

OKANAGAN SIMILKAMEEN COMMUNITY ACTION PROGRAM FOR CHILDREN

**Program Evaluation Annual Report
2005-2006**



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Introduction

The Okanagan Similkameen Community Action Program for Children (OSCAPC) includes six program sites administered by a Coalition of six community agencies and representatives of the Host Agency and the Interior Health Authority (see Appendix B. Coalition Profile Form). The programs provide group services for families with young children, pregnant women and new mothers, in particular those living in conditions of risk.

The OSCAPC Coalition uses the Coalition Logic Model, a *Recipient Logic Model Template* and *Strategic Action and Directions Plan* (2005-07) to guide program development and reporting. A Regional Coordinator coordinates program development with the regional staff and the Host Agency contracts both a Community Nutrition Consultant to guide food security activities, and Evaluation Consultants to assist with program evaluation. The Coalition met four times throughout the year and administered the program in compliance with the OSCAPC Program Manual (available through any OSCAPC Coalition member).

Each of the six program sites provided community-driven services guided by the OSCAPC Program Manual, the OSCAPC Evaluation Plan (see Appendix D) and the Coalition Logic Model (see Appendix A). Each program site has unique challenges and opportunities as services are provided in smaller, rural communities, as well as, larger urban centers. The OSCAPC has created a supportive network of staff throughout the region to enable achievement of common outcomes. According to this year's National Program Profile report completed by the Regional Coordinator, twenty-three individuals were employed by OSCAPC in a typical week including group assistants, child minders and contractors. Across the six sites, eighty-six community partners donated services and resources. Also, many volunteers provided support such as child minding and food preparation.

The OSCAPC Regional Network, consisting of the Regional Coordinator and program staff, meets three times per year and more as required for networking, training and program evaluation purposes. This year, staff participated in a capacity building workshop, Fetal Alcohol Syndrome (FASD) prevention mentorship training, Early Years Conference, Regional CAPC/CPNP networking, Sorrento Food Security Gathering, Provincial CAPC/CPNP Conference as well as peer mentoring site visits in Salmon Arm, Vernon and Kamloops.

OSCAPC programs are planned, implemented and evaluated using a logic model format. The program area of focus for this report is "Family Support, Education and Resources". Although OSCAPC had used three program areas in the 2003-06 Evaluation Workplan, the Workplan was modified late this year to focus on one program area only in response to the Public Health Agency of Canada's (PHAC) new streamlined evaluation framework. Thus, for 2006-07, a new single logic model "Family Support, Education and Resources" and evaluation instruments were developed to reflect the PHAC requirements.

For the year of this report, the staff used the earlier logic model and evaluation tools. However, the Evaluation Consultants in collaboration with the Regional Coordinator determined that the report should be as consistent as possible with the new streamlined plan to ease the transition. Thus this PEAR report focuses only on "Family Support, Education and Resources" and not on "Building Community Capacity" and "Support for Women Having Babies". To ensure that pregnant women and new mothers are appropriately accounted for in this report, the 2005-06 logic model (see Appendix A Family Support, Education and Resources) has been modified slightly from the 2003-06 template. Most data collected this

year for the latter two areas has been reported in the National Program Profile and in local site reports.

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 E: Evaluation Tools.

The draft evaluation report is prepared by the Evaluation Consultants and submitted for review by the Regional Coordinator. The draft report is also presented to the regional staff and Coalition for review prior to completion. This enhanced review process not only ensures that the report accurately reflects site specific and regional issues and achievements, but also facilitates familiarity with and use of the results.

The PEAR format enables evaluation of the program's success at reaching the desired participants, types of program activities, amount of outputs and progress toward outcomes for the fiscal year. In this report, data presented via table format illustrates the degree of achievement of anticipated outputs and outcomes. Additionally, the report includes a discussion of whether OSCAPC was able to do what was planned, any changes that were made and the rationale for these changes. Also included is a discussion on whether the planned outcomes for the year were achieved and how evaluation results were used to improve the program.

The 2005-06 OSCAPC evaluation report has been prepared as outlined in the PEAR framework provided by PHAC. Analyzed data are presented and discussed in four sections:

- participants
- activities and outputs
- outcomes and indicators
- using our evaluation results

Section One: Participants

Table 1: Demographic Profile of Participants

Variable	November 2004	November 2005
Gender	Female: 87% Male: 13%	Female: 89% Male: 11%
Average age	29	30
Number of children brought	0-3 year olds: 165 4-6 year olds: 35 over 6 year olds: 18	0-3 year olds: 139 4-6 year olds: 49 over 6 year olds: 28
Type of Caregiver	Parent: 83% Expecting Parent: 13% Other caregiver: 1% Paid caregiver: 2% Parent and paid caregiver: 1% Other caregiver and paid caregiver: 0% Parent and other caregiver: 0% Not applicable: 1%	Parent: 90% Expecting Parent: 5% Unpaid caregiver: 3% Paid caregiver: 3% Other: 0% Not applicable: 0%
Marital status	Single: 39% Married or living with a partner: 61%	Single: 34% Married or living with a partner: 66%
Aboriginal status	Aboriginal: 17% Non-Aboriginal: 83%	Aboriginal: 24% Non-Aboriginal: 76%
Ethnicity	Identify with ethnic/cultural group: 11% Does not identify with an ethnic or cultural group: 86%	Identify ethnic/cultural group: 21% Does not identify with an ethnic or cultural group: 79%
Immigrant status	Immigrated to Canada within last 10 years: 13% Resided in Canada over 10 years: 87%	Immigrated to Canada within last 10 years: 10% Resided in Canada over 10 years: 90%
Income assistance	Yes: 38% No: 59%	Yes: 32% No: 68%
Income Monthly	No income: 5% Less than \$600: 5% \$600 - \$1000: 18% \$1001 - \$1301: 20% \$1301 - \$1600: 17% \$1601-\$1900: 6% More than \$1900: 7% No info: 24%	No income: 7% Less than \$600: 8% \$600 - \$1000: 26% \$1001 - \$1301: 19% \$1301 - \$1600: 14% \$1601-\$1900: 9% More than \$1900: 18%
Education	Did not complete high school: 30% High school: 43% Post secondary: 27%	Did not complete high school: 21% High school: 37% Post secondary: 42%

