

USING A COMMUNITY DRIVEN APPROACH TO PLAN AND DEVELOP EARLY  
CHILDHOOD RESOURCES IN A RURAL COMMUNITY

BY

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A Practicum Report Submitted to the Faculty of Graduate Studies In Partial Fulfillment  
of the Requirements of the Degree of

MASTER OF SOCIAL WORK

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Rural Community**

**BY**

**Nicole P. Chammartin**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University**

**of Manitoba in partial fulfillment of the requirements of the degree**

**of**

**MASTER OF SOCIAL WORK**

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## Abstract

The present practicum with Healthy Child Manitoba involved the development of an initiative aimed at creating and supporting resources for parents and children, with a focus on early childhood. The initiative is centred in the rural community of Lac du Bonnet Manitoba and is spearheaded by a local community development group known as Mrs. Lucci's. This group has established many programs in the community of Lac du Bonnet and is comprised of an inter-sectoral planning committee that includes several community parents. Planning for the initiative was based on a community needs and assets assessment that I undertook at the beginning of the practicum. I also undertook a lengthy literature review regarding best practices for planning, development, and evaluation. The actual activities of the practicum included: reviewing literature relevant to the proposed initiative; conducting a community assessment of needs and assets regarding early childhood; supporting the Planning Group in translating results from the community assessment and the literature review into a program plan; assisting in identifying outcomes; constructing a logic model for the planned initiative; and the creation of a framework for evaluation. A great deal of the planning for this initiative arose from the conceptual area of Neighbourhood Resource Theory, and planning and evaluation were built on research methods consistent with Participatory Action Research (PAR) and Empowerment Evaluation. Implications arising from this practicum include the following: the necessity of incorporating several theories and models in community driven planning in order to fit the fluid needs of community; the value that can arise from partnerships with government; the important role of natural community leaders; the importance of reaching "difficult to reach parents" in order to receive input from the

whole community; and the benefits of strengths-based approaches. Some of the problematic issues identified during the practicum include the difficulties community groups face in allocating time and resources for a thorough community assessment and evaluation, and the difficulty in identifying methods for reaching all segments of a population during assessment and implementation plans of the project.

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## **Chapter 1**

### **Introduction**

Community development is often used to describe a multitude of events that may be taking place in a community at any given time. Frank and Smith (2000) define community development as “the planned evolution of all aspects of community well being (economic, social, environmental, and cultural). It is a process whereby community members come together to take collective action and generate solutions to common problems” (p.6). Community development initiatives are often the catalyst for the development of social programming when needs are being demonstrated in a community. Furthermore, research demonstrates (Kretzmann & McKnight, 1993) that programming that develops from the community, and remains community driven, is much more likely to be utilized and have a lasting impact.

This practicum involves the planning and development of programming for early years’ parents and their children in a rural Manitoba setting. The rural community involved with the project is Lac du Bonnet, a small community of approximately 1700 people, located one-hour north east of Winnipeg Manitoba. The development of the parent child initiative in Lac du Bonnet was initiated by a community development project in the region known as Mrs. Lucci’s. Healthy Child Manitoba funds and supports the parent child initiative being developed by the Mrs. Lucci’s group in conjunction with their development of a community resource centre under the working name of the Winnipeg River Community Resource Centre.

This partnership between Healthy Child Manitoba and the Winnipeg River Community Resource Centre (WRCRC) is symbolic of the evolving relationship between government and community, and the emerging trend towards community driven programming that works in partnership with government to meet community needs. This type of partnership is much more successful than past initiatives where community groups have struggled to work within mandates of government and private funders that dictate population, services, timelines, and resources. In this emerging model there is a distinct community driven focus, with the community defining which populations need to be involved and the timeline and services to be offered.

#### 1.1 The Unique Nature of the Practicum

The uniqueness of this practicum is reflected in the partnership that sparked its development. Healthy Child Manitoba, formerly the Children and Youth Secretariat, has been a partner with the Mrs. Lucci's group from its inception. Such a partnership, between government and a community development initiative is quite rare and tenuous, especially when government moves into a funding position. This practicum offered the unique opportunity of discovering how government and community can work together to meet mutual goals while maintaining the delicate balance and flexibility necessary for a successful community development initiative.

