

BC CAPC Evaluation Roll-up Report



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BC Community Action Program for Children (CAPC)
Evaluation Roll-up Report
Prepared by Carol Munro, MA
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EXECUTIVE SUMMARY

INTRODUCTION

Funded nationally by the Public Health Agency of Canada (PHAC), the Community Action Program for Children (CAPC) provides long term funding to community groups to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk. It recognizes that communities have the ability to identify and respond to the needs of children and places a strong emphasis on partnerships and community capacity building.

The purpose of this report is to: summarize findings from BC CAPC evaluation data for the 2009-2010 fiscal year, draw some comparisons to previous years and make observations and recommendations.

FINDINGS

1. Reach to the target population: The participation rate of BC CAPC families living below the LICO was only measured during National Snapshot years and at 45% in 2008 was below the national average (54%). The percentage of immigrant families served in BC (34%) in 2008 was significantly higher than the national average 21%. Participation of single parents varies slightly from year to year in BC; is somewhat lower than the CAPC national average. Participation of Aboriginal families is more or less consistent in BC (14% in 2008) and slighter higher than the CAPC national average (12%). The number of participants with a low education level in BC (19% in 2008) is slightly lower than the CAPC national average (23%) and the number of teen parent participants served in BC increased slightly in 2008 to 4% and is very close to the CAPC national average (5%). Overall, BC CAPC projects have a strong and consistent reach to the target population. Seventy percent of BC CAPC participants experienced one or more risk factors, compared to 76% nationally.
2. Project Outputs
 - 105 coalition members served 124 communities in BC in 2009-2010. The actual number of programs offered appears to have increased over previous years however there is a lack of consistency in how program statistics are reported. The ability to make ongoing comparisons would be enhanced by the provision of a matrix in the reporting templates, where projects could enter numbers next to different variables. Hours of service delivery dropped by about 3,000 hours in the past year. Some projects have had to cut back services or combine programs and attribute this to rising costs without associated funding increases. This situation has been compounded by cuts to BC Gaming funds, foundation grants and other sources of funding.

3. Project Outcomes:

- Overall, projects continue to exceed targets in the **Family Education, Resources and Support** logic model area with relatively small fluctuations from year to year. The frequency of parenting skills reported was slightly lower than in previous years.
- Overall, projects exceeded targets in the **Quality Early Childhood** logic model with small gains made in the areas of social competence, language and cognitive skills and motor skills. Outcomes in this area can be affected by the ages of children in a program, where they are sometimes too young to demonstrate the types of developmental skills measured.
- Narrative reports detailing BC CAPC involvement in local ECD tables showed that 20 projects are involved in at least 55 ECD **Community Capacity Building** tables around the province and well as a myriad of local committees working to support young families. A number of PEARs provided details of various community capacity building initiatives they are involved in. Twenty-one projects reported a total of 435 key partners. Chief among these were educational institutions, agencies dealing with food security issues such as food banks, library/literacy agencies and Aboriginal organizations. The number of partnerships reported in the PEARs was not very consistent with the most recent INET report. The INET does ask a somewhat different question relative to partnerships and this may account for some of these differences. The level of involvement of CAPC projects at ECD tables and hundreds of other community committees of various types is quite striking.

The review of the PEARs revealed many different **success** stories from the 2009-2010 year including

- Increased reach to the target population,
- Improved outcomes,
- Details of the strength of volunteer initiatives,
- Increased participation rates in five projects.

A number of project innovations described in the reports provide evidence of the dynamic nature of CAPC and include details of evolving partnerships, commitment to the emerging PHAC priorities (i.e. prevention of injuries, promotion of healthy weights and promotion of mental health) and commitment to finding ways to continue to involve families at risk in spite of funding pressures.

4. The PEARs also described a variety of **challenges** faced by the projects over the past year. Chief among these are:

- Data collection challenges mostly related to language and literacy issues ,

- Funding pressures,
 - A variety of organizational challenges related to space and staffing, and
 - A changing ECD landscape where the provincial focus on children 0-6 is leading to new and/or changed community programs.
5. Twenty-one projects reported on how they intend to **use the results** of the PEAR creation process. All of these projects use their results for the purpose of program planning. It is interesting to see how the evaluation results are also used for other purposes such as marketing programs, making applications for funding and raising awareness amongst community partners, funders and CAPC participants.

It is very evident that over time, an evaluation culture has developed amongst BC CAPC projects where both output and outcome information is used in a more or less systemic way.

CONCLUSIONS/RECOMMENDATIONS

The BC CAPC evaluation experience is one of continuous quality improvement and learning. The PEAR has supported projects in raising community awareness of the issues affecting families at risk, demonstrating results to potential and existing funders, and making program adjustments. However, the results of this report also indicate that the systems for the collection of output and outcome data would benefit from continued improvements.

The new system for collecting output data is through the regional project monitoring Annual Reports and the nationally collected INET. This report recommends that some changes are made to how this is done; standardizing questions and aligning regional methods for Annual Reports with national methods for INET.

Any improvements to the collection of outcome data will need to take into account that PHAC is currently shifting to a National framework for outcome evaluation and will no longer be collecting outcome data at the provincial level. Nonetheless, lessons learned from the PEAR should be considered as new outcome data collection strategies are developed.

DETAILED FINDINGS

BACKGROUND

ABOUT CAPC

The primary objectives of CAPC are to:

- Improve the health and social development of children and their families
- Increase partnership and collaboration
- Increase the number of effective community resources and programs
- Increase recognition and support for communities at risk, their needs, interests and rights
- Increase empowerment and knowledge of families and communities
- Increase accessibility to culturally and linguistically sensitive programming

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.

CAPC IN BC

Unlike other provinces, where PHAC holds contracts for service with single agencies, CAPC projects in BC are delivered through coalitions of agencies. The coalition model involves formal partnerships between multiple agencies that span across a specific geographic area, with each agency representing a specific community. Each coalition has a Host agency, with overall responsibility to PHAC for the Contribution Agreement/contract.

Active since 1994, there are 22 CAPC coalitions spread throughout 5 Regions in BC:

Interior Region

1. South Central
2. North Okanagan
3. East Kootenay
4. Central (West) Kootenay
5. Okanagan Similkameen

Fraser Region

6. Richmond Delta Family Empowerment Program
7. Children Matter (Surrey)
8. Langley Neighbourhoods Coalition

9. Upper Fraser Valley
10. Fraser North

Vancouver Coastal Region

11. Children Need Care Now Coalition of the Downtown Eastside
12. Children's Coalition: YWCA Crabtree Corner and Sheway Family Network
13. Mount Pleasant/ Cedar Cottage
14. Family Initiatives Program MOSAIC/PIRS
15. Families Branching Out
16. Sea to Sky and Sunshine Coast
17. First Years Count (North Shore)

Vancouver Island Region

18. Healthy Children Healthy Futures (Duncan, Port Alberni)
19. Capital Children Coalition
20. North Island CAPC Coalition

Northern Region

21. Northwest
22. FADER Coalition

CAPC EVALUATION IN BC

In the early years of CAPC, each BC 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 PHAC, 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, with a view to bringing consistency to the program-level evaluations and enabling province-wide roll-ups of the evaluation results.

Since then, 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. Logic models were created for three program areas:

1. Quality Early Childhood programs
2. Family Support, Education and Resources programs
3. Community and Systems Building.

Each logic model has common outcomes and success indicators (Appendix A, B, C), and coalition partners choose the logic model(s) that best suits the focus of their programs.

The system was 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 the differences their programs make to families and communities.

A Project Evaluation Annual Report, commonly referred to as the PEAR, is a report produced by BC CAPC coalitions. These reports summarize information on the population served, services provided, and outcomes attained by their programs, along with any notable changes made and/or proposed plans for change as a result of their evaluation findings. Projects report on activities retrospectively (for the fiscal year that has just ended). The PEAR reports include four sections:

1. Participant Demographics:

- This first section details the demographic characteristics of program participants as collected through the Participant Card 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 with an explanation of what will be done or has been done to improve the reach of the project.

2. Activities and Outputs:

- The second section presents the activities and outputs for each logic model / program area. Differences or variations are noted along with possible reasons for these and any intended program changes are detailed.

3. Outcomes and Indicators:

- This section documents the planned outcomes and success indicators along with the actual outcomes in each program area. Data used to report on success indicators for each program area draws upon information gathered from parents and caregivers who complete questionnaires with common questions and checklists. Qualitative data collected from program participants is also included in this section.

4. Changes made as a result of evaluation outcomes:

- In the final section, projects provide an overview of how evaluation findings have been used to improve programs and plan for the upcoming year.

OBJECTIVES OF THIS REPORT

This is the seventh roll up review of the 22 BC CAPC coalitions' PEAR reports generated since 1995. (A PEAR roll up for the 07/08 fiscal year was initiated but not completed for a variety of organizational reasons).

At this time, National and Regional PHAC staff are working together to create a Canada-wide evaluation system and the current system in BC will be discontinued. However, at the request of CAPC Coordinators, PHAC agreed to complete this roll up to the end of 2010.

This report draws together the data from the 06/07 report, the report initiated for the 07/08 fiscal year and the 09/10 PEARS. It will make comparisons of both output and outcome data and provide some analysis of the findings.

METHODOLOGY

This report examines how well CAPC projects in BC are reaching the identified target group over time; the extent to which the projects are achieving their intended outcomes; the successes and challenges encountered by the projects and how BC projects use evaluation results.

Data was extracted from:

- Regional demographic data tables provided by PHAC for the period 2004-2007 including demographic information for the period 2004-2008 and National Snapshot data tables for 2006 and 2008.
- Output and outcome data tables provided by PHAC for the period 2006-2008 and output and outcome data from the 2009-2010 Annual PEARS provided by the 22 BC CAPC coalitions
- Descriptions of successes and challenges of BC coalitions from the 2009-2010 PEARS
- Descriptions of how evaluation results are being used from the 2009-2010 PEARS

New demographic, output and outcome data was added to existing tables. Qualitative data was copied from the PEARS into spreadsheet or Word documents for analysis. The data was then categorized and examples related to each category were included in the report.

LIMITATIONS

- The value of the Snapshot and PEAR data depends upon the rigour with which data was collected.
- There were some inconsistencies in how data was reported within individual PEAR reports. These were corrected wherever possible but may have impacted the overall results in some instances.
- The demographics collected through the Participant Card (PC) are self-reported
- The parent and child outcomes reported in the PEARs are not the result of testing, they are observations made by parents of their own learning and attitudes/growth and of their children's gains from attending the programs.
- The children's outcomes reported under the QCP (Quality Early Childhood Programs) program domain may be affected by the ages of the children because some questions are about behaviours that typically do not develop until the pre-school age.
- There is no universal systematic method for distributing the outcome questionnaires. Therefore, there is no way to gauge how representative the sample is of all participants in BC CAPC programs
- Some of the categories within the demographic data collected by the National Snapshot Census and the regional Participant Card (PC) do not share exact definitions. Therefore, direct comparison cannot be made between these two sources in certain cases. For example, the level of detail captured in the PC is not equivalent the level of detail captured in by the Low Income Cut-Off (LICO) as reported by Statistics Canada
- The outcome questionnaires are post-tests – that is, parents or caregivers fill out these forms on behalf of their children only after they have been attending a program for some time. It is impossible to definitively demonstrate a program's contribution to child development without any comparison data collected from families when they enter the program and/or from similar families who do not participate in CAPC.
- The computer program provided by PHAC for questionnaire analysis processes unanswered questions (participants leave questions unanswered if they believe them to be non-applicable) as "0" responses and calculates them into the average for a particular competency

DEMOGRAPHIC OVERVIEW OF PARTICIPANTS

The CAPC Participant Snapshot Census is a one-month demographic survey of children, parents and caregivers participating in CAPC projects, either regionally or across Canada. The goal of the Snapshot is to produce a picture of CAPC participants and to determine the program's reach to priority populations identified by PHAC. Results from the Snapshot are used to report on the reach of the program and respond to PHAC accountability requirements.

Regional administrations of the CAPC Participant Card took place in BC in November 2004, November 2005 and November 2007. National administrations took place in May, 2006 and November, 2008. What follows summarizes the results.

ADULT CHARACTERISTICS

Gender and average age of BC CAPC participants varied very slightly between 2004 and 2008. Some projects are now reporting an increase in the involvement of fathers in programs, so it is expected that there will be an increase in the number of male participants in the next administration of the Snapshot. Although the varying categories of caregivers are somewhat confusing, it appears that the number of participants who are parents does not vary by much from one year to the next.