Discussion of demographic results:

From these November statistics one can conclude that OSCAPC is reaching the desired participants, that is, pregnant women, new mothers and families with young children living in conditions of risk. Potential risk conditions include financial hardship, social and geographic isolation, and aboriginal and recent immigrant status. The OSCAPC region serves smaller rural communities, larger urban communities and off reserve aboriginal people. Regional staff reported

a slightly improved economic picture this year in terms of employment opportunities however this employment tends to be seasonal and at minimum wage. Staff also reported that housing, utility and transportation costs increased throughout the region. Overall, as the demographic samples are for one month, some degree of error (+ or -) in relation to annual figures is expected.

In comparison with 2004, the November demographic statistics for 2005 show an increase in:

- lower income families (i.e. below 1000 monthly income 41% vs 28%),
- families with incomes more than 1900 monthly (18 vs 7%)
- aboriginal families (24% vs 17)
- families who identify with an ethnic group (11% vs 21%),
- overall level of education (no high school 21% vs 30% , high school/post secondary 79% vs 70%).

The increases are all in a direction that supports the conclusion that OSCAPC is reaching the participants of interest, except the higher education level and the higher income level of some participants which warrants further consideration. Although higher education levels generally are associated with better economic status and parenting skill, there are exceptions for example when there is mental illness. As mentioned previously, the region is known for seasonal and minimum wage jobs and while the current increase in work opportunities has been very positive for families, the costs associated with mothers going to work and the noticeable cost of living increase throughout the region have created strain. Also, in terms of income, the increase in lower income families is consistent with the CAPC goal of reaching disadvantaged families but the increased proportion of families with monthly income over \$1900 may or may not represent families living in conditions of risk depending on how high the income is, number of children supported and cost of living. Two other factors to consider in rural communities are isolation that can be a risk condition for any family, and inclusion of some higher income families. This inclusion of higher income families has been viewed as helping build community support for all families, providing positive role models for higher risk families and reducing isolation of all families. Additionally, as no 2004 data were available on 24% of the sample, income percentages may not be representative of that sample.

In comparison with 2004, the November statistics for 2005 show a decrease in:

- new immigrant families (10% vs 13%) Not considered large enough to be of concern.
- pregnant women (5% vs 13%) However since the overall number of pregnant women reached in 2004 and 2005 is equivalent, (110 vs 111) this is an artifact of the month..
- income assistance (32% vs 38%) This is consistent with staff reporting more work opportunities.

Staff described a number of innovative strategies used this year to enable participation of the population of interest. New strategies were developed as problems arose in each community.

Participation maintenance strategies with parents included provision of:

- bus tickets and car pooling so that families could attend groups and special events
- monthly calendar of activities so that families could plan ahead
- healthy food for consumption by parents and children at all activities
- breast pads so that breastfeeding mothers could easily attend (this also promoted longer breastfeeding)
- food co-op on site and other food security programs so that families could obtain low cost nutritious food while attending groups
- personal support for new attendees until they form connections with others in group to ensure

that they return

- outreach to growers with seasonal workers who are pregnant and parenting e.g. to allow flexible hours so that families can attend program
- work with community groups to translate program material e.g. to Punjabi.

Strategies to promote referral to OSCAPC by others in the community included:

- encouraging current participants and volunteers to invite others
- maintaining close links and advertising with Public Health, MCFD and related agencies
- bookmarks and posters in hospital maternity units, physicians offices, walk in clinics and libraries

In summary, Section one focused on whether OSCAPC is reaching the participants that the program is designed to reach by comparing participant data from 2005 to 2004. The results indicate that OSCAPC is reaching the participants of interest. Staff will proceed with the strategies they are using and will develop new strategies as needed to ensure this successful outreach continues.

Section Two: Activities & Outputs

Table 2: Outputs: Regional Aggregate with Comparison 2003-06

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

** Note: OSCAPC has achieved these outputs in the context of general social service program funding cuts in BC in 2003 and status quo funding for CAPC for a decade, a commendable achievement reflective of staff, participant and community commitment to young families.*

Table 3: Activities and Outputs by Program Site

Program Area: Family Support, Education and Resources

SITE	ACTIVITIES (via group type)	OUTPUTS (total program site outputs for all activities for the year)
Central Okanagan Community Based Parenting Support (COCBS) - Kelowna	Giggles and Hugs, Downtown -weekly parenting group Giggles and Hugs, Westside -weekly parenting group Giggles and Hugs – Rutland -weekly parenting group Tots Making Tracks, Westside -weekly toddler parenting group Tots Making Tracks, Downtown -weekly toddler parenting group Special Deliveries (prenatal) -weekly group for pregnant women	Central Okanagan Totals for yr: 124 parents including 24 pregnant women/yr, 1445 parent attendance/yr 224 children/yr, 1685 child attendance/yr <hr/> 348 total participants/yr 3130 total attendance/yr 542 total group hours/yr
Family Centre Parenting Support (FCPS) – Keremeos	Tumble Bumble, Keremeos -weekly healthy lifestyle choices drop-in group	Keremeos/Hedley Totals for yr:

