full to capacity, staff continue to volunteer additional time to meet families' needs and some programs have wait-lists. In response, the OSCAPC staff and Regional Coordinator have decided to obtain further training about population health (planning and strategies) and advocacy (e.g. lobbying for funding). The intent of this training is to give staff new ideas to support OSCAPC development and reduce frustration about status quo funding.

Section Two: Activities & Outputs

Two logic models guided OSCAPC programming this year. The Family Support, Education and Resource logic model was used consistently throughout the year. The Community Systems Building logic model was not in place until January 2007. In this section, the Family Support, Education and Resource activities and outputs are presented and discussed first; and the Community Systems Building activities and output are presented and discussed second.

Table 2: Activities and Outputs by Program Site ⁽¹⁾
Program Area Family Support, Education and Resources

Site	Activities	# of hours of service	# of participants and attendance (per year: Apr 1, 06 – Mar 30, 07)
Central Okanagan Community Based Parenting Support (COCBS) - Kelowna - five registered parenting and pregnancy support groups	Giggles and Hugs, Downtown -registered infant parenting group Giggles and Hugs, Westside -registered infant parenting group Giggles and Hugs – Rutland -registered infant parenting group Tots Making Tracks -registered toddler parenting group Special Deliveries (prenatal) -registered pregnant support group	2 hrs/wk- 48 weeks 2 hrs/wk- 46 weeks 2 hrs/wk- 45weeks 2 hrs/wk- 46 weeks 2hrs/wk- 45 weeks	Registered Support Groups: 103 parents, 1428 parent attendance 108 children, 1467 child attendance 26 pregnant mothers (included in parent count) <hr/> 211 total participants 2895 total attendance 460 total group hours
Family Centre Parenting Support (FCPS) – Keremeos - four drop-in parenting, literacy and pregnancy support groups	Tumble Bumble, Keremeos - drop-in parenting support group Bridging Generations, Keremeos -drop in literacy & intergenerational group Moms & Tots, Hedley - drop-in parenting support group Prenatal Group, Keremeos - drop-in pregnant support group	1.5 hrs/wk- 45 wks 3 hrs/wk- 45 wks 3 hrs/wk- 45 wks 2hrs/wk- 35 wks	Drop-in Support Groups: 94 parents, 825 parent attendance 236 children, 1521 child attendance 18 pregnant mothers(included in parent count) <hr/> 330 total participants 2346 total attendance 558 total group hours
KiLowNa Friendship Society Parenting Support (KFSPS) – Kelowna	Parenting Circle - drop-in parenting support group	4 hrs/wk- 50wks	Drop-in Support Groups: 103 parents/yr, 569 parent attendance 34 children/yr, 344 child attendance

<p>- two drop-in parenting and pregnancy support groups - one drop-in community kitchen</p>	<p>Community Kitchen - drop-in cooking - June to Aug Pre and Post Natal Group - drop-in support group</p>	<p>4 hrs/wk- 50 weeks 4hrs/wk- 50 weeks</p>	<p>13 pregnant mother(included in parent count)</p> <hr/> <p>137 total participants 913 total attendance 600 total group hours</p>
<p>Princeton Community Based- Parenting Support (PCBPS) - one drop-in parenting group</p>	<p>Time for Play - drop-in parenting group</p>	<p>2.5hrs/wk – 49wks (Tuesdays) 2.5 hrs/wk - 12wks (Thursdays)</p>	<p>Drop-in Support Groups: 74 parents, 727 parent attendance 94 children, 996 child attendance 5 pregnant mothers (included in parent count)</p> <hr/> <p>168 total participants 1723 total attendance 153 total group hours</p>
<p>Lower Similkameen Community Based Parenting Support (LSCBPS) - Oliver/Osoyoos - two drop-in parenting support groups - two drop-in cooking groups - one drop-in community garden</p>	<p>Parent Support Group, Oliver - drop-in parent support group Community Kitchen, Oliver - drop-in cooking group Community Garden, Oliver - drop-in gardening – June to Sept Parent Support , Osoyoos - drop-in parenting support group Community Kitchen, Osoyoos - drop – in cooking group</p>	<p>3 hrs/wk-40 weeks 3hrs/wk-50weeks 1hr/wk-16weeks 3 hrs/wk- 50weeks 3hrs/wk- 36weeks</p>	<p>Drop-in Support Groups: 35 parents, 1026 parent attendance 40 children, 1301 child attendance 9 pregnant mothers (included in parent count)</p> <hr/> <p>75 total participants 2327 total attendance 784 total group hours</p>
<p>South Okanagan Community Based Parenting Support (SOCBPS) – Penticton -three registered parent and pregnancy support groups - two drop-in parenting and family support groups</p>	<p>Positively Pregnant (prenatal) - registered pregnant support group Community Kitchen -registered cooking group Family Special -registered education/recreation group Muffin Mix - drop-in parenting support group Family Night -drop-in family activities Sept – June</p>	<p>2 hrs/wk-45weeks 2 hrs/wk- 38 weeks 5 hrs/wk-29 weeks 4 hrs/wk- 40 weeks 3 hrs/mo -10/year</p>	<p>Registered Support Groups: 88 parents, 649 parent attendance 76 children, 456 child attendance 31 pregnant women (included in parent count)</p> <hr/> <p>164 total participants 1105 total attendance/yr 331 total group hours/yr</p> <p>Drop –in Support Groups: 88 parents, 472 parent attendance 76 children, 501 child attendance</p> <hr/> <p>164 total participants 642 total attendance/yr 190 total group hours/yr</p> <p>Note: parents and children attending the registered groups also attend the drop in groups – the participants register once and attend several programs</p>

