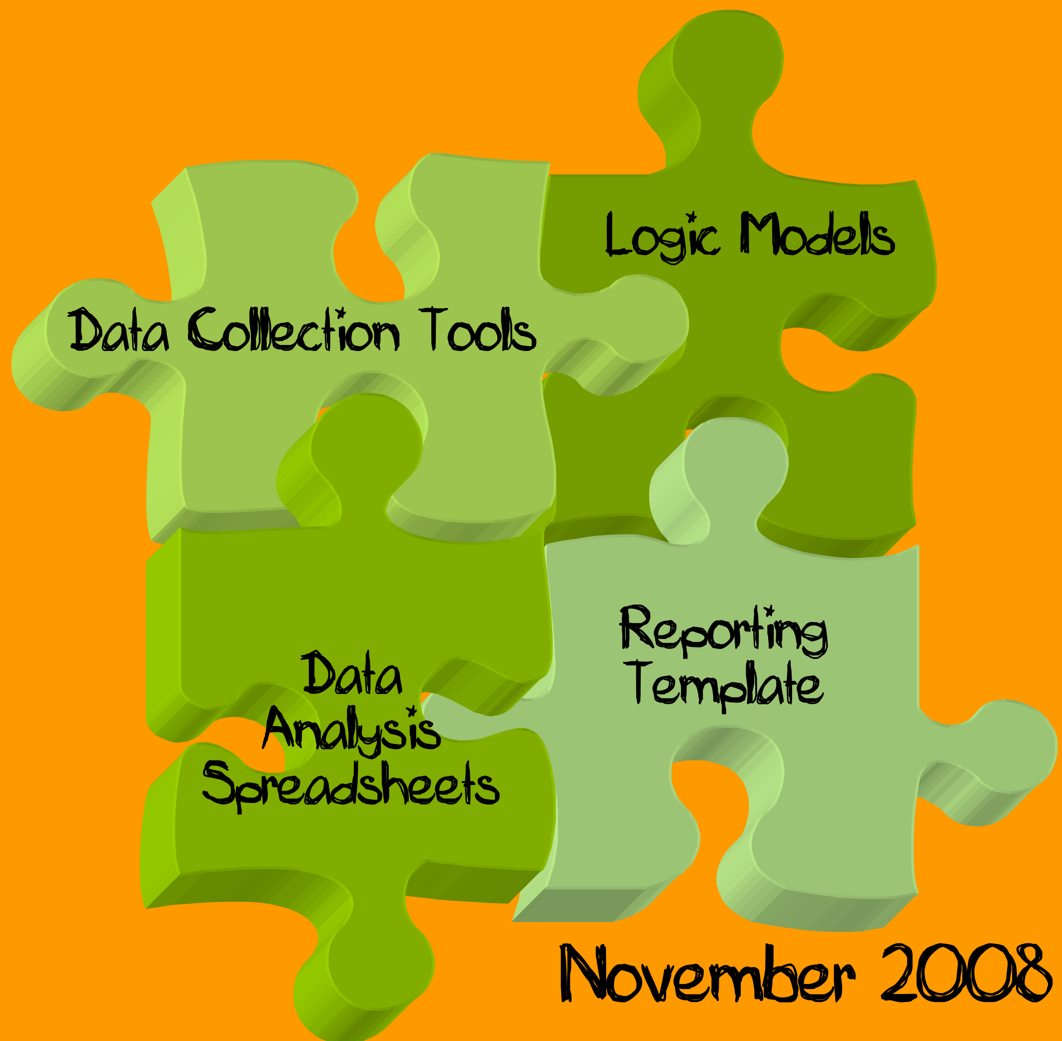
the bc capc outcome evaluation framework



November 2008

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Table of Contents

Introduction
Purpose, Background --1.

Outcome Evaluation
About Outcome Evaluation---3.
The History of CAPC Outcome Evaluation in BC

The BC Outcome Evaluation Framework – An Overview
Logic Models, Data Collection Tools, Data Analysis, Reporting Template ----------------------------------5.

The Logic Model - Defining the Evaluation Scope
Logic Model ---7.
BC CAPC Outcome Chain for Healthy Child Development --- 10.
Quality Early Childhood Logic Model-- 12.
Family Education, Resources and Support Logic Model
Community and Systems Building Logic Model -- 13.

Collecting Data
Outputs--- 14.
Outcomes -- 15.

Data Entry and Analysis
Quality Early Childhood Programs --- 16.
Family Education, Resources and Support Programs -- 18.
Community and Systems Building --- 20.
Using the Evaluation Outcomes

The Program Evaluation Annual Report --- 22.

Conclusion -- 23.