	<p>Bridging Generations, Keremeos -weekly intergenerational drop in group with focus on literacy</p> <p>Moms & Tots, Hedley -weekly drop-in parenting group</p> <p>Prenatal Group, Keremeos -weekly drop-in group for pregnant women</p>	<p>136 parents including 24 pregnant women/yr, 1216 parent attendance/yr 241 children/yr, 1887 child attendance/yr</p> <hr/> <p>377 total participants/yr 3103 total attendance/yr 506 total group hours/yr</p>
<p>KiLowNa Friendship Society Parenting Support (KFSPS) – Kelowna</p>	<p>Parenting Circle - twice weekly drop-in group</p> <p>Community Garden - weekly drop-in May to Aug</p>	<p>KiLowNa Totals for yr: 70 parents including 8 pregnant women/yr, 600 parent attendance/yr 58 children/yr, 449 child attendance/yr</p> <hr/> <p>128 total participants/yr 1041 total attendance/yr 224 total group hours/yr</p>
<p>Lower Similkameen Community Based Parenting Support (LSCBPS) - Oliver/Osoyoos</p>	<p>Parent Support Group, Oliver -weekly drop-in group</p> <p>Community Kitchen, Oliver -weekly group</p> <p>Community Garden, Oliver -weekly in June – Sept</p> <p>Parent Support Group, Osoyoos -weekly drop-in group</p> <p>Community Kitchen, Osoyoos -weekly nutrition group</p>	<p>Lower Simikameen Totals for yr: 41 parents including 9 pregnant women/yr, 1253 parent attendance/yr 50 children/yr, 1659 child attendance/yr</p> <hr/> <p>91 total participants/yr 2912 total attendance/yr 743 total group hours/yr</p>
<p>Princeton Community Based- Parenting Support (PCBPS)</p>	<p>Time for Play -twice weekly drop-in parenting group</p>	<p>Princeton Totals for yr: 83 parents including 14 pregnant women/yr, 971 parent attendance/yr 128 children/yr, 1341 child attendance/yr</p> <hr/> <p>211 total participants/yr 1312 total attendance/yr 188 total group hours/yr</p>
<p>South Okanagan Community Based Parenting Support (SOCBPS) – Penticton</p>	<p>Positively Pregnant (prenatal) -weekly group for pregnant women</p> <p>Family Special -weekly education/recreation group</p> <p>Community Kitchen -three times per month</p> <p>Muffin Mix -weekly drop-in parenting group</p> <p>Family Night -monthly Sept – June - drop in family activities</p>	<p>South Okanagan Totals for yr: 105 parents including 31 pregnant women/yr, 1213 parent attendance/yr 92 children/yr, 1344 child attendance/yr</p> <hr/> <p>197 total participants/yr 2557 total attendance/yr 558 total group hours/yr</p>
<p>Total in the region for the fiscal year 2005-06</p>		<p>Regional Totals for yr</p> <p>559 parents including 110 pregnant women, 6698 parent attendance 793 children, 8365 child attendance</p> <hr/> <p>1352 regional participants 15063 regional attendance 2761 regional group hours</p>

Discussion of activity and output results:

In the comparison of outputs for 2005 and 2004, it should be noted that one program site provided 12 month data this year and only 4 month data last year due to staffing changes. Thus some increase in numbers was anticipated and should not be regarded as program growth. Also, staff reported the following changes in programming which affected outputs:

1. At one site, a pilot parent/toddler support group in a suburban community was cut due to funding constraints and lack of transportation although the community has increased population growth and numbers of young families seeking help.
2. Through new partnerships with other groups who received funding for working with young families but did not have a program, some sites were able to extend group hours and obtain larger rooms
3. Fundraising was done to support volunteers via training workshop and appreciation event.
4. Arrangements were made for parents to be trained as facilitators for Parenting with Purpose and then to offer a 6 week home based program for other parents.
5. Partnered with other professionals such as speech and language to conduct screening and conduct language activities at sites.

Output statistics for 2005 in comparison with 2004 indicate an increase in number of:

- different parent participants (7%) not deemed significant given 12 vs 4 month data from one site.
- different child participants (22%) attributed to some families having more children in 2005.
- group program hours (16%) attributed to one site adding a parent support group per week and one site giving 12 vs 4 month data.

Output statistics for 2005 in comparison with 2004 indicate a decrease in number of:

- parent attendance (4%), may be attributed to decreased attendance of parents with larger families, increased employment or families moving.
- child attendance (16%) same as above.

Output statistics for 2005 in comparison with 2004 indicate an equivalent number of pregnant women.

In summary, Section two focused on a comparison of the 2005 program activities to what OSCAPC had planned, and a comparison of the 2005 with 2004 outputs. OSCAPC program activities were carried out as planned with some adjustments as noted. The results indicate that OSCAPC outputs are within reasonable parameters and no changes related to the activities or outputs are planned for next year. Of course, staff always anticipate that some changes will need to be made as circumstances shift throughout the year.

Section Three: Outcomes and Indicators

Table 4: Outcomes, Indicators and Results

Program Area: Family Support, Education and Resources

Note: The word parent in this section is inclusive of parents of children 0-6, pregnant women and new mothers.