<p>Total in the region for the fiscal year 2006-07</p>	<p>Note: Each site collects data at each group session and summarizes to monthly data with the OSCAPC Monthly Report.</p> <p>Each site submits annual data with the OSCAPC Year-end Summary Report. The data for this report is from the monthly report and other agency records.</p> <p>The National Program Profile has been used for data collection in the past. Because it was not administered this year, some required data is missing.</p>	<p>Total hours of service is: 3010</p> <p>The following summary is approximate as there is variation through the year in the sites:</p> <ul style="list-style-type: none"> - 42 hours per week of parenting and pregnancy support - 15 hours per week of community kitchens for partial year - 1 hr per week of community garden for partial year - 3 hours per month of family drop-in 	<p>Totals for registered support groups: 191 parents, 2077 parent attendance 184 children, 2572 child attendance 57 pregnant mothers (included in parent count)</p> <hr/> <p>375 regional participants 4649 regional attendance 791 regional group hours</p> <p>Totals for drop-in support groups: 394 parents, 3619 parent attendance 480 children 4663 child attendance 45 pregnant mothers (included in parent count)</p> <hr/> <p>874 total participants 8282 total attendance 2285 regional group hours</p>
<p><u>Overall totals for region for 2006-07</u> 585 parents 5686 parent attendance 664 children 7235 child attendance 102 pregnant women (included in parent count) 3076 group hours</p>			

⁽¹⁾ One site did not have separate registration for drop in and registered programs because parents attended both. The participants register once and attend suitable programs – this is reflected in the numbers above.

Table 3: Outputs: Regional Aggregate with Comparison 2003-07

OUTPUTS	VALUES				
	2007	2006	2005	2004	2003
Number of different parent participants for the year	585	559	522	494	640
Parent attendance for the year	5686	6698	7004	5945	7035
Number of different child participants	664	793	651	683	787
Child attendance for the year	7235	8365	9969	7417	7744
Number of pregnant (pre-natal) participants for the year	102	110	111	111	157
Group program hours for the year	3076	2761	2318	2380	2950

Regional aggregate data are relatively consistent with previous years. Number of parent participants and group hours are up slightly; number of child and pregnant mother participants and attendance are down, slightly. This year staff reported working with families having more risk conditions and more serious and complex challenges. Also, the KiLowNa Friendship Society program was closed for 6 weeks due to staff illness.

OSCAPC has achieved these outputs in the context of general social service program funding cuts in BC since 2003 and status quo funding for CAPC for a decade, a commendable achievement reflective of staff, participant and community commitment to young families. Staff in all communities worked collaboratively with others who had received funding for young families, and were in need of support from OSCAPC such as community and parent connections and/or specific knowledge and skills, e.g. Strong Start. This relationship building and joint planning also was done to prevent duplication of services and promote increased reach and support to young families. The question was raised but unanswered: Why has OSCAPC funding been static for a decade while new programs with similar purposes are being funded, and these need OSCAPC support?

OSCAPC Family Support, Education and Resource activities were implemented as planned with minor adjustments in response to changing family and community circumstances e.g. finding new space, getting new small grant dollars and donations and building new partnerships with interested volunteers and guest speakers. The results indicate that the activities and outputs are within good parameters and no major changes are planned for next year.

In the next part of Section Two, Community/Systems Building activities and outputs are the focus. As noted earlier, the PHAC Community Systems/Building logic model was not in place until January 2007. Thus complete annual data are not available although many community and systems building activities were undertaken by staff as in previous years and refinements per the new model were piloted to the extent possible in time available.

Table 4: Activities and Outputs by Program Site

Program Area: Community/Systems Building

# of volunteer hours	560⁽¹⁾
Examples of types of volunteer work Childminders, meal planning and food preparation, set up and clean up, laundry, shopping, cookbook sales, raffle ticket sales, transportation, harvesting donated fruit, making quilts for babies, speaking with group, fund raising, toy cleaning and maintenance, special events (Christmas, Halloween parties, park parties), grant applications	
List of community meetings (not available this year)	
List of partners and contributions School District #53 – use of school facilities and collaboration with activities Communities for kids – churches – facilities , equipment, volunteers, food, supplies Public Health Nurses – co-facilitate groups and/or attend as resource people Penticton Community Resources – Literacy BC – joint programming and funding community businesses – joint activities, donations, equipment, supplies farmers and orchardists - food service clubs (Kiwanis, Rotary) – donations, volunteers, funds	
List of donors and amounts (not available as NPP not completed this year as planned)	
List of guest speakers: (note that each program has similar speakers) Public Health Nurse (105+ hours ⁽²⁾), student nurses, dental hygienist, breast feeding consultant, infant development worker, adult literacy coordinator, tobacco reduction coordinator, St. Johns ambulance, infant massage, parenting with purpose facilitator, nutritionist, librarian, Communities for Kids coordinator, mental health nurse, stop the violence coordinator, elder, RCMP officer, speech and language therapists, CPR trainer, aboriginal story teller, highland dancers, community resource society, teacher, ambulance attendants, park safety office	
Examples of community activities with parents (# not available this year) CAPC Helping Hands – parents help other parents in time of need Selling cook books made by the parents	

Selling raffle tickets in the community Farmers market booth The AB Sees of Your Child's Eye Health Helped a local family move to Penticton Operation Christmas Child Grand Night in Osoyoos Osoyoos Lake Water Quality forum Family Fun Day Community Family Nights Fund raise and install new park equipment Work with community to get a water park	
List of media and community presentations (not available this year)	
List of changes in community with parent/staff participation (not available this year)	

¹two sites reported hours and types of volunteer work, other four sites reported only types of volunteer work

²two sites reported number of hours for Public Health Nursing contribution

Given incomplete data and changes in the logic model for Community/Systems Building, a thoughtful discussion of the activities and outputs in comparison with last year is not possible. Staff did report a continuation of many activities that previously were successful in their communities; these were implemented as planned. When the new logic model was available in January, staff accordingly engaged in an adjustment process regarding activities and output measurement however time was short. In fall 2007 OSCAPC staff will discuss changes in activities for the year, as a result of preliminary/pilot work and as a result of other contextual changes this year, e.g. a longstanding staff member in a rural area has left OSCAPC and some adjustment in activities will occur to match the specific talents of the new staff member.

Section Three: Outcomes and Indicators

In this section, outcomes and indicators for the program area Family Support, Education and Resources are presented and discussed first; and outcomes and indicators for the program area Community/Systems Building are presented and discussed second.