On DVD:
The BC CAPC Outcome Evaluation Framework (this document)
Appendix A – Core Common Questions and Checklists
Appendix B - PEAR Template
Appendix C – Common Outcome Questions Analysis Guide (for manual analysis)
Appendix D – Excel Spreadsheet & Data Collection Reporting Guide

Introduction

Purpose

The purpose of this document is to present the British Columbia Community Action Program for Children (CAPC) outcome evaluation framework. It is not intended to be a "how to conduct evaluation" resource; it simply describes the components that make up the BC CAPC outcome evaluation framework and what is required to fulfil BC regional CAPC outcome evaluation requirements for the Public Health Agency of Canada.

Background

Funded by the Public Health Agency of Canada (PHAC), the Community Action Program for Children (CAPC) is a national early child development program that provides funding to community-based organizations to deliver programs that address the health and development of vulnerable children aged 0 to 6 years. CAPC places a strong emphasis on partnerships and community capacity building and these themes were incorporated into the development of the evaluation framework.

CAPC programming is guided by six principles:

1. Children First
   In planning, developing and implementing programs for children and their families, the health and well-being of the child must be the primary consideration.

2. Strengthening & Supporting Families
   While parents have the primary responsibility for the care and development of their children, all sectors of Canadian society - governments, agencies, employers, organized

labour, educators, voluntary community organizations - share the responsibility for children by supporting families.

3. Equity and Accessibility

   Children, regardless of their culture and socio-economic status, are entitled to equal rights and opportunities to develop to their full potential. Programs are to be sensitive to the cultural and linguistic diversity of Canadian families and accessible to children and their parents who are experiencing factors of increased vulnerability. In British Columbia, CAPC programming targets:

   - Single parents
   - Families living on low income
   - Recent immigrants to Canada
   - Ethnic or cultural minority families
   - Families with low education levels (not completing high school)
   - Teenage parents
   - Aboriginal persons
   - Families living in isolation, and
   - Families experiencing drug/alcohol misuse

4. Partnerships

   Partnerships and collaborative activities at the community level are essential to the development of an effective and coordinated range of prevention and early intervention programs for children. Holistic care and support for children and their families is achieved through the combined efforts of parents, families, communities, governments and service providers. Partnerships in planning, development and support of community-based programs will provide a significant and sustained contribution towards addressing the needs of children at risk.

5. Community-Based

   The community is the focus for decision-making and action. Families and community groups have a key role in planning, design, implementation and

evaluation of programs. The term "community" may be described as a geographic area or as a group of individuals sharing common interests living within a geographic area.

6. Flexibility
   Programs will be flexible in recognizing the differences in communities and the changing needs and circumstances of children and families in those communities.

BC CAPC programs have been active since 1994 and are delivered through 22 coalitions made up of groups of child and family serving agencies in communities around the province.
The next section of this document briefly discusses evaluation in general and the evolution of the BC CAPC Outcome Evaluation Framework.

Outcome Evaluation

About Outcome Evaluation:

Outcome evaluation is a way of finding out if programs are actually making a difference in the lives of people. It looks at the impacts, benefits and changes experienced by clients as a result of their participation in a program. Outcome evaluation looks for changes in the short term, intermediate term, and long term.

The two main benefits of outcome evaluation are:

1) it enables service providers to be accountable for the resources they are expending on programs; and
2) it provides information that can help programs to adapt, improve and become more effective.

Outcome evaluation provides an ongoing method for managers and funders to track the number of participants who are achieving the desired outcomes of a program.

The BC CAPC outcome evaluation framework is based on the United Way of America evaluation approach found in the manual *Measuring Program Outcomes: A Practical Approach* (1996). This document describes the Program Outcome model and how it is used to identify outcomes, develop logic models, collect and analyze data, and use evaluation findings. The United Way manual is recommended as an excellent resource for the basics of outcome evaluation and can be ordered through the United Way of America website at: http://www.unitedwaystore.com/Search.do (search the UW store for the manual by name).

The History of CAPC Evaluation in BC

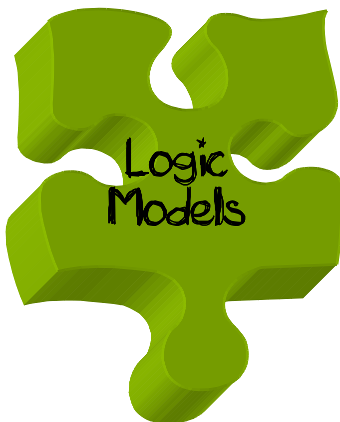
Evaluation has been a part of CAPC from the beginning of the program. In British Columbia, the CAPC coalitions decided to develop their own "made-in BC" evaluation approach. In the early years, each coalition designed its own evaluation. This resulted in some very comprehensive and lengthy evaluation reports, and although these usually responded to the evaluation requirements established by the Public Health Agency of Canada, there was no way to gauge the province-wide impact of CAPC. Consequently, in 2000, PHAC evaluation consultants, in consultation with CAPC coordinators, began work to create a logic model format for program planning and evaluation, using the United Way evaluation manual, with a view to bringing consistency to the program-level evaluations and allowing for province-wide roll-ups of the evaluation results.