Expected Outcomes	Success Indicators	Results: from 'Questions for Parents' Tool (N=130 unless stated otherwise)
1. Parents have increased knowledge about parenting and young children's health and development	<ul style="list-style-type: none"> -Parents report knowing more about parenting and their young children's health and development -Parents report knowing more about the impacts of their health on their children's health -Parents report knowing more about healthy nutrition for themselves and their children -Parents report using new knowledge Parents report feeling more confident about their parenting 	<p>91% learned about being a parenting (N = 121)</p> <p>92% learned about child development (N=121)</p> <p>88% learned about baby care (N= 121)</p> <p>93% learned about food/nutrition</p> <p>90% used at home what was learned at program</p>

Parents made the following comments in response to the noted questions:

What skills and knowledge have you gained?

breastfeeding, how to cook, how to play with my baby, nutrition, reading with my child, parenting skills, communication skills, food safe, menu planning, shopping, hazards of second hand smoke, anger management, how to can food and make jam, crafts for kids, gardening, how to bath a new born, how to discipline my kid without yelling and hitting, dental hygiene, other people go through same things I do, what babies can and can't eat for their age, learned to think before I act, how to have a routine in my house, how to deal with my kids behavior on a positive note.

Analysis: This textual data is consistent with the quantitative results and indicates increased knowledge and use of knowledge re child and infant development, parenting of young children, baby care, food security/nutrition, impact of own behavior on child and sense of support from being in group.

What have you learned about baby care, child development and being a parent?

learned about babies, growth of baby while pregnant, nutrition, not to drink and do drugs, don't shake the baby, first aid, not to yell at the kids, songs and rhymes , bedtime routines, not to spank, modeling healthy snacks, make time to do stuff with children, different ways to deal with difficult child, give choices, be patient and kind, learned to listen more, stages of development for kids, how to talk about sex and body parts, kids are all different, child's brain is like a sponge - they soak up everything, play ideas to help language, singing and rhyming develops the brain, importance of breastfeeding, importance of touch, vaccinations, first foods, discipline vs. punishment, introduction of solid foods.

Analysis: This textual data is consistent with the quantitative results and indicates increased knowledge and skillfulness re pregnancy care, child and infant development, parenting, baby care, food security and impact of own behavior on child.

What are some things you learned about food and nutrition?

healthy things you eat go through the breast milk, eat lots of fruits and veggies, recipe ideas, homemade baby food, reading labels, sugar content in foods, how to bargain shop, provide choices, better snack ideas, food allergies, limit the amount of juice, meal ideas for baby, when to introduce new foods, proper sized portions for my child.

Analysis: This text shows a wide range of increased knowledge about food security for infants and children.

What are some things you are doing at home that you learned here?

changed my patterns in parenting ,playing with baby, story time, making stir fry, mother goose rhymes, eating healthy, listen to children more often, reading to my child at bedtime, not yelling at my kids, make better meals, serve healthier food, share information with other parents, make pies, teach children to clean up after themselves, canning, make jam, baking, don't smoke in home or vehicle, organize my house, don't try to force my child to eat, read and sing to my kids, bonding with my baby, play with my children at their age level, don't overcook vegetables, be patient with my child when she is cranky, not yelling at kids, give lots of choice, crafts with my kids, playing with my child, make play dates, snack ideas, sing songs with my son regular eating times, use ideas on the magnets we made, use my esteem treasure chest, encourage my children, working on patience, recipes, budgeting, redirecting, sit together for meals, time out, not eating fast foods all the time, reading labels.

Analysis: This qualitative data illustrates an impressive array of behaviors that parents are trying out at home to improve their parenting, baby care and their own behavior which in turn impacts children. Their actions indicate increased knowledge of food security, the importance of literacy and the needs of children at different ages.

Since coming here, how have you changed the way you care for your children, your- self and others (partner, family, friends)?

try to be more patient with my partner, include my baby more in what other kids do, importance of thinking about caring for myself, more interaction with child, better understanding of age and stages, learned that birth to 5 are the most important years, I take more time for my kids, I help others find resources, spend more time playing with my son instead of telling him to play by himself, discipline in a positive manner, I'm more into being a parent that before, my anger is way less, better understanding of child's behavior, house is more child friendly, Dad doesn't smoke around me anymore, better nutrition for my family.

Analysis: This qualitative data is consistent with quantitative results and earlier sections of text. Additionally the data provide rich examples of self care, care for partner and for others, appreciation of children's needs and enjoyment of being a parent.

Expected Outcome	Success Indicators	Results N=130
2. Parents use community resources that support parenting of young children	<ul style="list-style-type: none"> -Parents share information about community resources -Parents report use of more community resources -Parents report more participation in community activities that are supportive of parents and young children 	<p>91% learned about community resources to help them</p> <p>78% used these resources</p>

Parents made the following comments in response to the noted question:

What community things have you learned about to help you?

prenatal classes, infant development program, family centre, breastfeeding clinic, mommy movies, Baby Talk, community bridging for women, birth support/Doulas, Parenting with Pizzazz conference, baby shower with Wagon, food bank, Kiwanis market, speech therapist, Mother Goose, counseling services, story time at the library, 'good food box' program, church, dial a dietician, the pool programs, nurse-line, Nobody's Perfect, parenting work Boys and Girls Club, healthy kids dental program, play groups, Bankhead Family Place, ideas for cheaper recreation activities.

Analysis: This textual data shows a diverse array of community resources learned about and being used.