This practicum is also unique in its application of multiple methods of evaluation and assessment, though the framework arises from the conceptual areas of participatory action research (PAR) and empowerment evaluation. As this project evolved and took

shape in Lac du Bonnet it changed forms in many ways, in response to community input arising from the community assessments and the use of PAR and empowerment evaluation techniques.

## 1.2 Learning Objectives

The primary learning objective for this practicum was to develop a better understanding of methods for working with and evaluating a community development process within a context where project goals and activities would remain under the control of the community or community driven. In addition to the primary learning objective, the following six secondary learning objectives were identified.

- ❑ To conduct a thorough and applicable literature review regarding community-based needs assessment, evaluation methods, and development of resource centres;
- ❑ To develop skills in creating, conducting, and analysing surveys and questionnaires;
- ❑ To develop skills in conducting and analysing focus groups;
- ❑ To improve skills related to disseminating and presenting community data;
- ❑ To improve knowledge regarding the implementation of decision-making structures that recognise the voices of community members; and
- ❑ To improve skills in utilizing evaluation methods in community-based planning.

Evaluation of these objectives was based on self-assessment that the proposed activities of the practicum were effectively implemented; feedback forms administered to the WRCRC Planning Group upon completion of the practicum, and practicum logs.

### 1.3 Background of the Practicum

#### 1.3.1 Healthy Child Manitoba

The platform for the current practicum is Healthy Child Manitoba (HCM), a Manitoba government secretariat which works across departments and sectors to facilitate a community development approach for the well-being of Manitoba's children, families, and communities (Healthy Child Manitoba, 2001). HCM works under the direction of the Healthy Child Committee of Cabinet, with the minister of Family Services and Housing, acting as the chair. HCM came to be in the spring of 2000 after the election of a new New Democrat Party government in Manitoba and the subsequent reorganization of the former Children and Youth Secretariat (CYS) into HCM. In the past, CYS often served as an incubator for new programs, and offered evaluation assistance to community initiatives. HCM expanded its role in community to support the development of parent child centred activities throughout Manitoba. The creation of the Winnipeg River Community Resource Centre (WRCRC) Parent Child Initiative is a part of this process.

The Parent Child Centred Approach brings resources together by assisting in establishing community coalitions throughout Manitoba. The approach focuses on improving children's nutrition and literacy, supporting parents, and helping to build capacity within communities (Healthy Child Manitoba, 2001).

### 1.3.2 Mrs. Lucci's and the Winnipeg River Community Resource Centre

Mrs. Lucci's was established in 1998 in Lac du Bonnet as a community second hand store, which was to be managed by clients of the Mrs. Lucci's Youth Skills Program in order to help them develop employment knowledge and skills. The clients are unemployed area residents between 15 and 32 years of age.

The Youth Skills Program consists of working in the store and volunteering at the local school, as well as taking courses to improve their employment and personal skills. The store provides a unique service to the community by supplying a large variety of affordable second hand products, as well as contributing to the well being of the clients and community groups that assist in the operation of the store. A community board with representatives from several service partners, the chamber of commerce, community members, and participants from the Mrs. Lucci's program, governs Mrs. Lucci's.

In the spring of 2000 the board of Mrs. Lucci's developed a proposal to construct a resource centre in the community of Lac du Bonnet. The goal of the proposed resource centre is outlined in the Mrs. Lucci's Community Resource Centre Proposal (2000) and is as follows:

*To create a community resource centre to provide community members with a comprehensive range of services and supports. This will enable community members to develop and sustain the necessary tools, skills, and connections to maximize their quality of life. (p. 3)*

As the initiative evolved and the Mrs. Lucci's board began their search for funding and space, it was decided to rename the proposed centre the Winnipeg River Community Resource Centre (WRCRC). This change was made in order

to reflect the very broad geographical region that they hoped to serve, and establish an identity separate from that of the second hand store. Currently the Mrs. Lucci's group is negotiating funding for the building of the resource centre and they plan to have the building erected on a waterfront site in Lac du Bonnet in 2003. This site will include an expansion of the Youth Skills Program and the Mrs. Lucci's Store, a nutritional café, and the headquarters for the WRCRC Parent Child Initiative being developed in this practicum.