Figure 1 - Gender, Age and Type of Caregiver

Variable	November 2004 (Regional) N = 2,669	November 2005 (Regional) N = 2,852	May 2006 (National) N=2,515	November 2007 (Regional) N = 2,672	November 2008 (National) N=2,399
Female	91%	92%	92%	93%	93%
Male	9%	8%	8%	7%	Male: 7%
Average age	33	33	33	34	33
Type of Caregiver	Parent: 88%	Parent: 88%	Parent: 81% Parent & caregiver 6.8% Parent & other .2% Parent and expectant parent .2% Parent & expectant parent & caregiver .6%	Parent: 89%	Parent: 84% Parent and expectant parent 4.7%
	Expecting Parent: 2%	Expecting Parent: 2%	Expectant parent only 1.9%	Expecting Parent: 2%	Expectant parent only 1.5%
	Paid caregiver: 2%	Paid caregiver: 2%	Caregiver only 5.8%	Paid caregiver: 3%	Caregiver only 5.1%
	Other caregiver: 4%	Unpaid caregiver: 5%	Other 3.3%	Unpaid caregiver: 5%	Grandparent 1.5% Other 0.7%

The percentage of single parents and Aboriginal parents dropped slightly in 2008 as did the percentage of participants born outside Canada. The regional versions of the Snapshot asked parents different questions relative to ethnicity; however they did ask “have you lived in Canada for less than 10 years”. Even so, it is difficult to compare this data to that of the national administrations; for example the 2006 national Snapshot asked participants if they were born outside Canada, then “how long have you lived

in Canada?” Although 912 respondents indicated that they were born outside Canada, only 773 answered the question relating to how long they had lived in Canada.

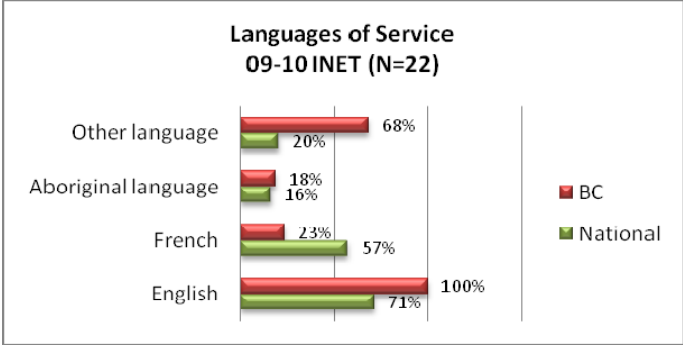
There are also some disparities between national and regional administrations of the Snapshot relative to Educational Status. These are apparently due to differences in how questions were asked. The regional form had check boxes for “completed high school” and “attended post-secondary” and the question was “What is your highest level of education”, meaning that some individuals who had completed high school and some post-secondary would not have checked the “completed high school” box. The National form simply asks “have you completed high school or a high school equivalency program”. In short, the National administrations (2006 and 2008) likely yielded the most reliable results.

Figure 2 - Marital, Ethnic, Educational Status

Variable		November 2004 N = 2,669	November 2005 N = 2,852	May 2006 N=2,515	November 2007 N = 2,672	November 2008 N=2,399
Marital status	Single	28%	23%	22%	21%	17%
	Married or living with a partner	72%	77%	76%	79%	83%
Aboriginal	Aboriginal parent	18%	16%	16%	18%	14%
Immigrant Status	Immigrated to Canada within last 10 years	23%	24%	23%	28%	22%
Educational Status	Did not complete high school	26%	11%	22%	11%	19%
	Completed high school	28%	28%	78%	27%	81%
	Post-secondary education	46%	61%	n/a	62%	n/a

BC projects appear to be quite responsive to the needs of these non-English speaking families; the 2009-2010 INET showed that 15 of 22 BC CAPC projects are delivering some services in languages other than French and English:

Figure 3 – Language of Service



FAMILY INCOME

Data on family income has been collected in different formats in regional and national administrations of the participant snapshot, making it somewhat difficult to track trends. However, comparisons of data from the 2006 and 2008 national administrations show that the number of BC CAPC participants earning less than \$15,000 annually has dropped significantly and the percentage of participants in the highest range (\$45,000 or more annually) has increased slightly. These findings should be interpreted with caution for the following reasons:

1. Only 64% of respondents in 2006 and 63% in 2008 answered the question about family income.
2. Income data does not take the number of family members living on different incomes into account (this is brought into play in LICO calculations).
3. Although LICO calculations for BC CAPC populations show that 45% of BC families are below the LICO (see Figure 7), these calculations are based on what the average Canadian family spends on food, shelter and clothing. A significant percentage of BC CAPC participants live in the lower mainland of BC where housing costs are among the highest in Canada - and well above the average.

Figure 4 - Income

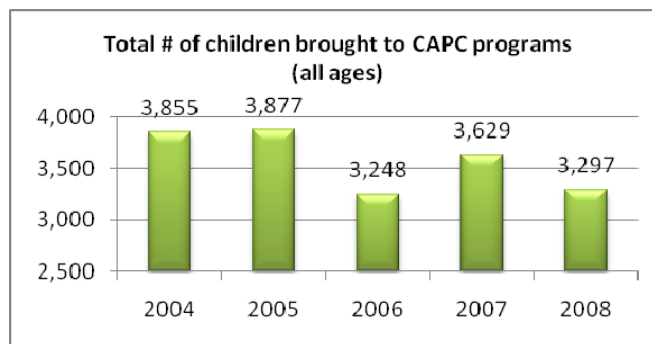
Regional Administrations				National Administrations			
Variable	November 2004	November 2005	November 2007	Variable	May 2006	November 2008	Change 06-08
Income	No income: 4%	No income: 5%	No income: 3%	Income	Less than \$15,000: 28%	Less than \$15,000: 17%	-11%
	Less than \$7,200 5%	Less than \$7,200 6%	Less than \$7,200: 4%		\$15,000 – 24,999: 21%	\$15,000 – 24,999: 19%	-2%
	\$7,200 – 12,000 13%	\$7,200 – 12,000 15%	\$7,200 – 12,000 11%		\$25,000 – \$34,999: 10%	\$25,000 – \$34,999: 14%	+4%
	\$12,000 - \$15,600: 12%	\$12,000 - \$15,600: 13%	\$12,000 - \$15,600: 14%		\$35,000- \$44,999: 10%	\$35,000- \$44,999: 11%	+1%
	\$ 15,600- \$19,200): 9%	\$ 15,600- \$19,200): 11%	\$ 15,600- \$19,200): 10%		\$45,000 or more: 32%	\$45,000 or more: 40%	+8%
	\$19,200- \$22,800: 6%	\$19,200- \$22,800: 10%	\$19,200- \$22,800: 10%		n/a	n/a	n/a
	More than \$22,800: 27%	More than \$22,800: 41%	More than \$22,800: 48%		n/a	n/a	n/a

CHILD CHARACTERISTICS

Number of Children Brought to CAPC Programs

This next chart shows the total number of children brought to CAPC programs as documented in the Snapshots. Again there is some disparity between how the questions were asked in national and regional administrations. It should also be noted here that the regional data comes from data tables created for a previous report and the methodology for calculation was not always documented.

Figure 5 – Children brought to CAPC programs



Types of children brought to CAPC Programs

Data on the number of children 0-6 is similar across the years that the regional form was implemented (i.e. '04, '05 and '07) as well as across the years that it was collected nationally (i.e. '06 and '08). Therefore, the differences across years are likely due to different methods of data collection, so no conclusions are drawn here. The number of Aboriginal children does not vary by much and the number of children with special needs may be underreported – it is likely that there are children with special needs in CAPC programs who have not yet been identified as such.

Figure 6 - Types of children

Variable	November 2004		November 2005		May 2006	November 2007		November 2008
0-3 year olds	2,627	3,457 0-6	2,755	3,519 0-6	2,908 0-6	2,744	3,455 0-6	2,925 0-6
4-6 year olds	830		764			711		
Over 6 years	398		358		199	174		151
Aboriginal	n/a		n/a		493	467		435
With special Needs	n/a		n/a		200	n/a		171

RISK FACTORS

This table shows changes in risk factors for BC CAPC participants and compares to the national results of the November, 2008 National Snapshot. Three variables previously occurring in this table (ethnic or cultural group, isolated, and substance misuse) have been deleted because this data is no longer collected. Note that the data on the “low income” risk factor should be treated with caution because the criteria for whether a parent was considered low income varied between the regional and the national administrations of the Snapshot. For example, for the 2007 regional administration any family earning less than \$1,300 per month after taxes was considered low income; this definition is conservative and likely underestimates the true incidence of low income among CAPC participants. For the National Snapshot years low income was calculated using the Statistics Canada before tax low income cut-offs (LICO) which take family size and size of community into consideration.

Figure 7 - Risk Factors

Target group	Nov-04 (Regional Snapshot) %	Nov 05 (Regional Snapshot) %	May 2006 (National Snapshot) %	Nov 07 (Regional Snapshot) %	Nov 08 (National Snapshot) %	National results Nov 08 %
Low income	34	39	52	32	45	54
Immigrant *	23 (Moved to Canada in last 10 years)	24 (Moved to Canada in last 10 years)	36 (born outside Canada)	28 (Moved to Canada in last 10 years)	34 (born outside Canada)	21 (born outside Canada)
Single parent	23	20	22	21	17	26
Aboriginal parent	18	16	16	18	14	12
Low education level (did not complete high school)	26	11	22	11	19	23
Teenage parent	3	3	3	2	4	5

*The National Snapshot surveys asked participants if they had been born outside Canada and the Regional versions asked participants if they identified with an ethnic group and if they had moved to Canada within the last 10 years.

Overall, the data shows that amongst BC CAPC projects:

- Participation rates of low income families fluctuated from year to year in BC.
- The percentage of immigrant families served in BC is significantly higher than the national average. (This is consistent with national patterns of immigration settlement in Canada (<http://www12.statcan.ca/census-recensement/2006/rt-td/immcit-eng.cfm>). BC also had the largest proportion of respondents reporting they spoke neither English nor French in 2008 (8% compared to 3% nationally).
- Participation of single parents varies slightly from year to year in BC and is somewhat lower than the CAPC national average
- Participation of Aboriginal families is more or less consistent in BC and slightly higher than the CAPC national average
- The number of participants with a low education level in BC is slightly lower than the CAPC national average
- The number of teen parent participants served in BC has increased slightly and is very close to the CAPC national average.

PROPORTION OF PARTICIPANTS IN TARGET POPULATION

The following findings should be treated with caution: Regional estimates were apparently calculated by totalling the number of participants with at least one risk factor, however raw data was not available so this could not be confirmed. Data for the 2006 and 2008 Snapshots were drawn from National Data Tables.