Since 2000, the evaluation system has evolved from a place where each coalition designed its own logic model and data collection tools, to an evaluation system where coalitions use common logic models, predetermined success indicators, menus of common questions and checklists, data analysis spreadsheets, and an annual evaluation reporting template.

The evaluation system is designed to be user friendly, flexible, participatory and useful. The combination of qualitative and quantitative data that is gathered ensures that participant's voices are heard. The methodology enables CAPC program staff to have direct participation in the evaluation process and to understand and have proof of the differences their programs make to families and communities. Finally, the framework conforms to the recommendations of the World Health Organization for the evaluation of health promotion programs; it involves a participatory approach, uses multiple methods, includes capacity building strategies and is appropriate for the evaluation of early child development programs for vulnerable populations (hppt://www.who.dk).

The BC CAPC Outcome Evaluation Framework - An Overview

As the cover page of this document illustrates, the BC CAPC Outcome Evaluation Framework is made up of four components. Each component corresponds to the generic steps in conducting any evaluation. These include defining the scope of the evaluation, collecting data, analyzing the data, and reporting the results.



1. **Defining the scope of the evaluation**: The Logic Models

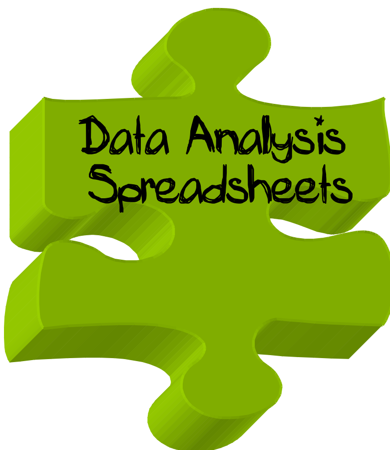
In general, logic models are used to capture the main elements of a program and to define the evaluation scope. The logic models created for CAPC include a series of common outcomes and indicators of success.

In BC, CAPC programming is divided into four program areas; each focussed upon a unique set of outcomes:

- Quality Early Childhood programs
- Family Support, Education and Resources programs
- Support for Women Having Babies[1] programs, and
- Community and Systems Building

Each program area has its own logic model with its own outcomes and indicators of success. The *outcomes* are the changes we expect to see. The *indicators of success* are the specific items of information that are tracked and that measure how well a program is achieving these outcomes. Each coalition partner chooses the logic models and outcomes that best reflect its' program focus.

2. Collecting data: Common Questions and Checklists. Each program area/logic model draws upon a number of questions or checklists that correspond to each outcome. Each coalition partner develops its own participant questionnaires based on these common questions and checklists and these questionnaires are then used to gather data from program participants.



3. Analyzing Data: CAPC Excel Data Entry and Analysis Spreadsheets

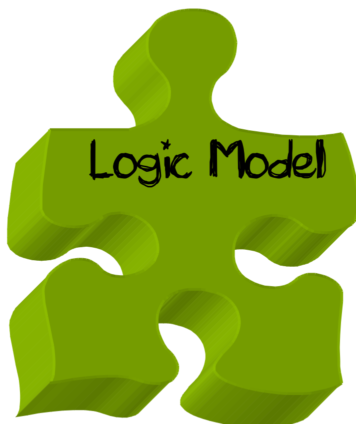
Data collected from participants is entered into a customized CAPC Excel spreadsheet system. The system provides templates and data entry screens for entering data and simplifies the work of collating, analyzing and reporting the evaluation data. The spreadsheets automatically analyze the data and produce reports that can be cut and pasted into an evaluation report. A series of manual tabulation sheets is also provided on DVD.

[1] Support for Women Having Babies programs are evaluated through the Canadian Prenatal Nutrition Program (CPNP) using the CPNP evaluation tools and frameworks. Details of the CPNP evaluation are not covered in this manual.

4. Reporting Results: The Program Evaluation Annual Report (PEAR)

The results of the data analysis, interpretation of the findings, and details of any changes that will be made as a result of the evaluation are reported annually in the PEAR (Program Evaluation Annual Report), using a common template. The PEAR reports are used to by the Public Health Agency of Canada to review coalition outcomes and outputs and to produce an annual roll-up of BC CAPC evaluation results.

Defining the Evaluation Scope



CAPC programs are designed to contribute to healthy child development. Child development is influenced by attributes of the child, the family situation and community and systems. CAPC programming targets each of these areas with separate logic models.

Logic models visually depict the linkages between different program aspects and typically include:

- Program **activities** (e.g. family drop-in; Mother Goose program)
- Program **outputs** which are the direct products of the program activities, such as hours of service and numbers of people served
- Program **Outcomes –** initial, long term, and ultimate
- Success **indicators** which are specific pieces of data that are tracked to measure how well a program is achieving the desired outcomes.