Expected Outcome	Success Indicators	Results N=130
3. Parents experience increased parenting support	Parents describe being more supported in the community Parents report supportive connections with other parents	92% feel more supported as a parent in the community since coming 92% feel supported by other parents
Parents made the following comments in response to the noted question:		
<p><i>What things have you done outside of here with parents you met here?</i></p> <p>go for coffee, go for walks, movies, share babysitting, go to mall, PRC outings, phoning, we hang out together, go grocery shopping, go to Welcome Wagon baby shower, prenatal classes, swimming, fed ducks with kids, go to laundry mat, deliver the healthy harvest box to people, help people move, called to check on people when they are sick, helped clean her house, walked to school, give each other food, clothes, toys, bar-B-Q, cried on each others shoulders, birthday parties, play dates, meet at park, swim at pool, invited people over to my house, swap kids, support each other, car pooling, helped housework, visit at each other's house, picnics, walks, go to park.</p> <p>Analysis: These examples comprise social, recreational and money saving activities and activities to help others.</p>		
<p>Other comments from parents:</p> <p>Thanks for being here for us, this has been a great support, awesome staff, good program - helps with difficulties, I share with other parents, I love Giggles and Hugs, I don't feel like I'm alone, great program, I look forward to coming every week, I am more prepared for my baby, it has helped me feel supported by the community and the others, my boy is autistic - since coming to the group he has become a lot more social, I feel like I am among friends, it is wonderful to see the interaction among the children, I am treated with respect and it makes me feel good, I am one of the youngest parents - but I am treated the same as everyone else - this makes me feel important, I come to the group and ask questions and never feel like I am stupid, if I really need something - I know someone will try to help me, awesome group, wish it could be longer. I never miss coming to playgroup. I love it here, I feel so supported. Before coming to this group I never left my house. My kids are learning great social skills. I still love coming to the program to help out even though my kids are all in school now. It is a safe place to meet other moms. All my kids have special needs and this is a great place to allow them to interact with others. They don't judge us here.</p> <p>Analysis: Resonant in this textual data are the parents' experience and appreciation of being respected and supported in the program, and the positive impact of their children socializing with other children in a safe setting.</p>		

Discussion of outcome results:

In summary, Section three focused on whether OSCAPC was able to achieve the outcomes planned for this year and if not, what changes were made and why. The results show that OSCAPC achieved to a high degree all outcomes planned for this year. A number of changes were made along the way to help achieve the outcomes because of parent interest and response. For example, several sites added another group program or extended hours due to overcrowding and waitlists and now these groups are becoming crowded as new families have joined and some previous participants are attending twice per week. These program additions were made via partnerships with others who had funding (often a new government program which had no established relationship with families), and through volunteer help. Staff are concerned that waitlists exist at several sites and that many regional communities are undergoing substantial growth including numbers of young families living in risk conditions. OSCAPC has the grass roots community connections to reach these families but not the resources to provide programming. One strategy to spread resources has been to ask mothers to leave the new mothers group when the babies are 3 months rather than 6 months to make room for others. This is a tough dilemma for staff.

Section Four: Using Our Evaluation Findings

- Staff referred to focus group results to improve their drop in program by providing more parent education information, to provide “theme kitchens” in the community kitchen, as requested by participants and to acquire a new outside playground to offer children an enhanced fitness component.
- The PEAR report was sent to a service club to maintain the partnership. The staff used the feedback from the parent questionnaire to guide the topics for the parent support group.
- The programs added canning, dehydrating and freezing to the community kitchen. Also following from parent feedback, staff increased the number of literacy and parenting classes, as well as, the field trips to the park and market.
- Staff used the results from the parent questionnaire to make changes and add new activities to the program. Regional planners and staff noted that the feedback from parents indicated the importance of continuing the program in the community.
- The OSCAPC Coalition used the evaluation report (PEAR) for their annual strategic planning.

In summary, Section four focused on the ways evaluation results are used. As described, evaluation results were used in a number of ways by all levels of people responsible for OSCAPC.

Conclusion

In conclusion, consistent with new PHAC guidelines, the OSCAPC program has streamlined its focus to the program area “Family Support, Education and Resources”. Program activities to support women having babies and to build community capacity have been conceptualized and dealt with in the context of the above main program area.

As evidenced in this 2005-06 fiscal year report, OSCAPC did excellent work:

1. Reaching the participants of interest to CAPC
2. Carrying out program activities as designed and making changes when needed
3. Producing outputs as anticipated
4. Achieving all expected outcomes to a high degree
5. Using evaluation results to improve the program.

Although this report is focused on one program area, Family Support, Education and Resources, the reader should note that OSCAPC assists many pregnant women living in risk conditions. Further, in the context of increased need regionally and status quo CAPC resources, staff use community capacity building skills to support programming. The extent of community support indicates positive regard for OSCAPC and generosity and concern for young families. Overall, the success of the OSCAPC stems from the enthusiasm, talent and commitment of the parents, staff, coordinator and coalition members.

Appendix A: OSCAPC Coalition Logic Model 2005-06

B.C. CAPC WORK-EVALUATION PLAN 2005-2006

(Revised Mar 2006 Claire Budgen/Lynn Malinsky/Anima Anand)

CAPC Coalition: Okanagan Similkameen

Project# 4927-10-1994/000-0025

Program Logic Model Area: Family Support, Education and Resources

Community Population Served: Parents, families with children 0-6yrs and pregnant women living in conditions of risk.

Longer Term CAPC Outcome: Parents of Children 0-6yrs. living in conditions of risk have improved health, increased parenting skills and parenting support.

National Program Profile (NPP): #1-7 Lower Similkameen (Keremeos, Hedley, Cawston), Princeton, Oliver, Osoyoos, Kelowna (Westside, Downtown, Rutland), Central Okanagan Off Reserve Aboriginal Community, Penticton

Program Names: Family Special; Muffin Mix; Family Night; Mother Goose; Time for Play; Tots Making Tracks; Giggles & Hugs; Mothers' Group; Bridging the Generation; Community Kitchens. (Note: Programs change each year according to local priorities and some programs are at multiple locations; see annual evaluation report for specifics.)