Figure 8 – Participants in Target Population

Administration Date	Proportion in BC	Proportion nationally
November 2004 (regional)	70%	n/a
November 2005(regional)	66%	n/a
May 2006 (national)	72%	80%
November 2007 (regional)	69%	n/a
November 2008 (national)	70%	76%

OUTPUTS

COALITION MEMBERS, COMMUNITIES SERVED, # AND TYPES OF PROGRAMS

Figure 9 – Coalition Statistics

Variable	2006-07	2007-08	2009-10
Members in the Coalitions	103	107	105
Communities Served	135	140	124
Program Sites	159	148	151
Programs Delivered	192	203	335
Registered Programs	160	190	136
Drop-In Programs	155	164	204
Child and Family Programs	223	277	128
Parent Education Programs	133	136	261

All 22 projects reported the number of coalition partners, the number of communities served and the number of program sites. The number of coalition partners and program sites has been fairly consistent over time. It appears that the number of communities served has dropped; however, this

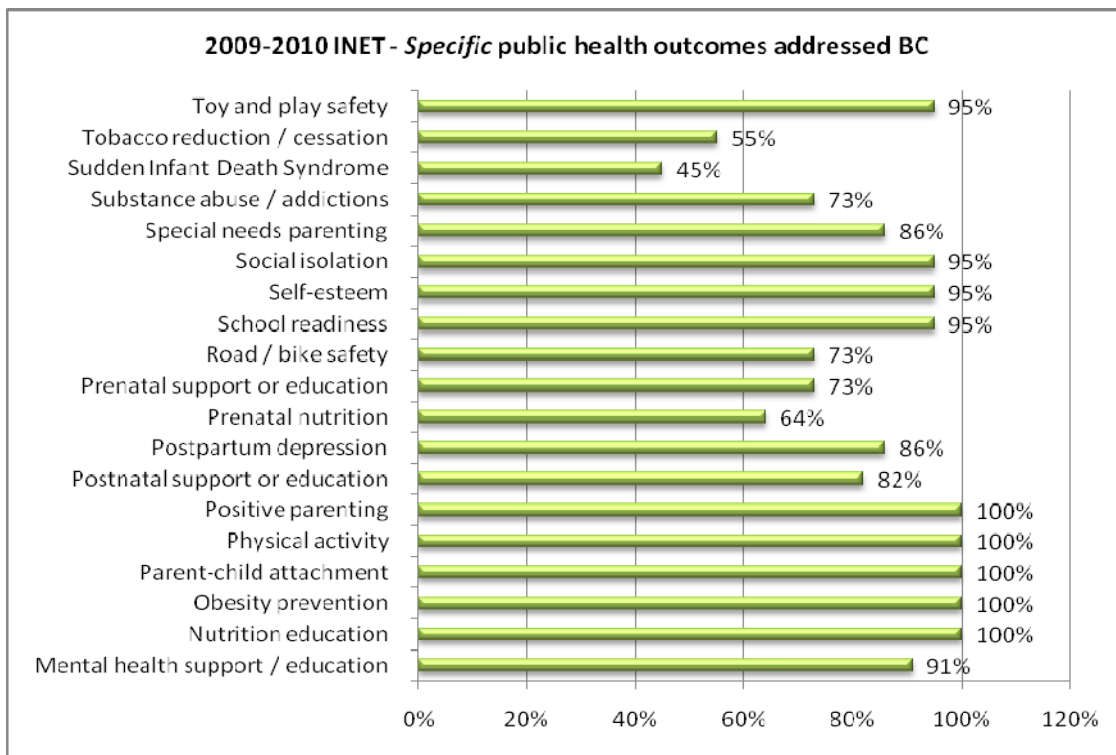
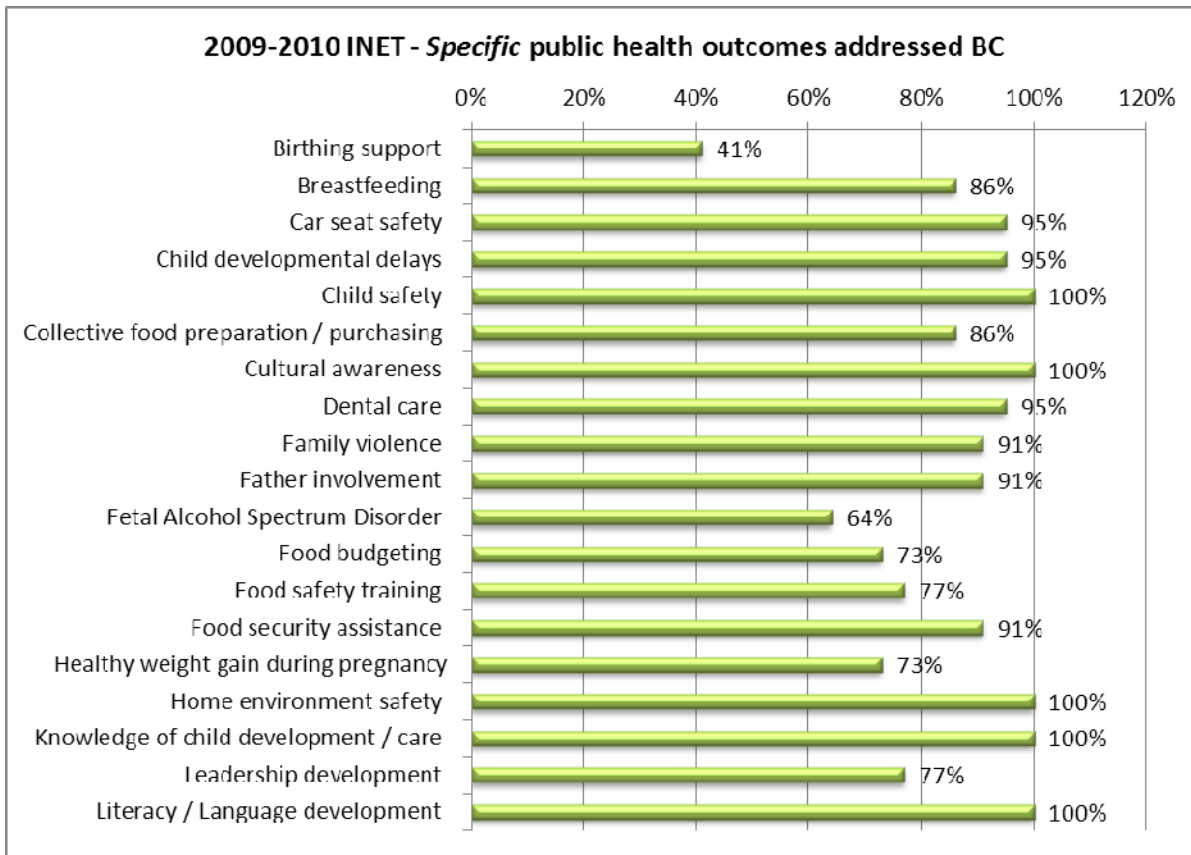
may well be due to different interpretations of what “community” means and different ways in which the data are presented. For example, a project delivered in the greater Vancouver area has been counted as one community; however, it is likely delivered in different communities within Vancouver and it certainly serves different ethnic communities. In short, from year to year, different coordinators may interpret the question in different ways. Perhaps the information collected through the INET, relative to the geographic areas served and types of locations (city, rural) etc., is enough for evaluation purposes.

The number of programs offered in 2009-2010 appears to have increased, but again the data can be presented and interpreted in different ways. A number of projects offer either child minding or a program geared towards children’s developmental needs in conjunction with a parenting program. Some report these in both the Family Education, Resources and Support and Quality Early Childhood program areas and others do not. A more consistent approach would likely result in more comparable data.

In terms of types of programs offered, most are identified in the PEAR reports as either Drop-in or Registered. Other than that, they are somewhat difficult to categorize accurately. Some reports provide quite specific detail, for example “Somali Drop In-Program: Parent education, health, wellness, life skills, outings, celebrations, speakers, health nurse visits and quality play for children”. Other programs are less well described, for example “Belly casts” or “Frogs in the Park”. It was also difficult to count programs in a consistent way. For example, where three coalition partners are each delivering the same program at three different sites, should this be counted as “one” or “three”? A list of programs provided in BC is appended to this report (Appendix D).

The information provided on programs is sufficient for program monitoring purposes at the individual project level but does not lend itself to an accurate provincial roll-up. If provincial roll-ups of this output data are to be conducted in the future, a grid with different variables could be provided with the Annual Report outline. This would allow for easy consolidation of program types and areas of focus. Otherwise, the number of drop-in and registered programs combined with information gathered in the INET might be sufficient. The INET data has the advantage of demonstrating the focus of various types of programming and shows the percentage of sites addressing identified priorities. The next two charts show the public health outcomes addressed in BC as reported in the 2009-2010 INET.

Figure 10, 11 – Health Outcomes addressed in BC



PROJECT PARTICIPANTS

The 2007-2008 draft report included the following comments on counting participants:

“When coalitions report on the number of participants, it is difficult to control for double counting (counting a participant twice or more if they attend different programs at different times of the year) and missed attendance at busy drop-in programs (for example). Additionally, only 14 out of 22 (64%) coalitions reported on individual participants. It is difficult to know whether the attendance at these coalitions is representative of attendance levels at the other coalitions. It is also not possible to derive the annual count of individual participants by simply multiplying the number of adult and child participants (2,465 and 3,662, respectively) as captured by the Participant Card data collection in November 2007. First, it is highly possible that a person attending in November would also have attended in October and then in December. This would result in counting the same individual more than once. Second, every program and agency has busier and slower months; for example, some programs and agencies do not run in the summer months. Therefore, seasonal fluctuations in programs’ schedule could lead to an overestimation or underestimation the yearly participant total. Therefore, the participant totals should be treated with caution and considered as estimates only.”

This is an ongoing issue. In the 2009-2010 PEARs at least some participation data was reported by each of the 22 projects. However, it was reported in three different ways: 1) actual number of participants; 2) average number of participants per month and 3) average number of participants per year.

Figure 13 – CAPC Program Participation

# of projects reporting	PARTICIPANTS 2009-2010	
11	Actual # of child participants	13,405
8	Average # of child participants per month	4,577
11	Actual # adult participants	12,726
8	Average # of adult participants per month	4,024
1	Average # of child participants per year	630
1	Average # of adult participants per year	511
14	Actual # of total participants	31,258
6	Average # of total participants per month	3,518
1	Average # of total participants per year	274

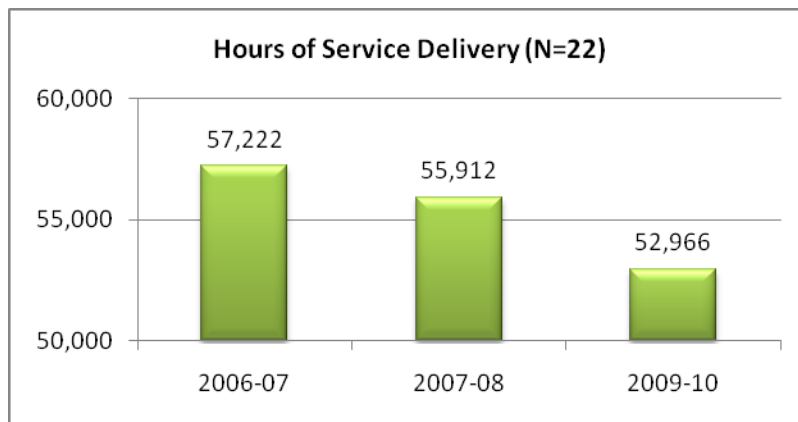
The 2009-2010 INET report asked “approximately how many individuals (children, parents and caregivers) participate in your project on an annual basis. The results show 22 BC projects reported an average of 2,169 participants. How projects calculated the “approximate” number of participants is unclear.

It seems therefore that there are too many inconsistencies in how data is collected and reported to draw any conclusions – other than that some standardized method for this type of data collection would be helpful both at the regional and national levels.

HOURS OF SERVICE DELIVERY

Service delivery dropped by 2,946 hours in 2009-2010 as compared with the 55,912 service hours reported 2 years ago in 2007-2008:

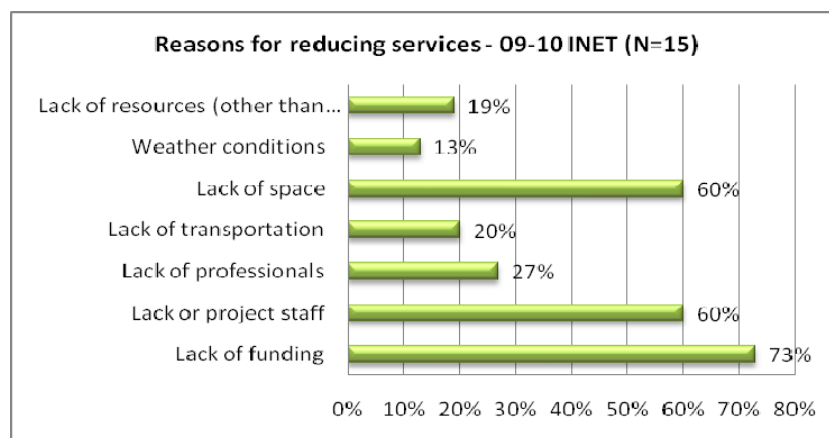
Figure 14 – Comparison of hours of service delivery



The PEAR reports showed that some projects have had to cut back services because of funding pressures. Most commonly mentioned was the fact that CAPC funding has not increased to match rising costs. More recently this situation has been compounded by cuts to BC Gaming funds, foundation grants and other sources of funding and increased competition for any available funds. One project reported that “for many years the imbalance between costs and resources has been addressed in part by developing new partnerships, either for in-kind or funding resources. At this point, however coalition agencies have reached their capacity to manage additional partnerships and have had to look at limiting programs or reducing numbers served with reduced staff resources.”