Although all CAPC programming is designed to contribute to healthy child development, the ultimate desired outcome, the BC CAPC Outcome Evaluation Framework only requires data collection for the initial outcomes. An outcome chain (presented in Figure 1) shows a logical sequence of outcomes. These are typically depicted in a time frame of short, intermediate, and long term but are simplified for the CAPC Logic Models to initial, long term, and ultimate outcomes. Each outcome logically precedes the previous one in the outcome chain. As we move through the outcome chain, the programming is expected to have less and less direct influence on the outcome.

At the short term or initial level, outcomes should be directly attributable to the program. At the intermediate and long term level, while the programming is expected to contribute to the outcome, it is only one of many things that will influence that outcome. While healthy child development is the desired outcome of all CAPC programming, collecting data on indicators of healthy child development (e.g. rates of school readiness, rates of learning disabilities, morbidity and mortality rates, or rates of physical and sexual abuse, just to name a few) would not provide program staff with useful information with which to make programming changes.

Furthermore, expecting to see changes in these indicators because of CAPC programming alone creates unrealistic expectations about what the programming can actually demonstrate to have affected. Most of the programs are time limited, meaning that parents and children participate for a relatively short period of time or drop in on an as-needed basis. It is not possible to show improvements on outcomes of healthy child development as a result of either a brief or sporadic exposure to a program. It is also not feasible to follow children over an extended period of time to track changes in these indicators, i.e. conduct longitudinal research. Such an approach would not be useful to program managers, staff or funders because information is needed in the *short term* to aid program improvement.

A population health approach posits that children's development is affected by a variety of factors or determinants, many of which are not addressed by CAPC programming, so measuring indicators of child health as part of this evaluation system will not prove to be useful. How then do we know that the outcomes that are measured do contribute to the longer term outcomes? This information is based on existing literature and longitudinal research using other types of

methodologies that can show a causal linkage between the initial outcomes and the ultimate outcomes.

The CAPC evaluation framework includes indicators for initial outcomes such as increases in parenting skills, social support, and access to developmentally appropriate programming. Through evidence gathered in existing research using complex research methodologies including both longitudinal and epidemiological research, these initial outcomes have been shown to be linked to the longer term outcomes. In other words, the initial outcomes, which we can expect the CAPC programs to impact, are the building blocks for longer term healthy child development. The evidence base for the BC CAPC Outcome Chain is shown in Figure 1.

By focusing data collection on demonstrating the initial or short term outcomes, we provide a system that furnishes information that can be used for program improvement and can show that the program is contributing to healthy child development without having to determine indicators of child development that would be difficult for programs to measure and would not provide information that could be used to make program improvements.

The rationale for the selection of initial outcomes is detailed below. Through their participation in CAPC programs, we expect to see certain changes in participants over the course of their involvement in the programs. These initial or short-term outcomes are usually seen in changes in attitudes, knowledge, skills or behaviour.