ACTIVITIES	OUTPUTS	SHORT & INTERMEDIATE OUTCOMES	INDICATORS	MEASUREMENT TOOLS	TOOL ADMIN
<ul style="list-style-type: none"> • facilitate parenting support groups with mothers and fathers¹ use parent-driven model of weekly groups: "what do parents want to do/learn?" and "how do they want to learn?"--include sharing with other parents & noting everyone's strengths---use culturally appropriate written & visual material about: caring for young children, caring for self, building confidence, taking pride in one's heritage, relating with diverse others (e.g. gender, age, socioeconomic), empowerment, managing \$ and meals, etc. 	<ul style="list-style-type: none"> # parents per mo/yr, length of participation #child participants & age per mo/yr # First Nations, cultural groups, new immigrants per yr # new participants 	<p>1. Outcome: Parents have increased knowledge about parenting and young children's experiences, health & development (short and intermediate)</p>	<ul style="list-style-type: none"> • Parents report knowing more about parenting and about young children's experiences, health & development • Parents report knowing more about the impacts of their health on their children's health 	<ul style="list-style-type: none"> • PHAC Participant cards • "Questions for Parents" tool • PHAC Success Story Form • Monthly 	<ul style="list-style-type: none"> Participant cards, success story forms and NPP are administered as required by PHAC Questions for Parents will be

¹ Parents includes pregnant women and new mothers. In addition to parenting groups, parent participants often join in the food-based programs such as community kitchens

<ul style="list-style-type: none"> • encourage parents to attend groups regularly • role model various ways to take care of & be with young children • reach out to meet parents, e.g. by phone, to invite them to program activities, & to arrange transportation, e.g. volunteer or peer • arrange special parent training, e.g. literacy, parenting courses, CPR, first aid, Child Safe, Food Safe, anger management, conflict resolution, advocacy • include and support dads at groups and events • work with program partners to deliver program activities e.g. Public Health Nurses, Community Nutritionist • invite guest speakers to give culturally relevant demonstrations & answer questions on parenting topics e.g. child development, safety, nutrition, feeding, sleeping, breast feeding & weaning, discipline, creative play, sibling relationships, family conflict • make educational information visible & to take home re: parenting & children's experience, health & development • involve parents in making healthy snacks, planning and preparing meals and preserving foods 	<p># hours & types of groups per mo/yr</p> <p>types of training programs, & events & #participants</p> <p>types of guest speakers</p> <p>types of interactive activities</p>		<ul style="list-style-type: none"> • Parents report knowing more about healthy nutrition for themselves and their children • Parents report using new knowledge • Parents report feeling more confident about their parenting • Staff observe positive parenting incidents • Staff describe parent response to staff strategies to help refocus negative parenting incidents 	<p>Data form</p> <ul style="list-style-type: none"> • Year End Summary • PHAC National Program Profile (NPP) • Parent/child participant stories/ 'tid-bits' pictures • staff stories/ 'tid-bits' pictures, news clippings • staff group interviews and measurement updates at 	<p>completed a minimum of once per year for each group.</p> <p>Monthly data form is completed at the end of each month</p> <p>Year end summary is compiled from the monthly data forms and staff records</p> <p>Stories/tid-bits, pictures and media pieces are collected by staff on an on-going basis</p>
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<ul style="list-style-type: none"> • provide opportunities for information sharing on nutrition, budgeting and shopping • arrange child minding to assist parents with children & to give parents time to participate in activities • facilitate parent /child interactive activities to support reading, singing, playing, & making things e.g. Mother Goose, cooking, literacy initiatives: Books for Babies • arrange for parent/child to participate in community recreational events e.g. picnics, special events, park, pool etc.)--be sensitive to multicultural and socioeconomic diversity issues • invite guests from the community to speak with parents about community resources • invite community people to provide materials and supplies e.g. swim passes, clothing from consignment stores, educational toys etc. • facilitate group discussions to share information about resources available to parents, as members of the community (e.g. parks, recreation, community events, services, agencies, etc.) • facilitate group discussions so that parents can exchange information about community resources that they have used 	<p>#professionals providing on site service,</p> <p># of parent councils/ members</p> <p>types of exchanges & events</p>	<p>2. Outcome: Parents use community resources that support parenting of young children (intermediate)</p>	<ul style="list-style-type: none"> • Parents share information about community resources with each other • Parents report use of more types of community resources • Parents report more participation in community activities that are supportive of parents and young children 	<p>regional meetings</p>	<p>Staff group interview and updates take place at regional meetings as scheduled</p>
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<ul style="list-style-type: none"> • refer parents to community resources as mutually decided by parents and staff • arrange for professionals, e.g. speech/hearing, to come to group location to provide one-to-one service so that multi-burdened parents do not have to go “place to place” • facilitate parent advisory councils to plan and carry out activities • support parents to assist with day-to-day group operations • include social times in activities so that parents introduce themselves and get to know one another • model and guide peer support, e.g. to support one another and to parent well • assist parents to run exchanges for clothing, books, toys, equipment • assist parents to arrange special events for families to attend • facilitate group activities that focus on building and maintaining support outside of the program • refer parents leaving the program, to other community resources for ongoing social and parenting support (as mutually decided) 		<p>3. Outcome: Parents experience increased parenting support (short & intermediate)</p>	<ul style="list-style-type: none"> • Parents report supportive connections with other parent participants • Parents describe being more supported in the community 		
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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 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
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Number of sites where programs are run:	14
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Number of programs: Please use programs as described in your NPP report.	Six
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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
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Appendix C: Methodology Form