The 2009-2010 INET showed that 15 projects had reported a variety of reasons for reducing services:

Figure 16 – Reasons for reducing service



It is commonly known that costs of delivering programs has risen over the years - and increased costs no doubt affect the ability to access other resources and provide transportation for project clients. Every coalition will of course face different challenges and have different ways of dealing with them, however it might useful for coalition coordinators to have some discussion about how they are dealing with funding pressures – for example sharing the sorts of strategies they are employing, discussing at which point they decide to reduce service, and deciding when it is important to provide transportation at the cost of reducing service in order to assist those most at risk, etc.

OUTCOMES

PEAR reports showed that a total of 3,376 parents/caregivers were surveyed in 2009-2010 (average per coalition of 153).

Methods used were as follows:

- 11 projects reported surveying participants throughout the year, usually at the end of a number of registered sessions;
- 6 projects reported surveying participants once annually; 3 projects twice annually; 2 projects three times annually and 1 project four times annually.
- 4 Projects also reported holding 6 participant focus groups.
- 14 projects reported surveying a total of 91 staff;
- 3 projects reported surveying a total of 31 community partners and one project reported surveying a total of 15 volunteers.

Outcomes by project are not described in this report and it is expected that projects will use this report for the purpose of comparing their individual results to regional results. Overall outcomes reported in the areas of Family Education, Resources and Support Programs; Quality Early Childhood Programs and Community Capacity Building are as follows.

FAMILY EDUCATION, RESOURCES AND SUPPORT PROGRAMS

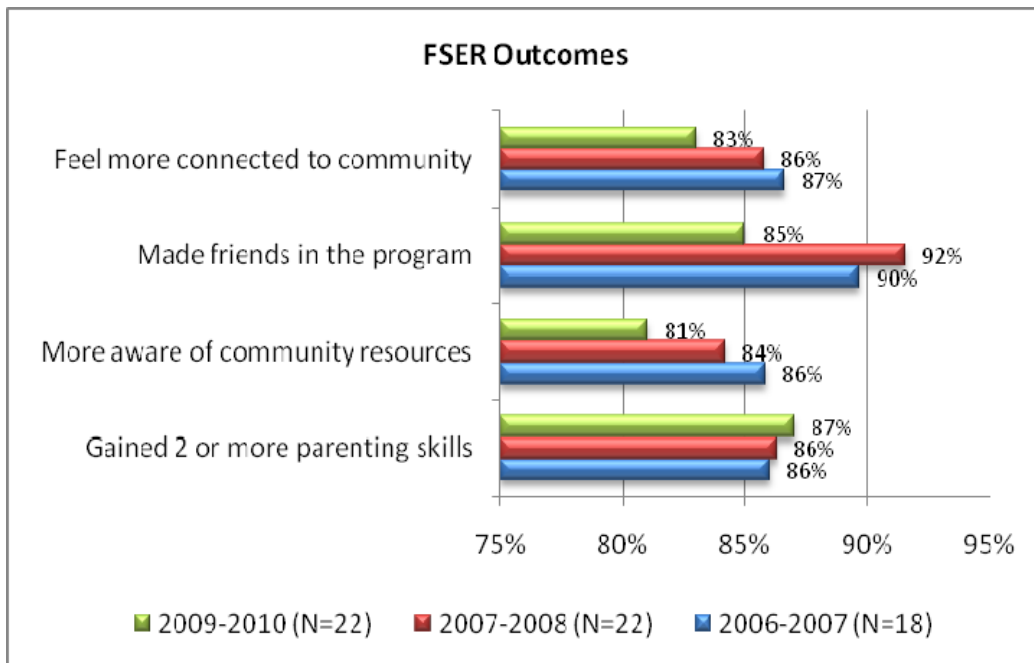
The Family Education, Resources and Support logic model provides a menu of 8 success indicators (Appendix B). Commonly reported outcomes are as follows:

- 80% of respondents describe/check off two parent skills gained as a result of coming to the program (workshop). (i.e. child ages & 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.)

- 65% of respondents state they are now more aware of and/or have used community resources related to meeting their family’s needs.
- 80% of respondents state they have made/enhanced friendships with other participants in the program.
- 70% of respondents state one way they now feel their family is more connected with the community (community = neighbourhood, village, town, city, local people.)

The results show that projects continue to exceed targets, with small variations from year to year:

Figure 17 – FSER Outcomes



Overall, 2009-2010 results were slightly lower than in previous years:

FSER Outcomes Parenting Skills										
	Arts & crafts	Child ages & stages	Different ways to parent	Effective discipline	Ways to communicate with	Tips on sleep, food,	How to help child learn	How to keep child safe	How to keep child healthy	Aboriginal parenting
2006-2007	65%	65%	67%	64%	68%	48%	56%	63%	67%	56%
2007-2008	62%	70%	61%	58%	63%	53%	59%	57%	62%	27%
2009-2010	60%	66%	58%	53%	61%	50%	55%	55%	59%	33%

Figure 18 – Frequency of parenting skills reported

QUALITY EARLY CHILDHOOD PROGRAMS

Success indicators for the Quality Early Childhood programs (Appendix A) are:

- 75% of respondents check off/name two ways their child has gained social competence typical for their age. (i.e. lays, gets along better with others/shares, less shy, more self-confident)
- 75% of respondents check off/name two ways their child has gained language and cognitive skills typical for their age: (i.e. interested in reading/writing, practices new words, sings/rhymes, uses +English, recognizes shapes, numbers)
- 75% of respondents check off/name two ways their child has gained communication skills and general knowledge typical for their age (i.e. tell story, communicate with adults/children, express themselves)
- 75% of respondents check off/name two ways their child has gained emotional maturity typical for their age (i.e. better able to concentrate/help others & handle typical aggressive/angry behaviour, more patient)
- 75% of respondents check off/name two ways their child has gained large and small motor skills typical for their age(i.e. uses scissors/glue, puzzles, play dough, paints, riding toys, blocks, climbing equipment)

As the following chart shows, overall, projects exceeded logic model targets in 2009-2010 and did not vary significantly over previous years. It is recognized that outcomes for quality early childhood programs will vary depending upon the ages of children brought to the programs. One project reported that outcomes were lower than expected because of a small sample size and another project reported that parents with low literacy skills had difficulty completing the parent survey.

Figure 19 - Outcomes for Children

		Increased social competence	Language and cognitive skills	Communication and general knowledge	Emotional maturity	Small & large motor skills
2006	-	88%	83%	82%	80%	78%
2007						
2007	-	87%	81%	87%	80%	74%
2008						
2009	-	88%	84%	84%	78%	79%
2010						

COMMUNITY CAPACITY BUILDING

The Outcomes identified in the BC regional logic model for Community Systems Building (Appendix C) are:

- CAPC, community and system partners improve coordination on work related to families with children age 0-6 living in conditions of risk.
- Community and system partners 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 issues related to families with children age 0-6 is increased.

Concerns were expressed about some aspects of the Community Systems Building Logic model (e.g. the appropriate frequency of data collection) during a consultation with CAPC Coordinators in the summer of 2009.

As such, for the 2009/2010 PEAR projects had the option of:

Providing an output table, showing the # and types of partner agencies they work with; the type of community and networking meetings attended and the types of active/education undertaken to raise community awareness.

OR

Providing a narrative report detailing:

- The goals and main activities of any local ECD (Early Childhood Development) tables in which the coalition or member agencies participate or reasons for non-participation in any local ECD table
- Key partnerships with local community agencies that they refer to frequently.
- If applicable, a description of an initiative the coalition (or member agencies) is engaged in that will help build community capacity to support local children and families.

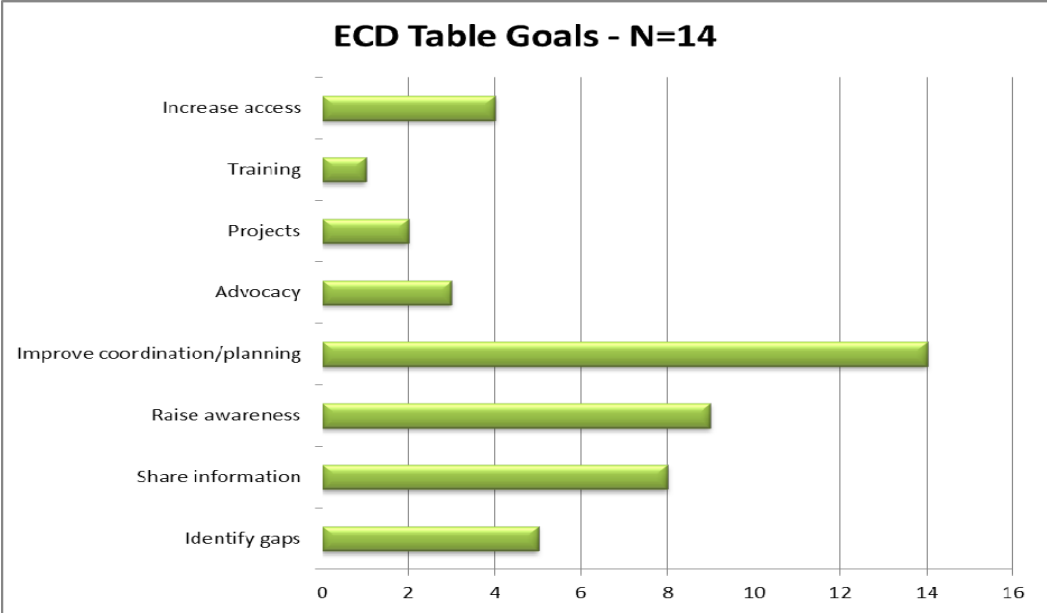
Two projects reported successful outcomes in this area (from a previous version of the logic model) and one project reported outputs (131 meetings; 315 hours). The majority of projects chose the narrative report format and the findings from these reports follow.

The goals and main activities of any local ECD (Early Childhood Development) tables that the coalition (or member agencies) participates.

20 projects indicated that they participate in at least 55 different ECD tables, as well as many other local committees and groups working to support young children and families.

14 projects provided some level of detail relative to the goals of their local ECD table. While “formal” goals were not always listed in the reports, the data was sufficient to be categorized and is summarized in the following chart:

Figure 20 – Community ECD Table Goals



Additional details on ECD Table goals is collected annually in the BC ECD evaluation conducted by Success by 6 and show good concordance with the data gathered in the PEARs.

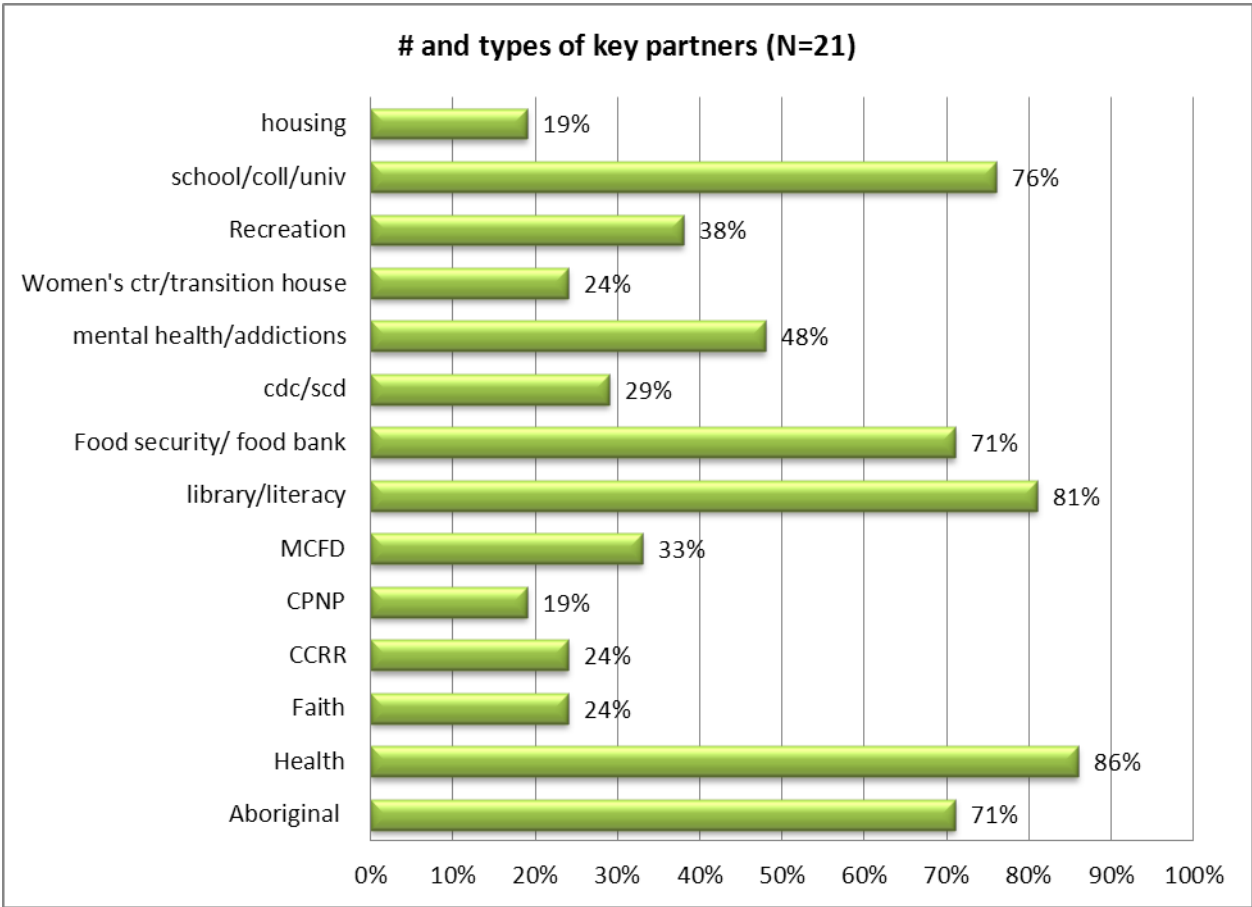
Reasons for non-participation in any local ECD table

One project indicated that they did not send a CAPC representative to the local ECD table because other agency staff already participated and this would be duplication. A second project reported that they did not attend one of the smaller tables in their area, but did attend other tables.