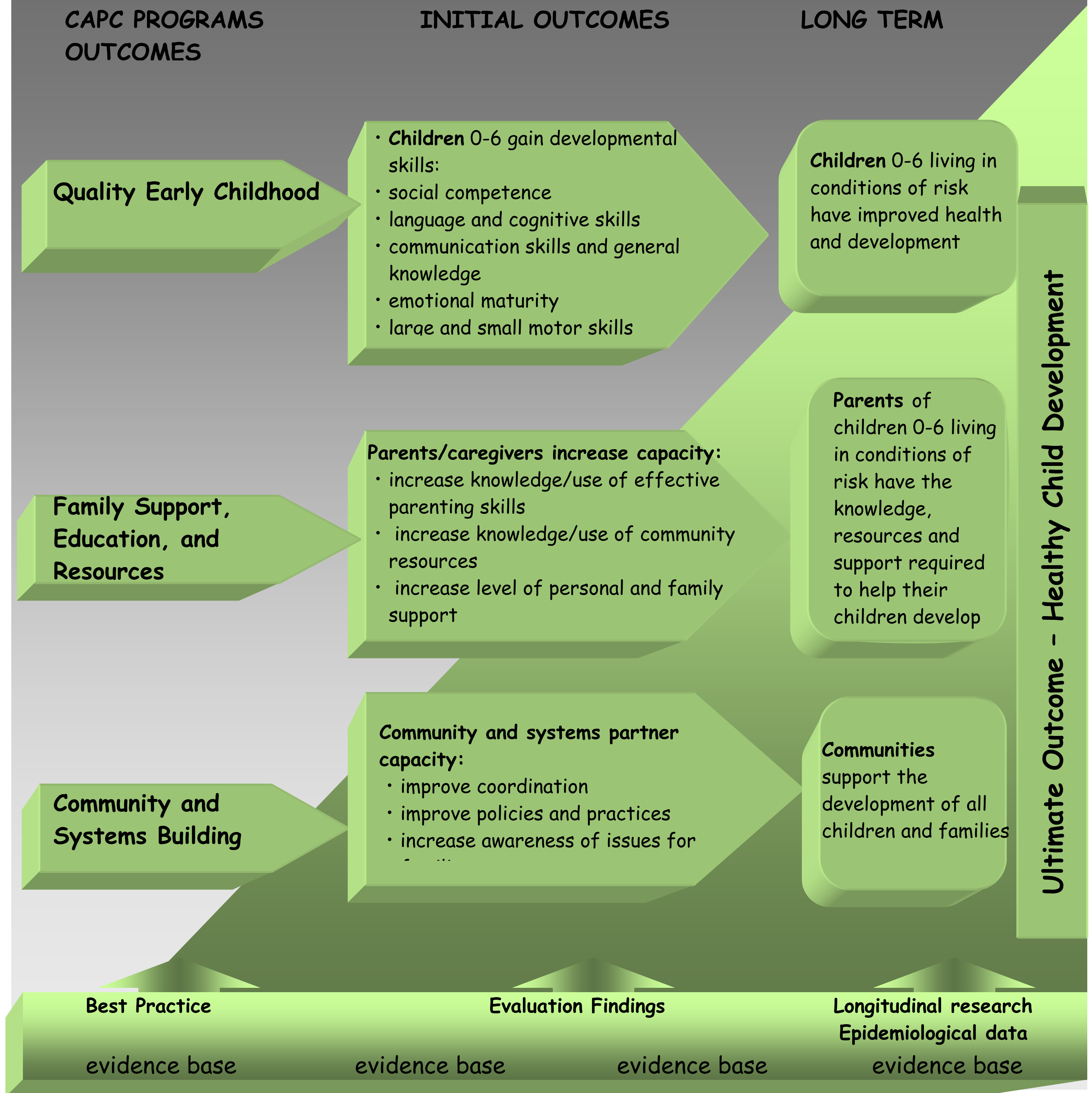


Figure 1

- The initial outcomes in the **Quality Early Childhood** program area are geared towards determining whether or not children are gaining developmental skills. The child's own attributes including their skill levels has been shown to be a determinant of well-being throughout the life course. (Sissiqi, Irwin and Hertzman, 2007).

- The initial outcomes in the **Family Education and Support** area are focussed on parenting knowledge and skill knowledge and social support system. Research has demonstrated that parents can benefit from an increase in knowledge and support (Bremberg 2004, .Moran, P. Ghate, D., van der Merwe, A. 2004). It has also been demonstrated that outcomes for children are improved when parents have the opportunity to meet with other parents and give and receive support (Goodson, 2005).

- The initial outcomes in the **Community and System Building** area are geared towards demonstrating the community and system support for healthy child development. Research has shown that the level of "school readiness" of children is affected by the level of community support (Cassidy, Mims, Rucker, & Boone, 2003; Pianta, 1999; Pianta et al., 2001)

The Outcome Chain provides the basis for three separate logic models, one for each of the program areas. BC CAPC coalitions create their own logic models in one or more of the three program areas, choosing the initial outcomes the programming is designed to influence from the Outcome Chain and Success Indicators which are appropriate to the outcomes. The Success Indicators are chosen from a "library" of choices. The following figures are the logic models for the three program areas.

Program Area: Quality Early Childhood

Longer Term CAPC Outcome addressed: Children age 0-6 living in conditions of risk have improved health and development.

Activities	Outputs	Initial Outcomes	Success Indicators	Measurement Tool.
Your town Comm. Serv School's Cool **Family Support Centre** Child development Play focus **Parenting Society** Groups for children exposed to family violence	• # of hours of group service • # of hours of one to one support • # of group sessions • # of children served	Children (age 0-6 living in conditions of risk) gain: -social competence -language and cognitive skills -communication skills and general knowledge -emotional maturity -large and small motor skills	As a result of program involvement: 1a. 75% of respondents check off/name two ways their child has increased *social competence* typical for their age. (plays, gets along better with others/shares, less shy, self confident) 1b. 75% of respondents check off/name two ways their child has gained *language and cognitive skills* typical for their age: (interested in reading/writing, practices new words, sings/rhymes, uses +English, recognizes shapes, numbers) 1c. 75% of respondents check off/name two ways their child has gained *communication skills and general knowledge* typical for their age (tell story, communicate with adults/children, express themselves) 1d. 75% of respondents check off/name two ways their child has gained *emotional maturity* typical for their age (able to concentrate/help others, patient, not aggressive/angry) 1e. 75% of respondents check off/name two ways their child has *large and small motor skills* typical for their age(uses scissors/glue, puzzles, play dough, paints, riding toys, blocks, climbing equipment)	Parent Questionnaires Attendance records

Figure 2

Program Area: Family Support, Education and Resources.
Long term outcome: Parents of children 0-6 living in conditions of risk have the knowledge, resources and support required to help their children develop