Name of data collection tool or technique.	When and over what period of time was data gathered	Who completed the form or participate in technique	Number of completed forms or people involved in data gathering technique
<i>Monthly Data Collection Tool</i>	Data is collected by all programs for every program activity, each time the activity is provided. The form is completed each week of the month and each month of the year for some programs and less for periodic activities e.g. community garden.	Program staff completes the form. Some programs have a sign in sheet for parents to record attendance information, while in smaller programs; the staff records the information after the session.	The program staff that facilitates the activity is responsible for collecting the data. There are 8-10 program staff completing 12 forms for 23 groups.
<i>Questions for Parents</i>	This data collection tool is administered once per year for each program activity at each site.	The parents complete the questionnaire and submit it to program staff. If there are literacy challenges parents help parents to complete it.	130 parents completed 130 questionnaires
<i>Year end Summary Data Collection Tool</i>	This tool is completed in April of each year to summarize data for the year, from the monthly tools.	Program staff completes the tool.	There is one completed form for each program site. Total = 6
<i>BC CAPC Participant Cards</i>	This tool was administered in May and November, 2005	Parents complete the forms if possible, if there are literacy challenges, staff assist	In May, 89 parents from all sites completed the tool. In Nov, 152 parents from all sites completed the tool.
NPP – National Program Profile	Completed once/year.	Completed by Regional Coordinator in consultation with regional program staff.	One form is completed by one person in consultation with 8-10 others

Appendix D: OSCAPC Evaluation Plan

1. The Evaluation is conducted by the OSCAPC Staff and Regional Coordinator, with the active participation of parents (e.g. re “Questions for Parents” tool design and data collection process), and with the support of two external Evaluation Consultants.
2. External Evaluation Consultants oversee the evaluation process from inception to completion and provide support re logic model development, tool development, data collection methods, qualitative and quantitative data analysis, report writing and dissemination. Overall, the OSCAPC evaluation design is intended to build evaluation capacity at program sites and create useful local and regional level evaluation. As part of their contractual relationship with the OSCAPC Coalition, the Evaluation Consultants consult with and advise the Regional Coordinator, and obtain regular input from the CAPC Staff as well as the Coalition members. Dissemination and use of evaluation results are viewed as critical steps in the process.
3. Budget for external evaluation consultants is \$4000 per year that is managed by the recipient (host) agency.
4. The following data collection methods/tools are used (please see attached copies of the measurement tools currently in use) :
 - a) Monthly Data Collection Tool (consistent with the Logic Models for the 3 OSCAPC program areas including support groups and programs for families with young children, pregnant women and significant others, and also, community capacity building). The tool collects attendance and participation data, and tracks site specific outcomes from activities.
 - b) Quarterly Progress Reports from the Nutrition Consultant on distribution of vitamins, pre-natal supplements, nutrition resources, group visits and one-on-one consultation and referrals.
 - c) Quarterly Reports from the Regional Coordinator on staff training, site visits, coordination of the Coalition, liaison with the Public Health Agency and other updates.
 - d) Semi-Annual Administration of the Participant Card (November and April, as per the guidelines of the Public Health Agency of Canada).
 - e) Questions for Parents (via Focus Groups and Survey) is administered a semi-annually or annually per group, appropriate to the stage of group development.
 - f) Year End Summary Data (Form).
 - g) Year End National Project Profile

Information collected from above methods provides data for compilation, analysis and writing of the Program Evaluation Annual Report (as per the guidelines of the PHAC).

5. The following table provides information on data collection methods, timelines and person(s) responsible for collection of information:

Data Collection Method	Timeline	Person(s) responsible
Monthly Data Collection Tool	Monthly	All CAPC staff
Nutritionist' Report	Quarterly	Nutrition Consultant
Regional Coordinator Report	Quarterly	Regional Coordinator
Participant Card (PHAC)	Semi-Annual/Annual	All CAPC Staff and parents
Questions for Parents Focus Groups/Surveys	Annual	All CAPC Staff and parents
Year End Summary	Annual	All CAPC Staff
Year End NPP (PHAC)	Annual	Regional Coordinator
PEAR Document	Annual	Evaluation Consultants

6. The Evaluation Consultants play a key role in data analysis and report writing. In previous years, the Evaluation Consultants met with Regional Staff following completion of annual data collection, in order to review both data collection and contextual issues, and also, to obtain data about staff experiences relevant to program implementation and evaluation at each site. A draft report was then written by the Evaluation Consultants and given to the Regional Coordinator for her input and the Coalition's before the final report was written. This process provided an opportunity for the Regional Coordinator and Coalition members to add any missing information and/or provide updates before the report was sent to the Public Health Agency. This year the above process will be followed again, and additionally, the Regional Coordinator will submit the draft report to the Regional Staff for their input prior to the completion of the final report. This process is intended to enhance evaluation validity, dissemination and use of results.
7. The Program Evaluation Annual Report (PEAR) is currently disseminated to all CAPC Staff, Coalition members and Advisory Committee members in various program sites. It is suggested that the report be utilized as a tool for community capacity building and creating greater visibility for CAPC in the region. It is anticipated, therefore, that the information contained in the report will be disseminated to community partners and stakeholders as well as participants and volunteers.
8. Upon review of the PEAR document, the Program Consultant's (PC) response as received by the Regional Coordinator is shared with the Evaluation Consultants, CAPC staff and Coalition members. The findings in the report and the response from the PC are discussed in the next Coalition meeting and staff meeting. Staff and Coalition input are integral to making any modifications/changes in the evaluation process. An action plan is formulated by the Evaluation Consultants, in consultation with the Regional Coordinator, staff and Coalition members, to address the areas that need improvement and subsequent changes to on-going service delivery and evaluation. The logic models, including program activities, indicators, outcomes data collection methods and tools, are reviewed and modified annually to ensure appropriateness given site specific and regional program developments, changes in community contexts (e.g. interests, issues, threats, opportunities), staff training and funding agency requirements.