### 1.3.3 Winnipeg River Community Resource Centre Parent Child Initiative

Through the Mrs. Lucci's program and its partners, supports for parents, especially those with children under 5 years, was identified as a major issue in the community of Lac du Bonnet. Therefore, the Mrs. Lucci's Board came to the decision that a major focus of WRCRC would be supports and resources for this target group. It is for this reason that HCM was approached for developmental funding to establish the WRCRC parent child initiative. In December of 2000 the Mrs. Lucci's Board was granted \$52,000 from HCM in order to begin the development of a parent child initiative. The WRCRC Planning Group also became the hosts of the current practicum in order to assist in the development and evaluation planning for the initiative.

### 1.4 Practicum Outline

The primary learning objective for this practicum was to develop a better understanding of methods for working with and evaluating a community development process. In order to meet this objective the practicum was divided into two phases. The first phase

involved working with the parent community to identify their needs and assets and how these related to the development of a parent child initiative focused on early years. This phase culminated with the development of an interim report, which is reproduced in Appendix A. In addition, I also undertook a lengthy literature review in order to identify other working models that may assist the Planning Group in their development of the resource centre and the parent child initiative. This literature review constitutes the make up for chapter two of this report.

The second phase of the practicum involved taking the information gathered during the first phase and incorporating it into a model for the development of the parent child initiative. Next, a plan for evaluation was constructed to fit the needs of the multiple activities taking place, or that would be taking place in the near future, under the auspices of the WRCRC Parent Child Initiative. This evaluation plan and the logic model for the WRCRC is included in Appendix B.

This practicum report is grouped into five chapters that each focus of different areas of relevance. The next chapter is composed of the literature review that served as the basis for planning; chapter three discusses the implementation of the practicum; chapter four reviews the student evaluation process, and in chapter five the implications and conclusions for the practicum are discussed.



## **Chapter 2**

### **Literature Review**

There is a wealth of literature regarding the development of community-based initiatives, as it is a broad area that encompasses many different components. The focus of my literature review will be on the literature most relevant to the development of the WRCRC Parent Child Initiative and its subsequent evaluation. In this literature review the following sections will be discussed: theories and models of community-based initiatives; assessing community needs and assets; and community-based planning and evaluation. For the purpose of this practicum community-based is defined as programming and services that are located in the community and are driven by significant community input.

#### **2.1 Theories and Models for Community-based Initiatives**

Community-based initiatives develop in a variety of ways, with assistance from a variety of catalysts. These initiatives may arise from grassroots community development efforts based on social action, professionals may initiate them, and on occasion, governmental bodies may initiate them as well. The following section will discuss some of the models and theories that may be applicable in the planning of the current initiative.

##### **2.1.1 The role of government**

Literature regarding the development of community-based initiatives often challenges the idea that such initiatives should arise from anything but the local community. Shragge

and Fisher (2001) discuss the Canadian potential for community organizing towards social action politics. They also discuss the specific objectives of community development and the reduction of grassroots power due to the rise of professionalization.

Shragge and Fisher's belief that current trends may reflect a loss of interest in social change, and are primarily focussed on managing social problems at the local level, is quite interesting and relevant to modern day community development. They articulate an appealing argument for the limitations of a community development movement that operates in partnership with government. However, their position lacks a recognition that communities that have had social and economic hardship, or historical issues, may need assistance before being prepared to act as community advocates. Furthermore, partnerships with government can prove to be of great assistance without affecting the voice of a community, when such partnerships are approached with acknowledgement that each has value to the other.

Shragge and Fisher (2001) would most likely disagree with the previous statement, proposing that government can never act on the same level as community, because they will always hold the balance of power. Though it is my belief that a power differential does not necessarily preclude a partnership, Shragge and Fisher theorize that involvement in such a partnership may constraint the ability of community groups to act as community advocates. This type of reasoning is not uncommon and falls under a type of "don't bite the hand that feeds you" mentality.

Glaser, Aristigueta and Payton (2000) discuss the intricacies involved in approaching community as a governmental agency. They stress the need for local government to improve quality of life by tapping into community resources and the importance of viewing community as more than bounded by geography.

### 2.1.2 Service integration

Chaskin, Joseph and Chipenda-Dansokho (1998) explore community-based attempts to connect development strategies for maximizing the effects of resources, and the extent of neighborhood change. An interrelationship among a number of social problems such as joblessness, lack of education, and low income are highlighted for their role in spawning efforts to address multiple social needs by integrating strategies. The strategy used in the authors' case study involves finding ways to link activities across the areas of economic, physical and social development. By linking efforts in different spheres of activity resources can be used more effectively.