Activities	Outputs	Initial Outcomes	Success Indicators	Measurement Tool
Community Services Society Young Parent support Parents and grandparents of spirited children Parent education **Transition House Society** Mother Goose **Out Town Family Services** Parent and tot groups **Women's Resource Society** Parenting Groups for teen parents, single mothers or mothers impacted by abuse Parenting workshops for fathers **Yourtown Community Services** African Women ESL and parenting **Family Services of Our Town** Single Mothers Parenting in Canada **Parenting Society** Family Circle Prenatal Outreach **Family Support Services** Parent support for immigrant mothers Family violence workshops	• # of hours of Group sessions • # of hours of 1-1 outreach and support • # of program sessions • # of Adults served • # of children in childminding • # of children accompanying parents	• Parents/caregivers increase knowledge and use of effective parenting skills. • Parents /caregivers increase knowledge and/or use of community resources appropriate to their needs. • Parents/caregivers increase level of personal and family support from their community	1a. 80% of respondents describe/check off two parenting skills gained as a result of coming to the program (workshop). (child development stages, child safety, tips on food/sleep/toileting, effective discipline, Aboriginal parenting styles, new parenting strategies tried, literacy practices, child health, craft activities, communication skills, etc.) 2a. 65% of respondents state they are now more aware of and/or have used, community resources related to meeting their family's needs. 3a. 80% of respondents state they have made/enhanced friendships with other participants in the program. 3b. 70% of respondents state one way they now feel their family is more connected with the community (community, neighbourhood, village, town, city, local people.)	Attendance sheets Participant evaluations

Figure 3

Program Area: Community and Systems Building

Longer Term CAPC Outcome addressed: Communities support the development of all children and families

Activities	Outputs	Outcomes	Success Indicators	Tools
Build & maintain partnerships with community and systems partners Provide information to systems partners and/or the community related to the needs of families with children aged 0-6	# and type of partnering agencies # and type of policy and/or practice changes made/yr # and types of activities undertaken to raise community and system awareness and support	CAPC, community and system partners improve coordination on work related to families with children age 0-6 living in conditions of risk. Communities and systems improve their policies, practices, and programs/services related to needs of families with children age 0-6 living in conditions of risk. Community awareness of awareness of issues related to families with children age 0-6 is increased	1a. 80% of respondents (community partners and staff) state how the improved coordination between CAPC and community/system partners has made a difference to their work effectiveness. (i.e. understanding needs and issues, seeing ways to coordinate, link, more efficient communication between) 2a. 50% of respondents describe one way their organization/system has *improved policies and/or, practices* to better meet needs of families with children age 0-6 living in conditions of risk as a result of the shared work and/or education. 2b. 75% of respondents state two ways their organization/system has *improved programs*/services to better meet needs of families with children age 0-6. 3a. 85% of respondents report that community awareness of the importance and value of young children and their families has increased because of CAPC	Program monitoring forms Tools contain Questions & checklists related to indicators as per PHAC PLM.

Figure 4

Coalitions also have the option of including other coalition specific outcomes within their logic models.

Collecting Data

Using common data collection tools, CAPC coalitions collect both Output and Outcome data in preparation for data analysis and the annual evaluation report (PEAR).

Outputs:

Demographic information is collected from program participants in each reporting period through a region wide or national process administered by PHAC (The CAPC Participant Card or National Snapshot). This data includes information on the participant's age, gender, marital status, ethnic background, family income, education level and ages of children as well as information related to a specific list of challenges that the participant may or may not face. The data is collected confidentially (participants do not identify themselves by name) and is used to demonstrate the degree to which CAPC programs are reaching the target population of children and families who are at risk.

Two other types of output data are required for the CAPC outcome evaluation: The number of hours of service delivered and the number of program visits and/or individual participants. Hours of service, numbers of participants and number of program visits are collected over the course of the year by program staff. For programs that are time-limited and where participants register for a number of sessions, the number of participants is easily tracked, leading to an ability to demonstrate the number of individual participants in a program over the course of the year. For ongoing programs such as drop-ins, where participants come and go over a long period of time, program staff often maintains records of program visits, rather than attendance by individual participants.

Outcomes

As shown in the program logic models, each of the desired outcomes in each CAPC program area is associated with a number of indicators, which are used to measure progress towards specific outcomes. For example, for the initial outcome "Parents/caregivers increase knowledge and use of effective parenting skills", the indicator is: "80% of respondents describe/check off two parenting skills gained as a result of coming to the program".

Projects create participant questionnaires, choosing questions related to the outcomes and indicators they are addressing in a particular program from the Core Common Questions and Checklists (Appendix A). These questions can be administered in a paper questionnaire format, in focus groups and/or through online or phone surveys.

Program staff in the Family Support, Education and Resources programs, Quality Early Childhood programs and Prenatal programs determine when the outcome data will be collected. For time limited programs, data is usually collected near the end of the program. For drop-in programs, program staff usually set aside one or two data collection periods during the year.

Where low literacy levels or language barriers may be an issue, program staff use strategies such as reviewing/translating the questionnaire with participants during a group session, explaining the questions where necessary and then gathering up completed questionnaires in ways that protects individual privacy (e.g. by circulating an envelope).

Data related to the Community and Systems Building work is collected at least once during the year, with information being collected from staff and community partners in questionnaire format (either in paper format or through online surveys).