Table 5: Outcomes, Indicators, Results (Parent Feedback)
Program Area: Family Support, Education and Resources

Expected Outcomes (numbered and in bold italics)	Success Indicators	Results: from 'parent feedback form' (N=98 except where stated otherwise)
<i>1. Parents increase knowledge and use of effective parenting skills</i>	80% of respondents identify one or more parenting skills gained as a result of coming to the program 80% of respondents state they have used one or more of the parenting skills	88% learned about keeping their child safe 82% learned more ways to communicate better with their child 92% learned new and different ways to parent their child 87% learned more ways to keep their child healthy 81% used at home what was learned at the program

<p>What parents said/wrote in the parent feedback form:</p>	<p><i>Other parenting skills learned:</i> How to handle temper tantrums, how to encourage sharing, help to wean child from nursing, ideas to get child to sleep in his own bed, get down to there level and eye contact, check that they understand by asking them to repeat back, how to have more patience, happy mom makes a happy baby, the need to read more to my boy, how to relax and have mommy time, potty training, new songs to sing, baby-proof the house, put my child on a schedule, songs and rhymes, talking with strangers, how to introduce formula, how to listen to my kids and know their feelings, coping with stress, time out for myself, to ask for support,</p> <p><i>Examples of the parenting skills the parents used at home:</i> Used non directive play style to increase child talking, made different snacks, used distraction with my toddler, gave choices to my toddler, made the playdough for home, ignored a temper tantrum, the nottie chair, I read more and do more communication, I try not to yell at my kids - I calm myself down and make eye contact and explain why Mommy is mad. I put him in a corner for time out instead of getting mad, mommy time, healthy eating, less stress about feeding and sleep patterns, I am calmer during tantrums, sing new songs, finding interesting toys right for his age, being patient, communication, touch, speak gently, ask questions, give hugs, I play with these last two children than I did with my others, healthy food for my kids, I have a bed-time routine, I give choices, I try to feel what they are feeling, I let my kids choose if they want a bath before or after the cartoon, talk more with my kids, try to react calmly to situations, clean up together, more patience at diner table</p>	
<p>2. Parents increase their knowledge and use of community resources appropriate to their needs</p>	<p>80% of respondents state they know more about community resources for meeting their needs</p> <p>80% of respondents state they have used community resources related to meeting their family needs</p>	<p>92% know more about resources or places in the community to meet their family’s needs as a result of the program</p> <p>81% used the resources or places they learned about</p>
<p>What parents said/wrote in the parent feedback form:</p>	<p><i>Examples of resources parents used:</i> food bank, speech pathologist, food bank, parents help line, breast feeding</p>	

	consultant, sunshine fund, the life program, health unit, YMCA, women's shelter, Parent Talk, Family Resources, post partum depression group, mommy movie, Public Health Centre, Childcare Resources, Parkinson Rec Centre, dental clinic, breast feeding centre, library, public swimming, Kelowna Family Centre, Building Healthy Families, public skating, farmers market, Mother Goose, thrift store, Kiwanis market, mental health worker, library story time, pool, boys and girls club drop in, parenting class	
3. Parents increase personal and family support from their community	70% of respondents state they have made friendships with other people in the program 70% of respondents state they are more connected with their community	94% of parents made friends with other parents or caregivers as a result of coming to the program 70% feel more connected with their community as a result of coming to the program
What parents said/wrote in the parent feedback form:	<i>Examples of being connected</i> I have met new people, have a place to go, have new friends, fundraising – it makes me feel good, we have play dates outside the program, I talk to elders about the history of our little town, I am welcome in our school, we have met people with children the same age as our children, I have learned more about what to do with children in the community, meeting new friends, picnics in the park, my daughter is more connected with other kids her age, I have made a lot of friends in the this group and we get together and go out. I know where to get information. I go to things now so my kids get time to play with other kids. I know more people. Before coming, I did not know people, in town, now I feel like I belong and am happier living in Kelowna. The girls do things outside the group. When I go shopping in town, I know people now. I know that other moms have the same problems as me.	
4. Pregnant women and parents increase their knowledge of nutrition, know where to access low-cost nutrition and make low-cost nutritious meals at home	80% of respondents in food security programs state they learned things about nutrition for their families 80% of respondents in food security programs state they plan and make nutritious low-cost meals 80% of respondents in food security programs they know where to get low cost nutritious Food	N = 28 for this data 82% learned about healthy food for their family 68% now plan and make nutritious meals for their family more often 68% know where to get healthy low-cost foods

<p>What parents said/wrote in the parent feedback form:</p>	<p><i>Other things learned about healthy food for my family:</i> healthy snack ideas, why we should limit the amount of juice we give, real juice versus fruit punches, what foods to introduce and when, other ideas for fruit in the winter, how to get my child to eat new foods, reading label for contents, salt and sugar content, how to make soup and smoothies, how much is required in a day, not to give my kids too much kool aid, I can make good food cheap, healthy food provides energy, healthy eating starts at birth, learned how to make meals in a blender so my baby does not eat from a jar, brown is better than white when it comes to food, no pop, milk allergies, eat from all the food groups, cook stuff from scratch rather than use boxes, Canada Food Guide, how to choose less fatty meats, eat more raw food, how to can foods, learned about vitamins, new ideas, new recipes, three meals a day, popping dinner in slow cooker, don't force food, importance of balanced meals, how to prepare food, eat fresh - not canned</p> <p><i>Examples of where to get healthy, low-cost food:</i> the food bank, fruit stands, healthy harvest box, wholesale club, St Vincent food hampers, Safeway – buy one get one free meats, Quality Greens, coupons, Urban Harvest, community kitchen, McGavins Bread, soupateria Sun Rype, Superstore, Farmers Market, fruit stands in the summer time, look in the flyers, fruit packing plant, Monashee Co-op</p>	
<p>5. Pregnant women/ new mothers increase their knowledge and use of skills related to pregnancy, birth & taking care of baby</p>	<p>80% of pregnant women/new mothers identify one or more things they have learned about pregnancy, birth and/or taking care of baby</p> <p>80% of pregnant women/new mothers state they have used one or more of the things they learned about pregnancy, birth and/or taking care of baby</p>	<p>N=28 for this data 86% learned how to play with their baby as a result of coming to the program 83% learned how to feed their baby as a result of coming to the program 82% used some of all of the skills they learned</p>
<p>What parents said/wrote in the parent feedback form:</p>	<p><i>Other things learned about pregnancy, birth and taking care of baby:</i> Post-partum depression, how to avoid stress, colic baby, what is okay medication to take, it's okay for baby to cry and have nothing wrong, all babies are different, how big the baby is at different stages of pregnancy, how support can make a huge difference in not</p>	