Key partnerships with local community agencies CAPC agencies refer to frequently.

21 projects reported a total of (at least) 435 key partners (average 21 per coalition). Those that were identifiable were categorized to create the following chart:

Figure 21 - # and types of key partners



(cdc/scd = child development centre/supported child development; CCRR = Child care resource and referral).

It is encouraging to see the high level of partnership in very significant areas and this may in fact be underreported in the PEARs. The 2010 INET showed that 22 BC coalitions reported an average of 39 partners and the blend of types of partners was somewhat different. For example, 65% of projects reported partnerships with mental health service providers, compared to 48% in the PEAR.

These discrepancies may be due to how the questions are asked. This INET simply asks “how many partners did your Project have during the reporting period? (partners are defined as organizations which contribute to the management, coordination and/or delivery of project – all partners should be included regardless of the size of their contribution)” as opposed to the PEAR template which asks projects to report “Key partnerships with local community agencies you refer to frequently “.

This is raised here for two reasons: 1) It could be argued that organizations which contribute to the management, coordination and/or delivery of projects are at least as “key” as referral sources and perhaps this could be re-visited in the Annual Report template; and 2) It may be worth aligning the

format of the Annual Report with the INET; providing a similar check-off list where partners can be categorized by the projects and used for both the Annual Report and INET. Alternatively, it may be determined that the information collected in the INET is sufficient and the Annual Report can shift its focus to other areas.

Description of initiatives coalitions (or member agencies) are engaged in that will help build community capacity to support local children and families.

All 20 projects that indicated that they participate in ECD tables will be engaged in planning to build community capacity at the local level. 14 projects provided information on 44 specific community capacity building initiatives they are involved in. Some examples will illustrate the diversity of these:

“We recently acquired a community garden from Atria Women’s Resource Society and our CAPC Parent Action Group has been busy planting and looking after the garden. We also have been involved with an organization called Environmental Youth Alliance which has been planting seeds with youth in the area and then distribute the plants to the neighbourhood”.

“Moccasin Making Workshop for Aboriginal people, with the Vancouver Rotary Club generously purchasing supplies such as elk leather and also providing the snacks - partnership between Vancouver Native Health, Vancouver Public Library, and Mount Pleasant Neighbourhood House.”

“Families and Staff Team (FAST) committee. FAST is made up of parents and staff from all four coalition sites who come together to plan and evaluate coalition and CAPC program activities throughout the year.”

“Partnership with Vancouver Coastal Health in their GERMS initiative to provide education around immunization benefits/risks to Family Resource Workers and StrongStart staff, childcare providers, parents, and health care workers.”

“Through the Ladner ECD committee we welcome newborns (up to 10 months) with a bag of supports and treats including, for example, pamphlets and booklets describing local resources, a book, and invitation to join the public library, etc.”

“Chilliwack Integrated Parenting Committee (CIPC) and the Children’s Early Years (CYC) created a Chilliwack ParentGuide as a social marketing tool.”

“Our Coalition is engaged in a community garden on site of its drop in group. Families are given garden plots and seeds as well as seedlings to plant.”

“Coordination and making available FASD training to local community members through local presentations and web technology, seminars/workshops.”

“For the last twelve months we have had a monthly news article in a regional paper. The articles address the issues of our families while drawing attention to CAPC and their programs.”

“Coordinate the Britannia Early Learning committee which meets monthly to discuss gaps, issues and trends, as well as share program highlights, updates and resources in the Britannia area.”

“FASD Awareness Bike Ride.”

“We collaborated with WECAN to revise the 2010 Junior Green Book, a listing of programs and services for families with children aged 0-6.”

In the recent ECD Community Capacity Building Evaluation (January 2011) conducted by Success By 6 in partnership with the province 46 ECD table managers reported that they had CAPC representation at their community tables (50% of all managers) and 52 individuals who responded to a Stakeholder Survey identified themselves as CAPC representatives.

The level of involvement of CAPC projects at ECD tables and hundreds of other community committees of various types is quite striking.

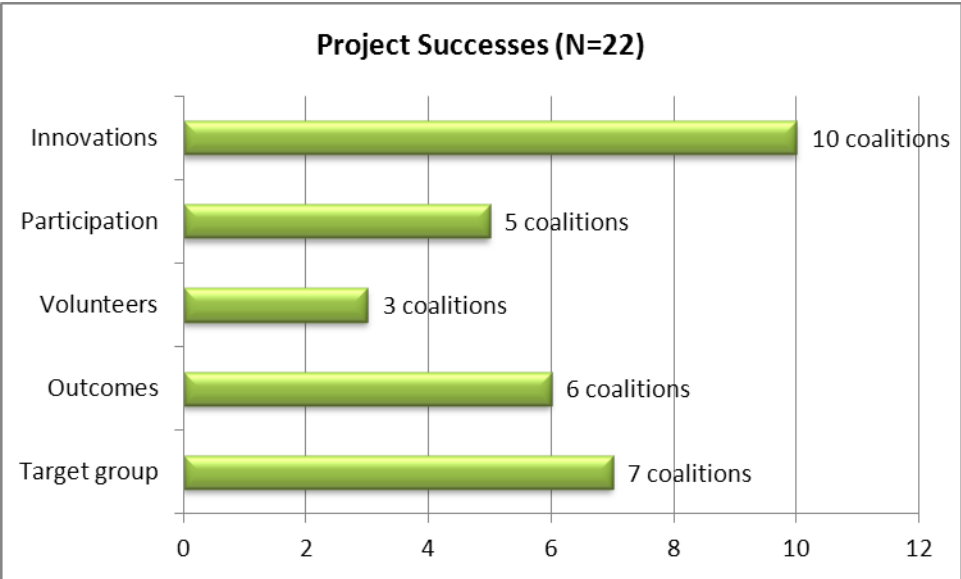
SUCCESSSES AND CHALLENGES IN 2009-2010

Although PEAR’s are not required to discuss successes and challenges per se, a review of the documents provided some information of interest in both areas.

SUCCESSSES

Projects described their successes in what were loosely categorized into areas of improved outcomes; improved reach to specific target groups over previous years; success with volunteer initiatives and project innovations.

Figure 22 – BC CAPC Successes



Improved reach **to the target group** was reported with some projects reaching more low income, Aboriginal, teen, lone parent, immigrant or low educational status individuals.

Improved **outcomes** were reported in the areas of children's development and parenting skills. Other projects reported having either met or exceeded targets.

One project reported on the strength and continuity of **volunteers** at all project sites and a second reported on the strength of volunteer parent-run Family Place programs.

Increased **participation** was reported by 5 projects. One project report mentioned that the increase was due to a partnership with StrongStart. Another project, which had experienced a drop in participation after moving the program to a new location, reported that participant numbers were back up to previously high rates.

A number of projects also provided information on "**innovations**" they had successfully made within their projects over the previous year and these are worth highlighting here.

- The Board of an Aboriginal CAPC project agreed to follow healthy nutritional guidelines for all programs with a view to avoiding refined flour and fried foods; serving fruits and vegetables at group programs; providing an alternative to coffee-mate and serving water and juice rather than pop and Gatorade.
- A project which had successfully involved fathers in programs in the lower mainland made presentations on the model to projects in the Okanagan valley.
- A StrongStart, which is partnering with a CAPC project, is using the CAPC logic model. The partnership is also serving to increase understanding of the need of high-risk families at the school. Recently a school principal approached program staff to conduct a workshop on dealing with conflict in the home.
- Another partnership with a StrongStart is resulting in improved developmental outcomes for CAPC children.
- A project which targets families with settlement issues noticed behavioural problems (hitting/biting) amongst the children and has adjusted the program to help parents deal with the behaviour.
- A coalition where partners chose to include questions related to food/nutrition on the parent survey for the first time, so as to assess progress was being made in this area.
- A project provided families in 4 communities with First Aid training and had the local fire department come out to group to teach parents and kids about fire safety and making safety plans in case of fire in the home.

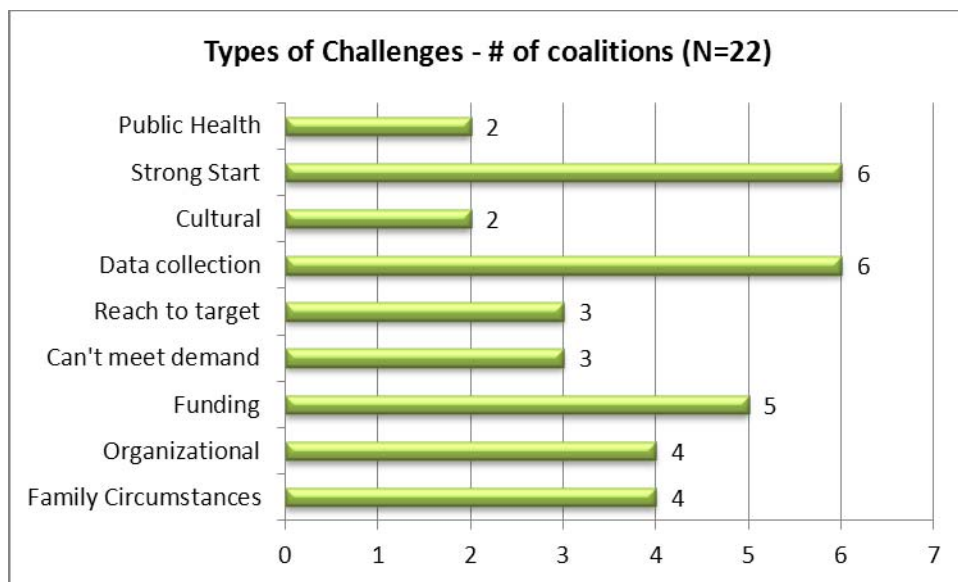
- A project is increasing participation in spite of economic pressures by providing healthy food at most activities and transportation assistance such as bus tickets, car-pooling and pick-up.
- A project has noticeably impacted behavioural and language issues at a Headstart program through its CAPC staff person who attends circle time
- A new postpartum counselling and outreach program offers a no-fee, drop-in structure - providing immediate, barrier-free access to Masters level clinical counselling, parent education and outreach support. Services are available in Farsi.

It is expected that these types of innovations occur in many organizations. In this context, they provide evidence of the dynamic nature of CAPC programming. They also provide some anecdotal evidence of evolving types of partnerships, commitment to the new PHAC priorities and commitment to finding ways to include families who are at risk in spite of funding pressures. It is speculated that this may be at least partly due to the coalition model where agencies have become used to working together toward the same goals over time.

CHALLENGES

A variety of challenges reported by BC CAPC projects in 2009-2010 were categorized as follows:

Figure 23 – Types of Challenges



Some examples from the different categories follow:

- Two projects experienced the withdrawal of **Public Health** services during the H1N1 flu period, as they were involved in immunization planning and vaccinations. Some sites

lost these services for a six month period. In addition, one of these projects is no longer served by the Public Health dietician due to funding cuts and the coordinator expressed that this was very disappointing in view of PHAC's new focus on childhood obesity.