Once the evaluation data has been collected, it is either entered into the CAPC Excel Spreadsheet system or collated manually for analysis.

Data Entry and Analysis

The CAPC Excel Spreadsheets are set up to accommodate quarterly data entry of output and outcome data and automatically calculate annual results. The system is available to users on a DVD, which also includes a Data Collection & Reporting Guide (Appendix D). This guide provides detailed instructions for entering information.

In order to make use of the evaluation data and to be able to display it as required for the Program Evaluation Annual Report (PEAR), data analysis is required. The following pages show how the data is assembled and analyzed in each of the program areas.

Quality Early Childhood Programs

Outputs:

Output data is either compiled manually or taken from the CAPC Excel Spreadsheets and shown in table format with comparisons to one or more previous years. The tables show the outputs of each coalition partner as well as the coalition as a whole:

Table1: Quality Early Childhood Program Participants Frequency of Attendance and Total Hours

	Agency or Program 1	Agency 2	Agency 3	Agency 4	Total Outputs
# of different children 2007	71	50	86	65	272
# of different children 2006	82	45	70	60	257
# of child visits 2007	810	520	600	730	2660
# of child visits 2006	800	520	600	730	2640
Total hours 2007	243	97	120	200	660
Total hours 2006	240	100	110	200	650

Output data is compared to what was planned for the current year and to previous years' outputs. Differences or variations are noted along with possible reasons for these, and goals are set around any changes the coalition intends to make as a result of the analysis

Outcomes

An Outcome Summary Table is either compiled manually, using the Common Question Analysis Guide (Appendix C) or is cut and pasted from the CAPC Excel Spreadsheets. The Excel system tabulates annual outcomes for each coalition partner or program and summarizes outcomes for the entire coalition:

Table 2: Quality Early Childhood Outcomes

Outcome Summary Table	Zero responses	1 response	2 or more responses	Success Indicator from Logic Model	Outcome Achieved (% that checked off/named 2 items)	Average respondent checked	Range (# of items)
1. Becoming more social	3%	9%	88%	75%	88%	4.1	6
2. Understanding things	3%	5%	92%	75%	92%	4.6	8
3. Communicating	8%	15%	77%	75%	77%	2.7	5
4. Developing maturity	3%	16%	81%	75%	81%	3.2	6
5. More physical things	23%	4%	73%	75%	73%	4.2	9

Differences between the outcomes achieved and those specified as success indicators are examined – program by program and coalition wide. If the intended outcomes were not achieved, coalition partners discuss the possible reasons for this and set goals for whatever program changes they agree upon. These changes could be at the program level, or coalition wide.

Family Education Resources and Supports programs

Outputs

Table 3: Family Education, Resources and Support Program participants; frequency of attendance and total hours

	Program (or agency) #1	Program #2	Program #3	Program #4	Total Outputs:
# of different adults 2007	71	50	86	65	272
# of different adults 2006	82	45	70	60	257
# of adult visits 2007	810	520	600	730	2660
# of adult visits 2006	800	525	600	715	2649
# of children with parents in programs 2007	50	30	0	35	115
# of children with parents in programs 2006	40	28	0	30	98
# of children in child minding 2007	0	20	70	25	115
# of children in child minding 2006	0	25	65	28	118
Total hours 2007	243	97	120	200	660
Total hours 2006	240	100	110	200	650

Again, output data is compared to what was planned for the year and/or to previous years' outputs. Differences or variations are noted along with possible reasons for these and goals are set around any changes the coalition intends to make as a result of the evaluation.

The following is an example of a coalition wide Outcome Summary Table:

Table 4: Family Education Resources and Support Outcomes

Outcome	Success Indicator from Logic Model			Outcome Achieved	Average respondent checked	Range (# of items)
Parenting Skills	80 % describe two or more skills	0 skills	11%	85%	6.2	11
		1 skills	5%			
		2+ skills	85%			
Community Resources	65% more aware			87%	N/A	
Support	80% enhanced friendships			74%	N/A	
	70% report feeling more connected			70%		
Food/Nutrition	80% make nutritious meals			75%		
	80% describe two things learned about nutrition	0 things		5%	N/A	
		1 thing		10%		
		2+ things		85%		
	60% know where to get low cost food			3%	N/A	
	65% report two things they have learned about healthy living	0 things		10%	N/A (unless checklist has been created)	
Other Wellness		1 thing		20%		
		2+ things		70%		
Leadership Skills	100 % report two things learned about leadership	0 things		0%	N/A	
		1 thing		25%		
		2+ things		75%		
Some things I have learned in the CAPC program are:		0		94%	N/A	
		1		1%		
		2+		5%		
		1		0%		
		2+		0%		

In addition to the outcomes reported in the previous tables, coalitions measuring parenting skills are required to produce a frequency table of parenting skills achieved. The frequency table is created automatically in the CAPC Excel Spreadsheets, or can be created manually.