The Chaskin et al. (1998) study resulted in the development of three approaches. The first approach involves integration at the project level. The second approach links projects at a broader strategic level to complement other projects. The third approach sees integration as the product of planning guided by a strategic lens; in this approach they come together by sharing the same ultimate goal.

A major limitation noted in these community-based initiatives is the danger of becoming focused on parallel provisions of services over integration of strategies. This limitation

suggests that there is a need for greater clarity in defining what comprehensive development means in operational terms. Operational issues include: range of activities needed, implementation strategies, duration, how programs are to be linked, expected outcomes, length of time to produce outcomes, and outcome measurement. The many levels of development noted in this study suggest that with further conceptual development, this approach could be utilized by a large variety of groups. However, this approach is also most likely to be driven by professionals.

The healthy communities' movement is becoming an increasingly popular theory for community change across North America. This movement is often believed to have begun in 1974 with the Canadian policy statement *A New Perspective on the Health of Canadians*. This landmark paper introduced the era of population health-based planning now often referred to as population health promotion. The population health model generally considers risk factors together with pre-disposing, enabling, and reinforcing factors, collectively referred to the determinant of health, and their combined effects on the health of the population (Green & Kreuter, 1999).

The determinants of health vary in definition from society to society but often include many non-standard health areas such as housing, income, education and environment (Green & Kreuter, 1999). Health Canada currently highlights 12 determinants of health, which include; income and social status; social support networks; education; employment and working conditions; social environments; physical environment; gender; culture;

personal health practices and coping skills; healthy child development; health services; and biology and genetic endowment.

Kesler (2000) discusses the challenge of the healthy communities' movement to encourage people to rise to higher integrated levels of thinking in order to change their lives and communities. Kesler's (2000) view of the role of the community leader may be of assistance for those establishing a community-based initiative from a population health framework. Kesler believes that community leaders often fail to realize that when acting as a resource, it is best to merely initiate, and possibly facilitate dialogue, but that they should not give direction to community conversation. "Healthy community initiatives work best when informal and natural leaders in a community have an opportunity to step forward, and these initiatives will work well over time when the community is continuously engaged in community leadership training"(p.3).

However, the healthy communities movement may fall victim to the same fallacies as any non-directed community movement, such as those discussed by Shragge and Fisher (2001). Disenfranchised populations are often not in a position, or sometimes invited, to sit at the table during discussions, even when the outcomes often pertain directly to their own lives. Moreover, the movement is primarily middle-class driven and unconnected with disenfranchised populations in the first place (Kesler, 2000).

In contrast to the middle class driven ideas of the healthy communities movement, Oleari (2000) focuses on the whole-system approach which involves the entire community in planning and development activities. Whole-system approaches offer processes for

engaging all of those needing to be heard, and therefore may be slightly more democratic than the approaches previously discussed. These procedures have been used in urban and rural settings in many different countries and cultures, and work well with communities at many different stages of communication.

Out of the whole-system approach, Oleari (2000) developed the Future Search procedure, a whole systems planning tool that incorporates public participation at every stage.

Oleari suggests that standard whole system approaches do not build in the political support often needed to gain approval early enough in the process. In the end, the Future Search Procedure may take many months or years to complete, however, because the Future Search procedure contains public participation at each stage of the process, when the project reaches the approval stage there is increased the likelihood of receiving approval from the stakeholders. The Future Search procedure has the potential to be very intimidating to non-professionals, as some of the steps involved in the process are fairly complicated.

Demographic analysis highlighted in the Glaser et al. (2000) study suggests that those attached to their neighbourhood tend to have a higher level of education and income than those not attached. Individuals unattached to both community and neighbourhood had the lowest overall level of educational attainment. This research adds to a growing body of literature suggesting that neighbourhood development policies do not necessarily lead to an engaged community. The authors also demonstrate the importance of community attachment to a community development initiative and the importance of reaching out

and targeting economically challenged groups from the beginning of a community development process, in order to make it inclusive. This evidence is supportive to the whole-systems approach.

Corrigan and Kirk-Bishop (1998) discuss the broader need for family centred social services with a collaborative approach, because many agencies are now serving the same clients. The starting point for designing family centred integrated service delivery systems must be the needs, problems, and conditions facing children and their families. Collaborative programs may vary in emphasis depending on the profession that designs them, the level of family involvement, and many other factors. However, family and children are always at the centre.