	only the pregnancy but the entire future of the baby, everything I needed to know	
<p><i>Other comments from parents in the parent feedback form:</i></p> <p>I learn a lot and have good friends at CAPC. This is the best program I have ever had - me and my son look forward to it every week. The community kitchen is my favorite place to go to meet people and learn to cook. It rocks! I feel like I am not so lost in the parenting world anymore. I know I am not alone in the experiences I have each day and I have a good place to come for information. I love coming here and love ya all.</p>	<p><i>Other comments from parents in the parent feedback form:</i></p> <p>Great place to come. Fun activities for my kids. I love coming here. It is so nice to have somewhere to go to get out of the house. Staff are great. Nice people. Great. This group helps me with my kids. My daughter never wants to leave. I really like (CAPC worker) because she is there when I need her to talk about the problems with my kids. It is the most important part of the week for me and my kids, people here – like the volunteer are friendly and not snobby. I know beyond a doubt that our family would not have made it without the support of (CAPC worker) – she deserves the highest award.</p>	<p><i>Other comments from parents in the parent feedback form:</i></p> <p>This is a great place for people who are new to the valley to meet people. I never new two much about how to care for me kid and now I know. I love it cause no one judges you for who you are. I would have no friends if it was not for the program. The help I get here for my daughter is awesome. I look forward to this program all week. This program is awesome and very fun. I love coming to the family center – I meet new people, make new friends and learn lots</p>

In the program area Family Supports, Education and Resources, 4 of the 5 outcomes were completely met (Parenting, Support, Use of Community Resources, Pregnancy and Baby Care), and 1 outcome (Food Security) was partially met. Indicators were achieved at the percentage level set or higher, in 13 of 15 measurement items. The 2 lower results were 68% while indicators were set at 80%. That is, participants in food security programs (n=28) reported learning about healthy food (82%) but fewer (68%) reported that they planned and made healthier meals for their families and that they knew where to get healthy, low cost food. Staff will examine program activities and seek additional qualitative parent feedback in relation to these indicators and outcomes and then make changes that increase participants’ opportunities to increase knowledge and action.

The food security changes are the only changes planned as all other outcomes were achieved. Parents gained support (friends and community) and learned about community resources and used them. Additionally, parents learned about child safety, better communication, better parenting, and keeping child healthy, and used this knowledge at home. Also, pregnant women/new mothers learned about how to play with and feed their babies and used these skills.

In the next part of Section Three, the outcomes and indicators from the program area Community/Systems Building are presented and discussed as pilot work, that is, in a preliminary way, as the PHAC logic model was not received until January 2007. Given the limited time frame for refinement of activities and implementation of tools, very few outcome data were collected. Activities, tools and data collection strategies will be refined for 2007 based on staff’s experience to date. The actual refinements will be discussed at the regional staff evaluation meeting in the fall.

Table 6: Outcomes, Indicators and Results (Community, Volunteers and Staff Feedback)
Program Area: Community/System Building

Expected Outcomes (numbered and in bold italics)	Success Indicators	Results: from “community feedback form” (N=18), “staff feedback form” (N=8) and “volunteer feedback form” (N=14)
<p><i>1. CAPC community and system partners improve coordination on work related to at-risk families with children age 0 - 6</i></p>	<p>80% of respondents state how the improved coordination between CAPC and partners has made a difference in their work</p>	<p>86% of respondents stated they had been involved with CAPC over the past year</p> <p>100% of respondents who identified they had been involved with CAPC over the past year stated that the coordination has made a difference in their work</p>
<p><i>What respondents said/wrote in the feedback forms:</i> <i>Other ways our community has changed for the better because of policy/practice or program/service changes:</i> <i>Staff:</i> directories for all services for parents in Oliver and Osoyoos, more recreation programs, more events for children, community provides funding for children and parents, new playground equipment, new library programs, more support for families, more resources for parents, more information available on good nutrition, families can get answers to questions quickly and actually get “correct” information rather than misinformation, Mother Goose, this partnership has meant we can expand our hours and provide lunch, more people in the community are interested in ECD and getting involved to help parents and families.</p>	<p>Other ways our community has changed for the better because of policy/practice or program/service changes are: Volunteers: Available, affordable food helps everyone in the long run, parents that need help get help, there is camaraderie happening, young and single parents now have a place to go, the young children are blossoming, a place for new families in the community to meet other people, senior people are now involved with children, we now have help available in all three small communities- that never existed before, activist mind set is obvious in people who come to the group, there are more events in the community for children to attend, there is better equipment in the park and a water park</p>	
<p><i>2. Communities and systems improve their policies, practices and programs related to needs of at risk families of children ages 0 to 6</i></p>	<p>50% of respondents describe one way their organization has improved policies, and/or practices to better meet needs of at risk families with children age – to 6</p> <p>75% of respondents state two ways their organization has improved programs to better meet needs of at risk families with children age 0 to 6</p>	<p>95% of respondents described one way their organization have changed programs or services to better meet needs of families of young children living in risk</p> <p>60% of respondents stated two ways their organization have changed programs or services to</p>