The next table shows the average percentage of parenting skills checked across all coalition sites:

Table 5: Frequency Table – Parenting Skills Checked (average percentage across sites)

Parenting Skill	Coalition wide %
Arts & Crafts	83%
Child ages & stages	80%
Different ways to parent	59%
Effective discipline	70%
Ways to communicate with child	68%
Tips on sleep, food, toilet train etc	55%
How to help child learn	45%
How to keep child safe	60%
How to keep child healthy	42%
Aboriginal parenting	45%

Site specific data can be compared to program goals and/or to outcomes achieved by other agencies with the same goals etc., and plans for program changes/adjustments made accordingly.

Community and Systems Building

All coalitions are expected to collect community and systems building outcome data annually. This data is collected from two sources; community partners and CAPC staff. Two similar but separate questionnaires have been developed for this component of the CAPC outcome evaluation. Copies of the questionnaires can be found in Appendix A.

Using the Evaluation Outcomes

Deciding how to make use of the evaluation results is an important part of the evaluation process. Once the data has been analyzed, coalition partners review their outputs and outcomes for the year, reflect upon the results, clarify issues with program staff where indicated and discuss what changes they might make as a result of the evaluation.

The following are some ways in which coalition partners reflect on their outcomes and begin to plan program changes:
Coalition partners ask themselves how they performed over the past year, compared to their goals, to other programs and/or to performance in previous years. If the % they reached is

lower (or higher) than the intended success indicator in any given area, the following questions help them to analyze their data and understand what is to be learned.

- Why do we think we achieved or didn't achieve the requirement of this success indicator?
- What other things (factors) might have affected our work in this area? For example, things such as weather, changes in service location, new programming, changes in staff or number of staff, other local resources available (or not), changes in the area such as a boom or decline in the local economy, additions to or closures of other community services, changes in the number/type of participants attending, changes in ages of children attending, etc.
- Do we think respondents understood the evaluation questions? Did they have trouble providing feedback? If so, how can we help them next time?
- Overall, what can we learn from these findings about our program, staff, participants, etc?

Coalition partners discuss their answers and analysis and then decide which parts of the analysis should be included in the PEAR.

Qualitative data (comments made by participants) is discussed with a view to discovering what it indicates about the program(s), about staff and about what participants said they or their children learned. Partners decide what changes or enhancements could be made and what aspect of programs should stay the same and they agree upon which parts of this discussion should be included in the PEAR.

Coalition partners also decide how to use this information in ways other than for program improvement and the PEAR. For example, what could be excerpted for the PEAR report to be shared at staff meetings, used to inform their Boards or to demonstrate outcomes to parents?

Over the course of the year, coalition partners are expected to track their progress related to planned changes – and to be prepared to report on the outcomes of program improvement efforts in subsequent PEARS.

The Program Evaluation Annual Report (PEAR)

Writing the PEAR

Once the data is prepared and goals have been set for the coming year, the PEAR report is written, utilizing the template found in Appendix B.

The PEAR provides a simple way to present findings, discuss them and detail how the findings will affect programming decisions. Instructions for writing the report are provided in the template. The report is expected to be about 10 pages long, excluding appendixes (logic models, data collection tools, coalition and methodology forms).

The PEAR is divided into four sections, each corresponding to a component of the logic model:

Section 1: Participants

The first section details the demographic characteristics of program participants and discusses whether or not the project is reaching the CAPC target populations. Data for the current year is compared to that of previous years along with an explanation of what will be done or has been done to improve the reach of the project. Data is taken from the Participant Card or Snapshot Report provided by PHAC.

Section 2: Activities and Outputs

The second section presents the activities and outputs for each logic model/program area and makes comparisons to what was planned and/or to previous years' results. Differences or variations are noted along with possible reasons for these and any intended program changes are detailed.

Section 3: Outcomes

This section documents the planned outcomes and success indicators along with the actual outcomes in each program area. Qualitative data collected from program participants is also included in this section. An analysis of whether or not a project was able to achieve the planned outcomes is then presented, along with any changes that will be made in an effort to improve results in the coming year.

Section 4: Using Evaluation Findings

In the final section, projects provide an overview of how evaluation findings have been used to improve programs.

The PEARs are due each year at the end of June. PHAC staff "roll-up" coalition PEARs to create a province wide overview of outputs and outcomes. Individual feedback is given to coalitions on their evaluation report by either the PHAC program or evaluation consultant. This feedback is intended to improve the evaluation reports in subsequent years.

In Conclusion

The BC CAPC Outcome Evaluation Framework emerged over the years through the continuing partnership and participation of the Public Health Agency of Canada program and evaluation consultants, BC CAPC Coalition partner agencies, front-line staff and, of course, the parents and children who participate in CAPC programs.

Recognizing the importance of children's early years and the lifelong impact of early childhood development, it will be essential to continue to reflect upon and refine this evaluation system and to use BC CAPC evaluation results in ways that will lead to ongoing improvement in CAPC programs and children's lives.