The above process, of incorporating the findings from the report and the response from the PC as well as feedback from staff and Coalition members provide for continuous quality improvement of the evaluation plan, with the potential for positive impact on service delivery in the community. The outcomes of this continuous reflective process are documented in the subsequent PEAR documents.

Appendix E: Evaluation Tools

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.														
5.														
Participant NAME	N e w	Children Attendance					N e w	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.														
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 _____

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4. Speakers

For the year, summarize guest speakers and topics? *e.g. PHNx 4 on infant care*

5. Community volunteers (people who helped out in the program)

List the types of assistance community volunteers provided for groups throughout the year:

6. Success: What is working particularly well in your program and why?

7. Challenges: What is challenging your program and why?

8. Using Evaluation Data: How have you used evaluation results to improve your program?

QUESTIONS FOR PARENTS in the Community Action Program for Children

1. How many times have you come to (program name) _____ in the past 3 months? _____ 1 to 3 times _____ 4 to 9 times _____ 10 or more times.
2. Have the staff always treated you with respect? _____yes _____no
3. Have you been helped in any way by coming to the program? _____yes _____no
4. Have you learned anything here about community resources to help you? _____yes _____no
5. Have you used any of these community resources? _____yes _____no
6. Have you learned anything here about baby care? _____yes _____no
7. Have you learned anything here about child development? _____yes _____no
8. Have you learned anything here about being a parent? _____yes _____no
9. Have you learned anything here about food and nutrition? _____yes _____no
10. Have you used what you learned here at home? _____yes _____no
11. Do you feel supported by other parents here? _____yes _____no
12. Have you become friends with any parents here? _____yes _____no
13. As a parent (or parent to be) do you feel more supported in the community since coming here? _____yes _____no
14. Do you feel comfortable here, in the program? _____yes _____no
15. Have you given back to the program in any way? _____yes _____no
16. Are there any changes you would like in the program? _____yes _____no

Comments:

GROUP QUESTIONS FOR PARENTS♥

OS Community Action Program for Children

1. How many times have you come to (program name) _____ in the
the
past 3 months? _____ 1 to 3 times _____ 4 to 9 times _____ 10 or more times.
2. Have the staff always treated you with respect? _____yes _____no
3. Have you been helped in any way by coming to the program? _____yes _____no
***For group discussion: a) What help have you gained here?
b) What have you learned here? What skills and knowledge have you gained?***
4. Have you learned anything here about community resources to help you? _____yes _____no
***For group discussion: c) What community resources have you learned about to help you?
d) Have you learned about community places for families & children (e.g. recreation places)?***
5. Have you used any of the community resources you've learned about? _____yes _____no
6. Have you learned anything here about baby care? _____yes _____no
7. Have you learned anything about child development? _____yes _____no
8. Have you learned anything about being a parent? _____yes _____no
For group discussion: e) What have you learned about baby care, child development, being a parent?
9. Have you learned anything about food and nutrition? _____yes _____no
For group discussion: g) What have you learned about food and nutrition?
10. Have you used what you learned at home? _____yes _____no
For group discussion: f) What are you doing at home that you learned here?
11. Do you feel supported by other parents here? _____yes _____no
12. Have you become friends with any parents here? _____yes _____no
For group discussion: h) what have you done outside of here, with parents you met here?
13. As a parent (or parent to be) do you feel more supported in the community since coming here?
_____yes _____no
14. Do you feel comfortable here, in the program? _____yes _____no
For group discussion: i) What are the most important things you have learned here about being parent? j) Since coming here, how have you changed the way you care for your children, yourself and your important others (e.g. partner, family, friends)?
15. Have you given back, in any way, to the program? _____yes(**what**) _____no
16. Are there any changes you would like in the program? _____yes (**what**) _____no

♥ revised 2005 C.Budgen & L.Malinsky

Questions for Parents includes yes/no questions for parents to answer themselves on paper and group discussion questions that are answered verbally and recorded

9. **Plan to include the questions as an activity in each type of group you have.** The questions will give us data to speak to the outcomes identified in the Work-Evaluation plans submitted to Health Canada.
10. **Arrange to have a recorder for the group discussion questions.** The recorder should record answers of parents verbatim i.e. using the exact words of the parents.
11. **Explain to the parents** that the information they provide is very important. Staff will use the information to improve the program and the information will be summarized and used to report to Health Canada. Participation is anonymous; use no names.
12. **Ensure that everyone has a chance to speak.** Differences in views are welcome, including negative views. Everyone should be welcomed to speak from his or her own experience.
13. **Give a copy of the questions to each parent.** Ask each parent to answer the yes/no questions on the question paper. The questions in plain print are answered by parents individually, and the italicized questions are answered by the group and recorded by the recorder. Work through the questions together in the group.
14. **At the end of the feedback activity, ask parents** to make any other comments they would like. Either about the process or about their and their children's experiences in the program.
15. **Data Analysis:** ask parents to return their answer papers. Save these papers and the notes made by the recorder. Using a blank "Questions for Parents" paper, add up the yes/no answers. Either include the notes of the recorder or write out the group discussion answers for each of the italicized questions.
16. **Submit the summarized data.** The information will be used in the evaluation report for the year that will given to you and Health Canada.

THANK YOU! PLEASE CALL ME IF YOU HAVE ANY QUESTIONS (or if you would like to use the questions in a different way). Claire Budgen 250-861-6802 or

cbudgen@ouc.ca

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