	<p>90% of CAPC staff describe one way they experience their community has changed for the better because of policy or program changes</p>	<p>better meet needs of families of young children living in risk</p> <p>100% of staff and 93% of volunteers describe one way their community is different because of policy and practice changes</p>
<p><i>What respondents said/wrote in the feedback forms:</i> I consider CAPC to be an integral component of family health and wellness in our community. I have been involved with CAPC for about 4 years and I know they are making a difference. Grandparents are now involved with children in our town because of CAPC. Bridging the Generations and Tumble Bumble have improved the atmosphere and lives of the residents in our town. Great program – gives people a chance – everyone needs a chance We believe CAPC is necessary for the Hedley area – children are the future. This is a safe haven for families at risk in our community. CACP is an excellent partner to work with in our community. There has been great improvement in our community. There is great collaboration with CAPC in Oliver and Osoyoos – parents have input in our community directory Our community would be a sad place without CAPC. It would be a huge loss to people who need it. We very much appreciate the services that CAPC provides to the families we serve. It is a priority for me to available to work with CAPC. The CAPC program is a warm and friendly place for families who have nowhere else to turn.</p>	<p><i>Staff identified the following ways that the community has changed:</i></p> <ol style="list-style-type: none"> 1. It is easier to connect refer families to services they need: 75% 2. It is easier for me to information I need from services: 88% 3. Other people are more willing to support CAPC: 75% 4. Other people are more willing to be involved 88% 5. Our community is more aware of the importance and value of young children & families: 100% 	<p><i>Community partners/agencies identified the following ways that the community has changed as a result of working with CAPC:</i></p> <ol style="list-style-type: none"> 1. We have improved the outreach of our programs 2. We eliminated the cost of our facility 3. We made services more accessible 4. We changed our services based on our work with CAPC 5. We are a church and have opened our facilities to the needy parents and children 6. We make sure a nurse if provided to attend every week 7. We are now aware of what can be done for early child development 8. Our vision statement is now based on helping parents and children 9. Rebuilding the park to make if safer and opening up to families 10. We delivered food when they needed it 11. Attending the group weekly has allowed me (PHN) to build relationships with families in a comfortable, accommodating atmosphere.

The reader is reminded that these are pilot and preliminary results. While it appears that the outcomes were very successfully achieved in many areas as indicated by the numerical and qualitative data, there were problems with participants understanding some of the items on the tools and thus analysis in some areas was difficult. Also, data were not collected at all sites nor from a comprehensive sample. As described above, this is a reasonable situation given the late timing of implementation and measurement. The additional work being planned in the Community/Systems Building program area for next year was described previously. Nevertheless, the results presented above such as the comments from the community and volunteers, are impressive in terms of the value of the OSCAPC work in communities.

Section Four: Using Our Evaluation Findings

While all staff and Coalition members who were questioned said they used evaluation results in some way, the consensus was that results could be used more extensively to support the maintenance and development of OSCAPC. Time, resources and pressing front line issues are the challenges and also the fact that positive evaluation results and some of the troubling issues about the seeing needs greater than resources have been quite consistent for several years. At separate regional meetings, staff and Coalition members talked about “how to” make better use of program evaluation results given what has been learned over the past several years. For staff this meant using the data more consistently and comprehensively to improve local programming, advocacy and fundraising; for Coalition members, the focus was on better use of the results for advocacy and fund raising within communities and at regional and provincial levels. Strategies discussed were:

- Preparation of briefing documents (such as an executive summary) using evaluation results and a CAPC template for presentation to different audiences.
- Reviewing the evaluation report at fall regional meetings for the purpose of designing specific strategies for use by staff and Coalition members, based on the year’s results.

Section Five: Common Question Feedback

Table 7 Common Outcome Question Feedback Form

Common Question Administration
<p>1a. Please describe any problems you had in <u>administering</u> the common questions.</p> <p>CAPC staff explained that it was difficult to administer the questions when they and the program participants were not involved in developing the questions. The common questions replaced the previously used questions that staff and participants had developed and therefore had meaning for them and their program. The transition is difficult.</p> <p>There were some questions that could be interpreted in different ways e.g. “ Do you think that the work CAPC is doing in the community has increased the support for families of young children living in conditions of risk?” and “Because of the way communities or systems have improved their policies or services for families with young children, I observe that our community has changed for the better in the following way/s:”</p> <p>Program participants, community members and staff/volunteers complete the questionnaires with their own interpretation of the questions and the resulting data is not consistent for common analysis.</p> <p>Staff commented that the questionnaires for staff/volunteers and community had no meaning for them. They were not relevant to what was important for them. As a result, they just filled them in the best they could because they were required to do so.</p> <p>Although the Regional Coordinator and Evaluation Consultants reviewed the questions with CAPC staff, there was no “buy in”. They filled them in the best they could because it was a requirement; consequently there was less commitment to administering them.</p>

This was obvious in that only one out of six sites had collated their data prior to submission where in previous years there had been four or five out of the six sites that would review data and collate it prior to submission. The program staff invested collective time and energy in developing a community capacity building questionnaire that was relevant to their work with community and this was replaced with a required form with common questions. This is difficult for program staff to accept and a period of adjustment is required.

1b. How could these problems be dealt with?

Program staff and participants could be involved in developing or piloting the questionnaires. Questions could be more meaningful for programs with simpler language/fewer concepts in the question, notably the staff/volunteer and the community/systems questionnaires.

Common Question Completion

2a. Please describe any problems participants had answering the common questions.

See comments in 1a.

2b. How could these problems be dealt with?

See comments in 1b.

Common Question Analysis

3a. Please describe any problems you had in analyzing the data from the common questions.

The results are questionable in terms of validity and reliability because in some cases the meaning was unclear and they were interpreted differently by different respondents. There was far less depth in the analysis with common questions as the evaluators drew conclusions as required rather than exploring the meaning as had previously been done. The forms were limiting for locally relevant analysis.

The time required to analyze according to the tables and the guide was more than anticipated.

3b. How could these problems be dealt with?

Enhance clarity of questions.

The meaning could be explored as had been done prior to common questions, but the amount of work required to complete analysis as outlined in the guide, left no time for further work.

If the requirements remain the same for a number of years in sequence rather than changing each year, the time required would be reduced for everyone involved.

Common Question Results Presentation

4a. Please describe any problems you had in presenting the findings from the common questions.