- It appears that at least 5 coalitions have partnerships with StrongStart. Although partnering with **StrongStart** has been beneficial, there have also been challenges. In two projects staff reported having less time to focus on working with parents on family related issues, because the main focus of the program is on children and it was speculated that this may have contributed to a drop in outcomes in the area of parenting skills. On the positive side, responses to the parent survey at one site showed an increase in all areas to do with children's interactions at the program and a continued high rating of opportunities to meet with other parents. Another project involved with offering StrongStart noted that coordinators needed to spend a significant amount of time developing and maintaining relationships with the school district.

Three projects noted that their participation rates had dropped since StrongStart was implemented in their communities. One of these mentioned that they had dealt with this by starting new programs geared more towards parents with newborns and young babies. The situation certainly underscores the need for CAPC projects to be aware of the changing landscape in ECD programming and the need to work with local ECD planning tables to reduce duplication and fill gaps.

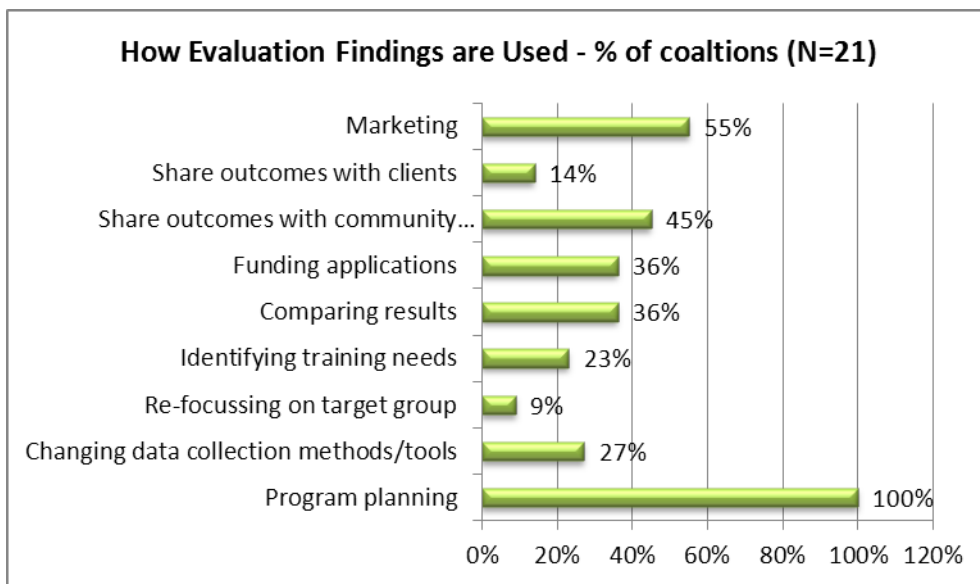
- One project has been very successful in attracting grandparents who, in most instances, have English as a second language and has had some challenges dealing with **cultural** issues. It was speculated that while new parents and new immigrants may be open to learning different approaches to parenting, grandparents often have long-held opinions and cultural norms which make transition much more challenging. Another project reported some challenges related to reaching out to a "sub group" of Vietnamese families because of significant differences in language, culture and education.
- A number of challenges were reported related to **data collection** issues. At one project, immigrant participants were not literate in any language and another felt that responses had been affected by low literacy skills. Yet another project reported that inconsistent or small samples had affected their outcomes and one project reported that participants chose not to answer some questions because they were not relevant to their infant or young child. One project reported not having any system to collect data that will identify the number of individual participants. Finally, one project reported that although drug and alcohol use was very prevalent in the community, there was no way of reporting this risk factor. Additionally, this site reported that in this community, single parenting was under-reported; many of the parents at higher risk are in a constant state of changing partners but would not define themselves as "single" parents.

- Three projects reported challenges related to reaching the BC CAPC **target population**. The first, a Vancouver project reported that, although the proportion of participants in the target population had apparently decreased significantly, the 2008 data was already out of date and the demographics tend to change very quickly as “gentrification” occurs in some neighbourhoods. The second project (in an urban community) reported that only 36% of participants had one or more risk factors and the third project reported that ongoing efforts to reach out to Aboriginal families were not meeting with success.
- Three projects reported being unable to meet the **demand for services** in their areas. One reported that there was just no room for increases in program attendance and that in order to increase space it would need to engage more child minders. Another project reported having to turn people away from a drop-in program when the space reached capacity and a third reported that the success of programs was leading to a demand for services they were strained to meet.
- Five projects discussed **funding pressures** that in some instances have led to reductions in service. These came from increased costs such as wage increases and, in two instances, from reductions in funding from other sources.
- A number of **organizational** issues were reported by five projects. These related to staffing changes and/or difficulties related to program facilities.
- **Family circumstances** – Two projects discussed the impact of the economy on families, where they either have food security issues or are having to leave the community because of a lack of work and affordable housing. One project reported that the marijuana culture in their area of the province results in soft drug use being very common practice.
- Finally, it was reported that staff at two family place sites had noticed that parents using cell phones tend to “watch” their children less and also that some families are using Facebook to connect with one another and share parenting ideas and information. Staff are discussing this phenomenon with parents and are monitoring the impact of “virtual linking” on face-to-face meeting at the family places.

How BC CAPC EVALUATION RESULTS ARE USED

Twenty-one projects made report of how they intend to use their evaluation results. In some instances projects illustrated how they had used the results of the previous PEAR and in some, how they intended to use the current year's PEAR results. The main uses documented in the 2009-2010 reports were categorized as follows:

Figure 24 – Use of evaluation results



Some examples from each of the above categories follow:

Marketing

- “Appropriate information from the evaluation is used in agency pamphlets, brochures, newspaper articles, and in the preparation of talks given to service clubs, city and municipal governments, parks and recreation staff, etc.
- “A Power Point presentation highlighting coalition outcomes and outputs will be made available to coalition.” partners before September. These are typically used for presentations to Board members and community partners. This year we made such a presentation to Lower Mainland Success By 6 coordinators. Selected findings from this year’s evaluation will also be published in our CAPC brochure which is revised annually.”

Sharing outcomes with clients

- “We will share this report with our clients.”

- “We focus efforts when talking with parents to clarify and highlight the leadership skills they learn and the roles they take every day even though they might not refer to them as noteworthy contributions.”

Sharing outcomes with the community

- “Findings from this report are shared with colleagues around the two Sunshine Coast and Howe Sound ECD tables. Partners include schools, Understanding the Early Years, Success by Six, Public Health, Ministry for Child and Family Development, Putting Children First Initiative, School Board, Infant Development, childcare staff, etc. CAPC staff finds the specificity of this data useful to share with these colleagues.”
- “Report information and pertinent findings are always shared with appropriate senior staff at the Ministry of Children and Family Development and the Fraser Health Authority.”

Funding Applications

- “The PEAR is a useful source of information for grant and proposal writing as it succinctly rolls up the output data and truly reflects who we serve and the services we provide.”
- “We use evaluation outcomes to support increased funding where it is needed.”

Comparing Results

- “Some sites used the evaluation findings to compare outputs and outcomes from one year to the next and to modify their programs to remain relevant to local families. For example one program site was able to ascertain the value of a new summer program by reviewing the participant numbers and parent feedback.”
- “The Coalition noticed more dads showing up at Library drop ins and baby drop ins. As a result more programming for dads was created, and existing programs made dad-friendly.”

Identifying Training Needs

- “Findings are used to help plan regional training.”
- “The evaluation committee makes recommendations to the coalition about next year’s data collection. With significant staff change in the past six months, and in light of the

decrease in participants in the target population, it would be helpful to have another training for CAPC front line staff.”

Re-focussing on Target Group

- “The demographic information was used at the coalition meeting in June to better understand the diversity of participants and changes in the diversity.”
- “The demographic information will be helpful in informing new programs. For instance the increase in fathers involvement over the 4 year period of collecting demographic information suggests there is greater need for programming geared towards fathers.”

Changing data collection tools and methods

- “The Coalition used the evaluation findings to streamline the logic model and to begin the process of streamlining the forms for the required data collection.”
- “For the evaluation committee to make recommendations to the coalition about next years’ data collection.”

Program Planning

- “With the diversity apparent in the programs through the evaluation, some coalition members may be interested in looking at alternate program models that have more of an education focus since this is an area of programming that has decreased over the past several years.”
- “As we incorporate a new Aboriginal Family Support Worker position, we hope to see an increase in the number of parents learning about Aboriginal parenting and different ways to parent. This coming year will be a settling year after so much effort has been put in by the coalition to develop Aboriginal services and learn how to partner with new members. We look forward to using this data to help guide the existing and new components of this coalition.”

It is evident that over time, an evaluation culture has developed amongst BC CAPC projects where both output and outcome information is used in a more or less systemic way for ongoing program improvement as well as fundraising and marketing purposes.

CONCLUSIONS/RECOMMENDATIONS

The BC CAPC evaluation experience is one of continuous quality improvement and learning. The PEAR has supported projects in raising community awareness of the issues affecting families at risk, demonstrating results to potential and existing funders, and making program adjustments. However, the results of this report also indicate that the systems for the collection of output and outcome data would benefit from continued improvements.

The new system for collecting output data is through the regional project monitoring Annual Reports and the nationally collected INET. This report recommends that some changes are made to how this is done; standardizing questions and aligning regional methods for Annual Reports with national methods for INET.

Any improvements to the collection of outcome data will need to take into account that PHAC is currently shifting to a National framework for outcome evaluation and will no longer be collecting outcome data at the provincial level. Nonetheless, lessons learned from the PEAR should be considered as new outcome data collection strategies are developed.

APPENDICES

Appendix A - BC CAPC Regional Program Logic Model for Quality Early Childhood Programs – Version 2008

FOCUS: Children 0-6 living in conditions of risk. LONG TERM OUTCOME: Children age 0-6 years living in conditions of risk have improved health¹ and social development.

Activities	Outputs	Outcomes	Success Indicators	Tools
<p>Your town Comm. Services School's Cool</p> <p>Family Support Centre Child development Play focus</p> <p>Parenting Society Groups for children exposed to family violence</p> <p>(list actual programs)</p>	<ul style="list-style-type: none"> • # of hours of group service • # of hours of one to one support • # of group Sessions • # of children served 	<p>Children (age 0-6 living in conditions of risk) gain:</p> <ul style="list-style-type: none"> - Social competence -Language and cognitive skills - Communication skills and general knowledge - Emotional maturity - Large and small motor skills 	<p>As a result of program involvement:</p> <p>1a. 75% of respondents check off/name two ways their child has gained <i>social competence</i> typical for their age. (i.e. plays, gets along better with others/shares, less shy, more self-confident)</p> <p>1b. 75% of respondents check off/name two ways their child has gained <i>language and cognitive skills</i> typical for their age: (i.e. interested in reading/writing, practices new words, sings/rhymes, uses +English, recognizes shapes, numbers)</p> <p>1c. 75% of respondents check off/name two ways their child has gained <i>communication skills and general knowledge</i> typical for their age (i.e. tell story, communicate with adults/children, express themselves)</p> <p>1d. 75% of respondents check off/name two ways their child has gained <i>emotional maturity</i> typical for their age (i.e. better able to concentrate/help others & handle typical aggressive/angry behaviour, more patient))</p> <p>1e. 75% of respondents check off/name two ways their child has gained <i>large and small motor skills</i> typical for their age(i.e. uses scissors/glue, puzzles, play dough, paints, riding toys, blocks, climbing equipment)</p>	<p>Parent Questionnaires</p> <p>Attendance Records</p>

¹ Most programs/activities re improving children's health are delivered to/through parents, see FSER on next page.

APPENDIX B - BC CAPC Regional Program Logic Model for Family Support, Education and Resources Programs – Version 2008

FOCUS: Parents, Families living in conditions of risk. LONG TERM OUTCOME: Parents of children 0-6 years of age, living in conditions of risk, have improved health.