Through discussions with families, the following criteria for family centred practice have been generated (Corrigan & Kirk-Bishop, 1998):

- ❑ Families are needed as partners in improving the preparation programs that train providers, as well as partners in improving service delivery systems;
- ❑ Each program is unique and must emerge from the cultural setting in which it will operate;
- ❑ Families must be involved in developing the plans to improve their neighbourhoods in order for them to have a sense of ownership in these plans and sustain them over time;
- ❑ The primary job of service providers is to create the conditions for change; their primary goal is to enable families to act on their own behalf;

- A shared vision of the future is what will bring families and professionals together; and
- It must build on a strengths model.

This view lends itself easily to the development of a community family resource centre that is holistic and offers access to a wide range of services. It is also particularly relevant to the current project as it addresses the need for multiple service partners to view partnership as a strategy, as well as a new way of working.

### 2.1.3 Strengths-based perspective

The strengths-based perspective is an area gaining support from a variety of professions over the last decade. This view is often seen as a backlash to the growth industry of treating individual pathologies in North America (Keating & Hertzman, 1999; Saleebey, 1996). Saleebey (1996) describes the strengths perspective as follows;

*The strengths perspective demands a different way of looking at individuals, families, and communities. All must be seen in the light of their capacities, talents, competencies, possibilities, visions, values, and hopes, however dashed and distorted these may have become through circumstance, oppression, and trauma. The strengths approach requires an accounting of what people know and what they can do, however inchoate that may sometimes seem. It requires composing a roster of resources existing within and around the individual, family, or community.*  
(p.296)

Saleebey discusses the strengths-based approach in great detail and emphasizes the important role that language plays in the development of such an approach. The author also discusses related terms and movements such as resiliency, critical factors, health and wellness and community empowerment, and how these related ideas have affected the development of the strengths-based perspective.



The health realization/community empowerment model was developed by Mills in 1995 with the goal of focusing on education and helping people to recognize that they can improve the long-term outcomes for themselves and their communities by utilizing their own innate knowledge and resilience. "Mills's idea is that resilience, health, wisdom, intelligence, and positive motivation are within each person and are accessible through education, support, and encouragement"(Saleebey, 1996 p.299). The goals of health realization and community empowerment is to reconnect people to themselves which will then foster the building of their communities. In these regards, community empowerment is very similar to the ideas of resilience and health and wellness. All rely on the idea that it is the innate traits of people and communities that have the capacity to support and rebuild. (Saleebey, 1996)

Common criticisms of the strengths-based perspective is that they are simply positive thinking in disguise, a reframing of misery, pollyannaism, or that it ignores reality. Saleebey (1996) argues against these criticisms by indicating that is it not necessary to ignore reality and real life problems in order to utilize a strengths-based approach, it is merely suggesting that it is not necessary to remain focused on the negative.

#### 2.1.4 School-linked resource centres

Poverty has a profound negative impact on children's educational successes. These problems include poor cognitive development, decrease in language ability, inadequate social skills, reduced abstract reasoning ability, deficient problem-solving skills, reduced self-esteem, shortened attention spans, and poor impulse control. Such problems often

result in higher than average school drop out rates. The personal and social consequences of dropping out are devastating both to individuals who leave school and to society (Dupper & Poertner, 1998).

Dupper and Poertner (1998) recognize the rising impact of non-academic factors on children's school performance, and that rescuing children also involves rescuing families. Many communities are making schools the centre of community development through school linked family resource centres. The goal of school linked family resource centres is for all children to grow and develop in safe homes, and to acquire essential education in a normal school setting.

According to Dupper and Poertner (1998) the essence of a family resource centre is the pursuit of common goals with shared resources through the collaboration of schools and human service agencies. The school provides a logical organizational setting for providing access to high-risk families and children. Family resource centres cannot be peripheral to the academic missions of the school but must be seen as an essential component of the school and the community. To accomplish this, there should also be concentrated efforts to integrate services, and concentrated involvement from parents. The outcomes of the more specialized program models are encouraging; for example, higher levels of attendance and graduation have been demonstrated. However, a number of challenges face family resource centres in any community. These include funding, inadequate space in schools, the decision over who is to be served, confidentiality issues, and opposition from community members. In engaging parents, professionals must shift

from a child centred individualistic approach to a more family centred or community centred approach.