The reporting guidelines were restrictive and limited the presentation to what was required rather than what was significant or thematic. Often the “other comments” contain the richest results. These are useful at the local level, but not required in presenting format. A great deal of time was required to present data in required format.

4b. How could these problems be dealt with?

The required format could be consistent for a number of years so that program folks and evaluators could become familiar with the format and thus require less time. Note that funding has not increased since CAPC started, but the evaluation requirements are constantly changing and are more rigorous at the same time as the clientele is increasing, costs are increasing and community funding is more competitive therefore constantly doing more with less.

CAPC Excel Spreadsheets

5a. Please describe any problems you had in using the CAPC Excel Spreadsheets.

It was challenging and time consuming to import the spreadsheets into a word document. The spreadsheet was no more useful as an excel document than it would be as a word document.

5b. How could these problems be dealt with?

Provide the option to use a word document or an excel document (our hope is that with the excel program provided by PHAC, the data analysis will be simpler for the 2007-08 report)

Appendix A: 2006-07 Program Logic Models
(please see following two pages)

OSCAPC Program Logic Model - CAPC Project # 94-25 - 20006

Coalition Name: Okanagan-Similkameen Community Action Program for Children **Program Name:** Brighter Futures for Children

Program Area: Family Support, Education and Resources

Longer Term Outcome: Parents* of children 0 to 6 years of age, living in conditions of risk, have improved health*

Philosophy: Programs are community-driven and designed to build community capacity for supporting families with young children

Activities	Outputs	Outcomes (short term & intermediate)	Success Indicators	Tools
-parent support group -pregnancy support - parenting education & training - provision of healthy food, transport, child minding -shared info about parenting skills -guest speakers -provision of resource materials -shared information about community resources -recreational activities -social activities - special events - food security: community kitchens, healthy food bag, canning and freezing classes, bulk buying, budgeting, accessing low-cost nutritious food	-#/type of programs -#/type of classes -#/type of group -# of sessions -# hours of service -# of parents & caregivers attending # of children attending kinds of events, field trips % of participants in target population	1. Parents/caregivers increase their knowledge and use of effective parenting skills. 2. Parents/caregivers increase their knowledge and/or use of community resources appropriate to their needs. 3. Parents/caregivers increase level of personal & family support from their community 4. Pregnant women and parents/caregivers increase their knowledge and use of healthy living practices	1a. 80% of respondents describe/check off two parenting skills gained as a result of coming to the program. 1b. 80% of respondents state they have used one or more of the parenting skills 2a. 65% of respondents state they are now more aware of and/or have used community resources related to meeting their families needs 3a. 80% of respondents state they have made/enhanced friendships with other people in the program. 3b. 70% of respondents state one way their family is now more connected with their community. 4a. 80% of respondents in food security programs state they plan and make nutritious low cost meals. 4b. 80% of respondents in food security programs describe two things they learned about nutrition for their families. 4c. 60% of respondents in food security programs state they know where to get low cost nutritious food. 4d. 65% of pregnant women and new mothers identify two things they have learned about pregnancy, birth and/or taking care of baby 4e. 65% of pregnant women and new mothers state they have used of one or more of the things they learned about pregnancy, birth and/or taking care of baby	Participant card. Participant feedback gathered from: 1. parent feedback form/s administered to all parents in attendance at least once per year 2. monthly data collection form completed by staff at each group and totaled at month end 3. year end summary report form completed for all programs 4. parent stories collected by staff throughout the year

*parents of children 0 to 6 years of age” includes pregnant women

*health is defined from a holistic perspective; the health of parents impacts the health of their children through parenting

OSCAPC Program Logic Model – CAPC Project # 94-25 – 2006

Coalition Name: Okanagan-Similkameen Community Action Program for Children **Program Name:** Brighter Futures for Children

Program Area: Community/System Building (focus is organizations & systems serving host communities and neighbourhoods where at-risk population lives)

Longer Term Outcome: Healthy communities for at-risk families with children age 0-6;

Philosophy: Programs are community-driven and designed to build community capacity for supporting families with young children

Activities	Outputs	Outcomes (short term & intermediate)	Success Indicators	Tools
<ul style="list-style-type: none"> • prepare media presentations on program activities • assist parents to produce newsletters & educational materials to be distributed at community events • make presentations about program to diverse community groups (e.g. service clubs, churches) • invite and encourage parents and children to join in community activities (e.g. parks work, seniors centre) <ul style="list-style-type: none"> • recruit and train community volunteers to help with program activities (e.g. Kiwanis women child minders) • recruit and train volunteers from parent participants, • participate in community meetings (e.g. coalitions) • build and maintain partnerships and networks with community members (e.g. PHN's, farmers, businesses) • solicit donations from the community (e.g. food) • engage in fundraising activities • invite and accommodate guest speakers to programs • encourage and assist with changes in community policies or structures to increase support for young families (e.g. places to breast feed, playgrounds for young children) 	<ul style="list-style-type: none"> - list of media & community presentations - # of community activities with parents - # of volunteer hours and types of volunteer work - list of com'ty meetings - list of partners and contributions - list of donors and amount of funding - list of guest speakers - list of changes in community with parent/staff participation 	<ol style="list-style-type: none"> 1. CAPC, community and system partners improve coordination on work related to at-risk families with children age 0-6. 2. Communities and systems improve their policies, practices and programs related to needs of at risk families with children age 0-6. 3. Community and system participants in education activities increase their awareness of issues related to at risk families with children 0 – 6 	<ol style="list-style-type: none"> 1. 80% of community/system respondents state how the improved coordination between CAPC and partners has made a difference to their work. 2a. 50% of community/system respondents describe one way their organization/system has <i>improved policies, practices</i> to better meet needs of at risk families with children age 0-6 as a result of the shared work and/or education. 2b. 75% of respondents state two ways their organization/system has <i>improved programs</i> to better meet needs of at risk families with children age 0-6. 2c. 90% of CAPC participants/staff involved in this work describe one way they experience their community is different because of the policy, practice and program changes and/or their activities. 3a. 85% of participants in CAPC related education activities report two ways their level of issue awareness increased because of the education session or activity attended/involved in. 	<ul style="list-style-type: none"> Community feedback form Staff/vol'r feedback form National Program Profile (NPP) Monthly report form Year end summary form Evaluation feedback completed at end of education activities

parents includes pregnant women; **health** is defined from a holistic perspective; the health of parents impacts the health of their children through parenting; **community** consists of other organizations, agencies, groups, & institutions in the community such as non-profit groups, churches, community centres, other programs funded by government, etc; systems are actual federal or provincial government ministries or departments such as Public Health, Child & Family Development, Human Resources.