Activities	Outputs	Outcomes	Success Indicators	Tools
<p>Community Services Society Young Parent support Parents and grandparents of spirited children Parent education</p> <p>Transition House Society Mother Goose</p> <p>Out Town Family Services Parent and tot groups</p> <p>Women's Resource Society Parenting Groups for teen parents, single mothers or mothers impacted by abuse Parenting workshops for fathers</p> <p>Yourtown Community Services African Women ESL and parenting</p> <p>Family Services of Our Town Single Mothers Parenting in Canada</p> <p>Parenting Society Family Circle Prenatal Outreach</p> <p>Family Support Services Parent support for immigrant families</p> <p>(list actual programs)</p>	<ul style="list-style-type: none"> • # of hours of Group sessions • # of hours of 1-1 outreach and support • # of program Sessions • # of Adults Served • # of children in Child minding • # of children Accompanying parents 	<ul style="list-style-type: none"> • 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 	<p>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.)</p> <p>2a. 65% of respondents state they are now more aware of and/or have used, community resources related to meeting their family's needs.</p> <p>3a. 80% of respondents state they have made/enhanced friendships with other participants in the program.</p> <p>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.)</p>	<p>Attendance sheets Participant evaluations</p>

APPENDIX C - BC CAPC Regional Program Logic Model for Community Systems Building – Version 2008

FOCUS: Organizations & systems serving host communities² and neighbourhoods where at-risk population lives. LONG TERM OUTCOME: Healthy communities for families with children age 0-6 living in conditions of risk.

Activities	Outputs	Outcomes	Success Indicators	Tools
<p>Build & maintain partnerships with community and systems partners</p> <p>Provide information or education sessions to partners or the community related to the needs of families with children aged 0-6</p>	<p># and type of partnering agencies</p> <p>type of community or networking meetings attended</p> <p>type of activities/education sessions undertaken to raise community and system awareness</p>	<ol style="list-style-type: none"> 1. CAPC, community and system partners improve coordination on work related to families with children age 0-6 living in conditions of risk. 2. Community and system partners improve their policies, practices, and programs/services related to needs of families with children age 0-6 living in conditions of risk. 3. Community awareness of issues related to families with children age 0-6 is increased. 	<p>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)</p> <p>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.</p> <p>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.</p> <p>3a. 85% of respondents report that community awareness of the importance and value of young children and their families has increased because of CAPC</p>	<p>Program monitoring forms</p> <p>Tools contain Questions & checklists related to indicators as per PHAC PLM.</p>

² Community consists of other organizations, agencies, groups, and institutions in the community such as non-profit groups, churches, community centres, other programs funded by government, etc. Systems are actual federal or provincial government ministries or departments such as Public Health, Children and Family Development, Human Resources, Immigration, etc.

APPENDIX D – CAPC PROGRAMS IN BC 2009-2010

<p>Healthy Children, Healthy Futures (Duncan, Port Alberni)</p>	<p>Not specified</p>
<p>Capital Children Coalition</p>	<p>QEC Parent'n Tots #40 Drop In #'s 59; 36;43;20;23;13;62;49;51 Single Parents Group #33 Mother Goose #48 Young Parents Drop In #39 Drop In #60³</p> <p>FERS Drop In #'s 40; 43;20;23;13;62;49;51;60;63 Outreach #12 Young Mom's Grp#8 Outreach #7 SingleParents/Family Dinner Family Support # 28 Mother Goose #48 Family Place Outreach #6 Babytalk#38 Young Parents Dropin#39 Parent Discussion #57 Education/support Grp #61 Outreach #58 Support Group # 52 Outreach #25</p>
<p>North Island CAPC Coalition</p>	<p>Five sites: -weekly <u>Drop-in</u> programs (5 sites) -Post-natal programs - Community Kitchen <u>Parent Support and Education Programs</u> - 4 sites <u>Outreach</u> - 1-1 support(2 sites) - facilitated discussion, speakers, parent education, unstructured social time, practical assistance, referrals, eating lunch or snacks and cooking.</p>
<p>Children Need Care Now, Coalition of the Downtown Eastside</p>	<p>Registered Programs o Childminding (ESL, HIPPY Support, First Aid Training) Registered Programs o Children Education Enrichment o Children Mandarin o Toddler Math o Children Math o Children Calligraphy o First Steps to Learning o Children Fun Learning o Children Craft</p>

	<ul style="list-style-type: none"> o Children Drawing o Toddler Circle Time o Children Circle Time o Children’s Vietnamese o Childminding <p>Registered Programs</p> <ul style="list-style-type: none"> o Children Education Enrichment o Children Mandarin o Toddler Math o Children Math o Children Calligraphy o First Steps to Learning o Children Fun Learning o Children Craft o Children Drawing o Toddler Circle Time o Children Circle Time o Children’s Vietnamese o Childminding <p>Registered Programs</p> <ul style="list-style-type: none"> o Chinese Mother Goose o Adult ESL o Gingerbread House Making Workshop o Family Computer o Lantern Making o Spring Break Holiday Safe Place o Cooking Fun <p>Drop In Programs</p> <ul style="list-style-type: none"> o Parenting Workshops o Parents & Babies Time o Workshops (health, literacy, information, etc.) o Winter Olympic/Paralympic Celebrations o Family Outreach o Participant involvement/recruitment/training/decision-making, etc.
<p>Children’s Coalition: YWCA Crabtree Corner and Sheway Family Network</p>	<ol style="list-style-type: none"> 1. Food & Nutrition <ul style="list-style-type: none"> a. Breakfast program b. Drop-in Lunch program c. Food & Nutrition Volunteer Program d. Daycare Cooking e. Food, Facts and Fun f. Sheway Community Kitchen 2. Community Development/Parent Action Group 3. Babies, Books and Bags
<p>Mount Pleasant Cedar Cottage</p>	<p><u>Mount Pleasant Neighbourhood House</u></p> <p>Registered Programs</p> <ul style="list-style-type: none"> • Parent Child Mother Goose – once on site and once in partnership with Mount Pleasant Elementary School and the VPL-Mount Pleasant Librarian • Ready, Set, Learn is offered once a year (funded by the VSB) at Nightingale Elementary School and facilitated by our Family Drop team <p>Drop In Programs</p> <ul style="list-style-type: none"> • Family Drop In is offered consistently on site and this year we did try to different days and times to facilitate F/T employment for our staff combining our human resources with String Start staff.

	<ul style="list-style-type: none"> Aboriginal Drop In – In January we hosted a dinner to celebrate the grand opening of our Aboriginal Drop in program funded & in kind by Vancouver Native Health, MPNH, and the VPL - Mount Pleasant Branch <p>Latin American Drop in</p> <p><u>Mount Pleasant Family Center</u></p> <p>Registered Programs</p> <ul style="list-style-type: none"> ABC Time Story & Science <p>Drop In Programs</p> <ul style="list-style-type: none"> Family Drop In <p><u>Cedar Cottage Neighbourhood House</u></p> <p>Drop In Programs</p> <ul style="list-style-type: none"> Aboriginal Family Night Drop In
<p>Family Initiatives Program MOSAIC/PIRS</p>	<p>MOSAIC</p> <p>Somali Program: Drop-in</p> <p>Parents - parent education</p> <ul style="list-style-type: none"> - health, wellness, life skills - events, outings, celebrations - speakers - Health Nurse visits <p>Children</p> <ul style="list-style-type: none"> - quality play/ <p>Vietnamese Program:</p> <p>Drop-in</p> <p>Parents - parent education</p> <ul style="list-style-type: none"> - health, wellness life skills - events, outings, celebrations - Health Nurse visits <p>Children:</p> <ul style="list-style-type: none"> - quality play/activity <p>Program</p> <p>Korean Program: Drop-in</p> <p>Parents - parent education</p> <ul style="list-style-type: none"> - health, wellness life skills - events, celebrations - Health Nurse visit <p>Children:</p> <ul style="list-style-type: none"> - quality play/ <p>PIRS</p> <p>Multicultural Program for ESL Caregivers:</p> <p>Registered</p> <p>Parents</p>

	<ul style="list-style-type: none"> - parent education - parent support groups - health, wellness, life skills - outings, celebrations - speakers - Health Nurse visit - English literacy program <p>Children:</p> <ul style="list-style-type: none"> - quality play/ <p>Summer Programs/ Special Events</p> <ul style="list-style-type: none"> - summer picnics, fields trips, celebrations <p>MOSAIC</p> <p>Connecting Fathers Club: Registered</p> <p>Parents</p> <ul style="list-style-type: none"> - parenting education - workshops - discussions - introduction to community resources <p>Children</p> <ul style="list-style-type: none"> - quality activities
<p>Families Branching Out</p>	<p>QEC Drop In Programs</p> <p>Collingwood</p> <p>Amlat'si Drop-in Event Monday Dinner SS-G</p> <p>Total Collingwood Drop-in</p> <p>Frog Hollow</p> <p>Cantonese Family Drop-in Family Drop-in Main Frogs in the Park Garibaldi Family Drop-in</p> <p>Total Frog Hollow Drop-in</p> <p>Kiwassa</p> <p>Aboriginal Arts and Crafts Christmas Train Drop-In First Nations Cultural Sharing Halloween Fun Strong Start Mother Goose Olympic Torch Relay Outing Park Days</p> <p>Total Kiwassa Drop-in</p> <p>Thunderbird</p> <p>Families on the Move-Stanley Park Friday Tbird Dinner Monday FDI Sunrise Monday Tbird FDI Parent and Tot Gym</p>

	<p>Thursday Hut FDI Tuesday Hut FDI Wednesday Tbird FDI</p> <p>QEC Registered Collingwood Strong Start Event Metis Jigging Outings Workshop Frog Hollow ARL Spanish Group ARL Vietnamese Breakfast with Santa Cantonese Mother Goose Cooking with Families Crafty Frogs – Garibaldi Frogs at the Library Frogs in the City Garibaldi ESL Parenting Garibaldi Mother Goose Lantern Making with Yoko Mandarin Speaking Ready, Set, Learn Spring Break Event Strong Start Chief Maquinna Annex Strong Start Gym Strong Start Lord Nelson Tadpoles Kiwassa CAPC Central Outing Chinese Talent Show Easter Family Fun First Nation’s Nobody’s Perfect Global TV Filming Mandarin Nobody’s Perfect My Tween and Me Pumpkin Patch Visit Workshop on Domestic Violence (Chinese) Strong Start Thunderbird Bright Nights Trip CAPC Central Outing-Stanley Park Easter Eggstravaganza Families on the Move-Confederation Park Families on the Move-Queen’s Park Family Out Trip – Vancouver Zoo</p> <p>FERS Programs Family drop In including free play, arts and crafts, songs, rhymes and stories, multicultural themes, information on specific health topics and community resources.</p> <p>Staff make referrals and teach specific parenting strategies as requested/appropriate. Workshops with child-minding and special events.</p> <p>Staff and parents create social environments that promote the development of peer support systems and</p>
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	<p>opportunities for parents to teach and learn from one another.</p> <p>Family outings to community cultural and social events, community resources/agencies and recreational activities and special celebrations for CAPC families.</p> <p>Staff and parents create social environments that promote the development of peer support systems and opportunities for parents to teach and learn from one another.</p> <p>Parents and children prepare and participate together in a shared meal in a group setting, including foods reflective of parent’s diverse culture. Food Education sessions; formal and informal Families receive emergency nutritious food boxes at low cost or free.</p> <p>One to one support, 49 counselling, referrals and advocacy are provided to participants. These services are provided via the telephone, during scheduled appointments and during drop in programs.</p> <p>Outreach support is also offered to assist participants attend meetings in the community such as school meetings, court appointments, appointments with social workers or doctors.</p> <p>Information, referral and advocacy are provided to connect participants to community services such as: Childcare, education, abuse/family violence, health care, employment, support and support groups, 49counselling, addictions, clothing and food, housing, advocacy, immigration</p>
<p>Sea To Sky and Sunshine Coast</p>	<p>Gibsons PTDI Strongstart Gibsons PTDI <i>stand alone</i> Roberts Creek PTDI Strongstart Sechelt PTDI Strongstart Halfmoon Bay Strongstart PTDI Pender Harbour Strongstart PTDI Squamish Strongstart PTDI Pemberton Strongstart PTDI</p>
<p>Richmond Delta Family Empowerment Program</p>	<p>North Delta/Ladner -<i>Family Place Drop In</i> (all success indicators) --structured and unstructured play, large/small muscle activities, social skill building, circle time</p> <p>North Delta/Ladner -Family Empowerment -Family Place Drop In</p> <p>--parents learn about play, child development, health, parenting, exchange info, learn of resources, connect with others</p> <p><u>Richmond</u> -Learning Together -Support Groups parents learn about play, child development, health, parenting, exchange info, learn of resources, connect with others</p> <p>structured and unstructured play, large/small muscle activities, social skill building, circle time</p> <p><u>Delta/Richmond</u></p> <p><u>-Outreach</u> Staff distribute information packages to other community professional and organizations</p>