Appendix B: Coalition Profile Form

Name of coalition:	Okanagan Brighter Futures for Children Okanagan Similkameen CAPC Coalition		
Coalition Number:	4927-10-1994-0000-025		
Coordinator: Name and contact information	Anima Anand, Regional Coordinator OSCAPC Okanagan Families Society 1829 Chandler Street Kelowna, BC V1Y 3Z2 Phone: (250) 763-0456 Fax: (250) 763-4910 E-mail: aanand@okfamilies.org		
Host Organization:	Central Okanagan Boys and Girls Club Attn: Diane Entwistle (Chair of OSCAPC Coalition) 1633 Richter Street Kelowna BC V1Y 7N3 Phone: (250) 762-3914 Fax: (250) 762-6562		
Names of coalition members, agencies, and cities/towns/villages where they are located:	Name	Agency	City/town/village
	Dennis Dandeneau	Okanagan Families Society	Kelowna
	Edna Terbasket	Ki-Low-Na Friendship Society	Kelowna
	Lori Gillard	Okanagan Boys and Girls Club (Families First)	Penticton
	Eileen Oliver- Bauer	Lower Similkameen Community Services Society (Keremeos Family Centre)	Keremeos
	Roxie Van Aller	South Okanagan Integrated Social Services Society	Oliver-Osoyoos
	Penny Schreckenber	Princeton Child Care Society	Princeton
List of communities where coalition members run programs:	Kelowna Westbank Rutland Kelowna off- reserve Penticton Oliver Osoyoos Keremeos Hedley Cawston Princeton		
Number of sites where programs are run:	14		
Number of programs: Please use programs as described in your NPP report.	Six		
Author of evaluation report and contact information:	OSCAPC Evaluation Consultants: Dr. Claire Budgen Tel: 250 807 9963 or 250 861 6802 claire.budgen@ubc.ca Lynn Malinsky Tel: 250 807 9880 or 250 769 3265 lynn.malinsky@ubc.ca		

Appendix C: Methodology Form

<i>Data collection tool</i>	<i>When and over what period of time was data gathered</i>	<i>Who collected data or participated</i>	<i># of completed forms</i>
OSCAPC Monthly Report Form - group attendance form - monthly output data	- at each group session throughout the year and reported on a monthly basis - 12 reports are produced by each site each year	- staff collected and recorded data	6
OSCAPC Parent Feedback Form	- once per year the form is administered with all parents in attendance at group on the selected day	- parents completed form - staff and volunteers collected data	98
OSCAPC Community Feedback Form	- once per year the form is provided to community partners/contacts who complete the form and return it to staff	- community members (individuals, agencies) completed form -staff distributed and collected forms	24
OSCAPC Staff and Volunteer Feedback Form	- once per year the form is completed by all staff and volunteers who choose to participate	- staff	23
OSCAPC Year End Summary Report - a summary of the 12 monthly reports	- April of each year the form is completed by staff to report data collected in the previous fiscal year	- staff collected and compiled the data	6
Program site records and copies of media and promotions pieces	- throughout the year	- staff and volunteers collect data	varies

Appendix D: Evaluation Tools
(please see following pages)

OS-CAPC Monthly Report Form

Group Name: _____ Month: _____ Year: _____

TOPICS: <i>(if guest speaker, note occupation)</i>						DATE														
1.						Volunteers and Hours														
2.																				
3.																				
4.																				
Participant NAME	N	e	Children Attendance					N	e	Adult Attendance					g	u	e	s	t	Comments: pregnant, birth weight, breast feeding (BF), vitamins (V), food certificate (FC), referrals, etc.
			1	2	3	4	5			1	2	3	4	5						
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				
11.																				
12.																				
SUB-TOTAL #																				

Total # of new parents for the month _____, of these how many were pregnant? _____
 Total parent attendance for the month: _____
 Total # of new children for the month _____ of these how many were born this month? _____
 Total children attendance _____

Revised 2006 by C.Budgen/L.Malinsky/A Anand

PARENT FEEDBACK FORM
2006-07

(program name)

LOCATION _____ TODAY'S
DATE _____

How many times have you come to _____ in
the past three months?

1 to 3 times _____

4 to 9 times _____

10 or more times _____

**If you are a parent or caregiver of a child over six months old please
answer question 1:**

1. As a result of coming to this program I have learned more about these
parenting skills (*check all of the things you've learned about*)

- I know more about children's *ages and stages*
- I know more about how to keep my child *safe*.
- I know more about *effective discipline* with my child.
- I know more about ways to handle things like sleep/naps, toileting, food likes and dislikes.
- I know more about ways to keep my child *healthy*.
- I know more about *art and craft* activities for children.
- I know more about ways to help my child *learn* (reading, numbers, music etc.).
- I know more about ways to *communicate* better with my child.
- I know more about new/different *ways to parent*.

Other parenting skills I have learned are:

Have you used any of these parenting skills at home?

- Yes
- No

If yes, here is an example of how I have used the parenting skills at home.

If you are pregnant or a parent of a new-born baby please answer question 2:

2. As a result of coming to this program, I have learned these things about pregnancy, birth and taking care of my baby. (check all the things you've learned about)

- How to breastfeed my baby
- How to prevent babies from being affected by alcohol, smoking or drugs
- Healthy ways to give birth
- How to care for my new baby
- How to care for myself during pregnancy
- How to play with my baby
- How to feed my baby

Other things I have learned at this program about pregnancy, birth and caring for my baby are:

I have used some or all of the above skills at home?

- Yes
- No

If yes, here is an example of how I used the skills at home.

Everyone please answer the following questions:

3. As a result of coming to this program I know more about other resources or places in the community to meet my family's needs.

- Yes
- No

If yes, here is an example of a resource or place I know about in the community.

4. Have you used any of the resources or places that you have learned about?

- Yes
- No

If yes, here is an example of a resource or place that I have used.

5. As a result of coming to this program, I have made friends with other parents or caregivers

- Yes
- No

6. As a result of coming to the program, I feel more connected with my community (meaning the people in my neighbourhood, town or city)

- Yes
- No

If yes, this is one example of how I feel more connected with my community:

7. As a result of coming to this program, I learned about healthy food for my family?

- Yes
- No
- Not applicable

If yes, here are two things I learned about healthy food for my family:

8. As a result of coming to this program, I now plan and make healthy, low-cost meals for my family more often.

- Yes
- No
- Not applicable

9. I know where to get healthy, low-cost food.

- Yes
- No
- Not applicable

If yes, here is an example of where I can get healthy low-cost food:

If you have anything else you want to say, please write it here.

Thanks for completing the form.

Okanagan Similkameen Community Action Program for Children
OS -CAPC
COMMUNITY FEEDBACK FORM
2006-07

(OSCAPC community and program name)

TODAY'S DATE _____

Please complete the following questions. The information provided will be used anonymously for evaluation and quality improvement purposes.

1. What is your involvement with CAPC? *(check all that apply)*

- volunteer
- guest speaker
- provide activity/demonstration for the parent group
- provide resources for the parent group (e.g. food, meeting room, supplies)
- community partner
- community consultant
- funder (provide funds of any amount)
- community advisory committee member
- Other _____

Please elaborate on your involvement

Is your involvement new this year or on-going over the years?

- New
- On-going

2. Please describe in general, what you know about CAPC in your community

3. Have CAPC parents and/or their children been involved with your agency or group over the past year?

- Yes
- No

If yes, please explain how their involvement has contributed to your work and/or the community

4. Do you think that the work CAPC is doing in the community has increased the support for families of young children living in conditions of risk?

- Yes
- No

If yes, please explain how the support has increased

5. As a result of working with the CAPC program, have you changed your programs or services, to better meet the needs of families of young children living in conditions of risk? Please check any of the following, and add your own at the end of the question if you like:

- We improved the outreach of our programs or services to families with young children
- We decreased or eliminated the cost of a program or service
- We made our programs or services more accessible to families with young children (for example, changed the time, changed location, provided transportation)
- We developed or changed a program or service based on what we learned from CAPC about family/young children's needs.
- Another way we changed our programs or services because of our work with CAPC is:

- There has been no change in our programs or services for families with young children as a result of our work with the CAPC staff or program

If you have anything else you want to add, please write it here.

Thanks for your comments.

Okanagan Similkameen Community Action Program for Children
OS -CAPC
STAFF AND VOLUNTEER FEEDBACK FORM
2006-07

(OSCAPC community and program name)

TODAY'S DATE _____

Please complete the following questions. The information provided will be used anonymously for evaluation and quality improvement purposes.

1. Because of improvements in policies and/or services for families with young children, I observe that our community has changed for the better in the following way/s: (check any of the following)

For CAPC Staff to answer:

- It is easier for me to connect/refer families to people and/or services they need
- It is easier for me to get information I need from people and/or services so I can help families we work with through CAPC
- Other people and/or services are more willing to support CAPC (such as letters of support, in-kind support, funding support, etc)
- Other people and/or services are more willing to be involved with CAPC (in community events, workshops, meetings, etc)

For CAPC Staff and Volunteers to answer:

- Our community is more aware of the importance and value of young children and their families
- Other ways our community has changed for the better because of policy/practice or program/service changes are: (please describe what has changed and how it is better now)

Appendix E:

OSCAPC TRAINING SUMMARY 2006-07

Trainings completed:

1. Strategic Review and Planning Meeting
April 3, 2006 (Penticton Lakeside Resort)
Coalition members, staff representatives, evaluation consultant, invited guests
2. Interactive Innovations: A showcase of Learners and Learning;
Early Learning Conference
May 25, 26, 2006 (Grand Okanagan Lakeside Resort, Kelowna)
Regional Coordinator
3. Evaluation Staff Meeting
June 19, 2006 (Coast Capri Hotel, Kelowna)
All Staff and Evaluation Consultants
4. Sorrento Gathering
September 14 to 16 (Sorrento)
Parent participant/Volunteer from Keremeos Family Centre
5. Annual Rendezvous/Training on Motivational Interviewing
October 4, 5, 6 2006 (Naramata Conference Centre)
All OSCAPC staff, staff from other projects and agencies
(Follow up- third training day for MI completed on April 10, 2007)
6. 2007 Interior Regional CAPC/CPNP/AHS Training held on March 27-29
(Coast Capri Hotel, Kelowna)
Four OSCAPC Staff and Regional Coordinator attended the training.

Appendix F: Staff “Tid-bits” and Success Stories

(Please see hard copy of the report mailed separately)

Appendix G: Common Outcome Question Feedback Form

Form 7

Please take the time to complete this form so we can continue to improve our evaluation requirements. You can complete it electronically and use as much space as you need.

Common Question Administration
1a. Please describe any problems you had in <u>administering</u> the common questions.
1b. How could these problems be dealt with?
Common Question Completion
2a. Please describe any problems <u>participants</u> had <u>answering</u> the common questions.
2b. How could these problems be dealt with?
Common Question Analysis
3a. Please describe any problems you had in <u>analyzing</u> the data from the common questions.
3b. How could these problems be dealt with?
Common Question Results Presentation
4a. Please describe any problems you had in <u>presenting</u> the findings from the common questions.
4b. How could these problems be dealt with?
CAPC Excel Spreadsheets
5a. Please describe any problems you had in using the CAPC Excel Spreadsheets.
5b. How could these problems be dealt with?