	<p>Program staff participate in the associations' open house and AGM</p> <p>Program staff make public appearances to show case the CAPC programming</p> <p>Program staff participates in a number of community committees to increase CAPC</p>
Children Matter (Surrey)	<p>FERS</p> <p>DIVERSEcity Community Resource Society:</p> <p>IMPACT (Immigrant parents and children together)</p> <p>Kla-how-eya Aboriginal Centre</p> <p>Ts'u Dene SOI/ ESI Ye'e Gigi / Elders Mentoring program</p> <p>Options Surrey Community Services Society:</p> <p>Guildford Family Place PEAPS program (parenting education and peer support)</p> <p>QEC</p> <p><u>Kla-how-eya Aboriginal Centre</u></p> <p>Drop in Program:</p>
Langley Neighbourhoods Coalition	<p>Coalition Member ANSS</p> <p>Drop In Program: Family Place Drop In Program: Spanish Family Power Drop In Program: CPNP Program Support</p> <p>Coalition Member LCDC</p> <p>Drop In Program: Aboriginal Playgroup</p>
Upper Fraser Valley	<p><i>FAMILY CENTRE/PLACE DROP INS</i> (2010 = 9 sites plus 3 Satellite Drop Ins for months of April, May, June/09 only)</p> <p><i>OTHER PROGRAMS WITHIN FAMILY PLACE/CENTRE (13)</i> (I Got You Babe, Precious Babies, creative cooking, adult crafts, Better Beginnings, Soup Day, Health Nurse visits, Families in Motion, Daddy Time, Mother Goose, Nobody's Perfect, Parenting Toolbox, Baby Grow, Virtues program, community lunch)</p> <p><i>ONE TIME WORKSHOPS, EVENTS (56)</i> (i.e. parades, festivals, fall fairs, Christmas, Valentine, Halloween parties, child development fairs, brain development workshop, field trips (Vancouver Zoo, Pumpkin Patch, Water Slide, Dinotown etc) fundraisers, childcare workshop, caring for caregiver workshop, swimming, plant sale, dental)</p> <p>The Family Centre/Place Drop In is the main family resource program within which is nested ongoing programs such as Nobody's Perfect, Mother Goose, Health Nurse Baby Weigh In, speakers, fixed length baby/toddler programs, events including community/seasonal meals, celebrations, fundraising events, field trips, participation in fairs, parades, and workshops such as brain development, play, child development fair. IN THIS COALITION the Quality Childhood Programs are embedded within the Family Centre/Place operations, i.e., each site operates an ECE focussed children's program including a range of activity centres, circle time, large/small motor activity, theme based programming etc</p>

<p>South Central</p>	<p><u>Coalition Member A</u></p> <ul style="list-style-type: none"> -Provide awareness of community resources. -Provide opportunities for children and parents to connect with one another. -Model problem solving skills. -Children learn skills that help them make and maintain friends. -Provide child development information such as Ages and Stages curriculum and guest speakers, video's, books and handouts. -Provide referrals to community programs and resources. -Provide workshop and training opportunities for parents. (i.e. Infant Development, PHN, Dental Hygienist, Nobody's Perfect.) -Provide parenting information through use of written materials, video's, workshops, and guest speakers. <p>Same Healthy Beginnings drop in groups listed above in table 3 also apply to this logic model</p> <p><u>Coalition Member B</u></p> <p><u>Quality Play/art/activity/early literacy programs</u></p> <ul style="list-style-type: none"> -Coordinate parent discussions. -Include songs, stories, free and structured play, games, crafts, snacks and outings (i.e. playgrounds, hobby farms, wildlife park, skating etc) <p>Kamloops Interior Indian Friendship Society: Parent and Tot drop in group</p> <p><u>Coalition Member B</u></p> <p>Kamloops Interior Indian Friendship Society: Parent and Tot drop in group listed above in table 3 also apply to this logic model. <u>Activities are the same as in Coalition Member A</u></p> <p>Kamloops Pre-natal- registered program</p> <p>Merritt Pre-natal- registered program</p> <p>Kamloops Infant Massage</p>
<p>North Okanagan</p>	<p>Family Place Playgroup Salmon Arm (SA) Creative Kids Salmon Arm (SA) Sicamous Parents & Tots (SA) PIE Vernon (V) Kids and Co. Enderby (E) Moms & Tots Cherryville (WV) Good Times Together Lumby (WV) Mother Goose Vernon (FC) Parents and Communities Together Revelstoke Armstrong Early Years (A)</p>

East Kootenay

Drop-In Programs

Tumble Time
Wiggle, Giggle and Grow

Creston and District Community Resource Center Society

Drop-In Programs

Parent and Tot Drop-In
Rhymes on the Run

Fernie Women's Centre

Registered Programs

Jaffray Pre-School

Drop-In Programs

Fernie Parent/Tot Drop-In
Sparwood Parent/Tot Drop-In
Elkford Parent/Tot Drop-In

Golden Community Resource Centre

Drop-In Programs

Bubbly Babies
Nicholson Parent/Tot Drop-In
Golden Strong Start
Golden Outreach

Columbia Basin Alliance for Literacy

Drop-In Programs

Edgewater Creative Adventures
Edgewater ABC 123
Canal Flats Play and Learn
Canal Flats Three and Under
Invermere Play and Learn

Kimberley Community Connections Society

Drop-In Programs

Kimberley Treehouse
Alphabet Soup
Sunday and Outreach Programs
Marysville Outreach

Central West
Kootenay

QEC
Salmo

- Drop In Program
 - Play With Me

Nelson

- Drop In Program
 - Sunbeams Play & Literacy Group
 - Trucks and Trains
 - Social Butterflies and literacy group

Kaslo

- Drop In Program
 - Strong start – parent and child time (1)
 - Strong start – Parent and child time (2)

Castlegar

- Drop In Program
 - Beautiful Beginnings partnered with CPNP

Salmo

- Drop In Program
 - Tot time Fun

Drop In B

Nakusp

- Registered Programs
 - Mother Goose
- Drop In Program
 - Pitter-Patter Play Group
 - Faquier Parent's and Tot's
 - Family Fun Night
 - Story Time in the Park
 - Christmas Party

Grand Forks

- Drop In Program
 - CAPC Drop In
 - FERS

Nelson

- Registered Programs
 - Parent Support Circle
- Drop In Programs
 - Speaker Series

	<p><u>Nakusp</u></p> <ul style="list-style-type: none"> • Drop In Programs <ul style="list-style-type: none"> ◦ Yoga Night Workshop <p><u>Grand Forks</u></p> <ul style="list-style-type: none"> • Registered Programs <ul style="list-style-type: none"> ◦ Cooking Club <p><u>Rock Creek</u></p> <ul style="list-style-type: none"> • Registered Programs <ul style="list-style-type: none"> ◦ Cooking for Your Life ◦ Family Child Care Responsible Adult Training Course ◦ Child safe Prevention ◦ Medical Center – Personal Safety ◦ The Little Farm ◦ Partners in Parenting Conference <p><u>Castlegar</u></p> <ul style="list-style-type: none"> • Registered Programs <ul style="list-style-type: none"> ◦ Parent Education Wednesdays • Drop In Programs <ul style="list-style-type: none"> ◦ Seed to Plate
<p>Okanagan Similkameen</p>	<p>Central Okanagan Community Based Parenting Support (COCBS) – The Bridge: Kelowna -4 registered parenting and pregnancy support groups -1 drop-in parenting group Lower Similkameen Community Based Parenting Support (LSCBPS): Keremeos -4 drop-in parenting & pregnancy support groups Community Based- Parenting Support (PCBPS): Princeton -4 registered parenting and pregnancy support groups</p> <p>Lower Similkameen Community Based Parenting Support (LSCBPS): Oliver/Osoyoos -2 drop-in parenting support groups -4 drop-in cooking/gardening groups</p> <p>Ki-Low-Na Friendship Society Parenting Support (KFSPS): Kelowna -4 drop-in parenting and pregnancy support groups South Okanagan Community Based Parenting Support (SOCBPS): Penticton -4 registered parenting and pregnancy support groups -1 drop-in parenting and family support groups</p>

Northwest	<p>FERS</p> <p><u>Dease Lake P.O.P.</u></p> <ul style="list-style-type: none"> • Drop In Programs <ul style="list-style-type: none"> ○ New Beginnings Group ○ Crafts (i.e. beaded ornaments, slippers, scrapbooking, moose and caribou hair tufting, jam making, ...) ○ Parents 'n' tots drop in ○ Workshops (ie. Father's group, Importance of Play, Exercise) ○ Parenting Workshop ○ Guest Speakers, <p>Total Drop-In Program Hours Total Service Hours</p> <p><u>Houston P.O.P.</u></p> <ul style="list-style-type: none"> • Drop In Programs <ul style="list-style-type: none"> ○ P.O.P. drop-in ○ Young parents group ○ Community Garden ○ Community Kitchen ○ Recreation/Leisure activities, <p>Total Drop-In Program Hours Total Service Hours</p> <p><u>Kitimat P.O.P.</u></p> <ul style="list-style-type: none"> • Registered Programs <ul style="list-style-type: none"> ○ Roots of Empathy • Drop-In Programs <ul style="list-style-type: none"> ○ Circle Time drop-in ○ Guest Speakers ○ Prenatal classes ○ Belly casts ○ Craft activities <p><u>Prince Rupert Parenting Program</u></p> <ul style="list-style-type: none"> • Drop In Programs <ul style="list-style-type: none"> ○ Talking Circle drop—in ○ Watch me parent/child drop-in ○ Parent tutoring ○ Parenting classes <p>Total Drop-In Program Hours Total Service Hours</p> <p><u>Smithers P.O.P.</u></p> <ul style="list-style-type: none"> • Registered Programs <ul style="list-style-type: none"> ○ Mother Goose reading • Drop In Programs <ul style="list-style-type: none"> ○ P.O.P. drop-in ○ Guest Speakers, <p>Total Registered Program Hours Total Drop-in Program Hours Total Service Hours</p> <p><u>Terrace Parenting Program</u></p> <ul style="list-style-type: none"> • Drop In Programs <ul style="list-style-type: none"> ○ Parent/Child drop-in ○ Workshops (i.e. Traditional parenting, Internet safety, kids self esteem, communication,)
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<p>FADER Coalition</p>	<p>Burns Lake</p> <p>Registered</p> <ul style="list-style-type: none"> o o Fun Club (Woyenne, Morris Williams Native Preschool) o o Kids' Edge (Grassy Plains, Woyenne, Morris Williams, Francois Lake) o o Roots of Empathy (Grassy Plains) <p>Drop-in</p> <ul style="list-style-type: none"> o StrongStart (Grassy Plains) <p>Fraser Lake</p> <p>Drop-in</p> <ul style="list-style-type: none"> o o StrongStart o o Nadleh Koh Rhyme Time o o Mama Loves Me Daycare Rhyme Time o o Stellat'en Drop-in and Rhyme Time <p>Vanderhoof</p> <p>Registered</p> <ul style="list-style-type: none"> o Roots of Empathy <p>Drop-in</p> <ul style="list-style-type: none"> o StrongStart (with That Crazy Little Daycare) <p>Fort St. James</p> <p>Drop-in</p>
<p>First Years Count (North Shore)</p>	<p>Family Services of the North Shore</p> <ul style="list-style-type: none"> • Drop In Programs o Learning Through Play Together o Breastfeeding Drop In o Masters Level Counselling o Parent Education <p>North Shore Community Resources</p> <ul style="list-style-type: none"> • Registered Programs o Parent Advisory Group <p>North Shore Neighbourhood House</p> <ul style="list-style-type: none"> • Drop In Programs o Lower Lonsdale Drop In o Parent Community Developers <p>Parkgate Community Services</p> <ul style="list-style-type: none"> • Registered Programs o Parent-Child Mother Goose • Drop In Programs o Parent Community Developers

Fraser North	<p>Parenting education & support (registered)</p> <p>Mother Goose (registered)</p> <p>Moms R Us and Foodbank (drop in) Little Oneders. Toddler Rhyme time. Parent and tot (drop in)</p> <p>Parenting education & support (drop in)</p> <p>Parent support groups (registered)</p> <p>Parenting for African Women (registered)</p> <p>Family education & support (drop in)</p> <p>Prenatal outreach (registered)</p> <p>Single mothers support.(registered) Parenting for immigrant women (registered) Parent education and support (drop in)</p>
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