Suggestions that were in the Dupper and Poertner (1998) study from parents who may be distrustful of schools included locating a resource centre close to the school in a storefront, recruiting parents to become members of advisory councils, and hiring parents as workers.

Many programs are tied to the energy and enthusiasm of one or a few individuals who create them, and therefore it is important to build a foundation to sustain these efforts with or without these individuals. Essential to sustaining services and efforts is demonstrating that the program is doing what it was intended to do. Secondly there must be a constituency that demands these programs be maintained in the community (Dupper & Poertner, 1998).

Poole (1998) discusses the many factors that contribute to put children at risk of early school failure, and the idea that school failure eventually affects communities through higher rates of crime, substance abuse, pregnancy, and welfare dependency. Studies have shown that early school failure prevention requires support at the following four levels: family, school, community, and public policy. Communities can help by bringing health and mental health services to schools, forming alliances with civic clubs and neighborhood groups, and mobilizing public support for needed services.

Poole (1998) illustrates his discussion by focusing on the school and family enrichment project (SAFE), a joint effort between the public schools of Oklahoma and the Human Services Commission. Critical incidents in the project demonstrated the need for community partnerships in health, mental health, and education. These partnerships needed to be driven by a community action structure where citizens play leadership roles in planning and implementing projects. The same critical incidents also demonstrated that a community acting alone couldn't prevent complex social problems, therefore, there is a need for partnerships with public policy officials outside of the community.

The SAFE project model is based on the school based helper model. School based helpers include a wide range of professionals who promote the mental health of students, and other services. They are often in demand and must respond quickly with assessments of problems and intervention plans. The SAFE project model differs from a traditional school helper model in that it places emphasis on prevention and early intervention, rather than crisis intervention. By emphasising prevention over crisis intervention, it is more likely that there will be a reduced need for crisis intervention and therefore staff and students will be able to spend their time in more productive activities. There was also an emphasis on the idea that project counsellors must develop and liaise with other resources in the community in order to assist families and support children.

Annual statistics on SAFE show that they deliver a broad range of support services to students, parents, and teachers. In a control group comparison with a pre and post-test analysis students involved in SAFE improved significantly on several variables. These

variables include absences, disciplinary referrals, and failing grades, which were all significantly lower for SAFE project students during the first two years of the evaluation. SAFE is an interesting school initiated model for comprehensive development. However, many problems occur when working within the education system, and are also cited in the SAFE study. These problems include: the need for shared responsibility and community driven programming; difficulties with staff taking on duties that are not involved in the original goals of the position; and the need for services that are varied and comprehensive. It is necessary to address these types of issues at the onset of a school based project in order to avoid problems in the future.

#### 2.1.5 Resource theories

In the book, *The Social Consequences of Growing Up in a Poor Neighbourhood*, Jencks and Mayer (1990) discuss the role that three different theories play within inner city neighbourhood poverty. *Social Contagion* emphasizes modelling, imitation, and social learning and the role these processes play in shaping the behaviour of neighbourhood children. The general theory states that children will follow what is modelled, therefore emphasizing the necessity of positive role modelling by peers. The second theory discussed was *Collective Socialization*; this is similar to contagion theory but emphasizes more of a focus on neighbourhood adult role modelling and shared parenting functions within communities. This theory suggests adults can function as positive role models as well as agents of social control.

The last model discussed is that of *Neighbourhood Resource Theory*. This theory looks at the links between community services and the healthy development of children. It

implies that increased access to services will strengthen positive development chances for children. This theory includes social relationships as a resource, suggesting the inclusion of the concept of social capital through shared norms, reciprocal obligation, and opportunities for sharing information.

There is noticeable overlap between all three of these theories; however, the neighbourhood resource theory appears to be the most comprehensive and inclusive theory, taking into account several factors that are repeatably demonstrated to have an effect in communities. This theory is highly applicable to the current project and can be applied within a community empowerment model. It is fluid in application and can be tailored to meet the needs of a community; therefore, it has served as a basis for planning in the present practicum.

## 2.2 Assessing Community Needs and Assets

In the utilization of community empowerment theories, community members are acknowledged as the experts of their own needs and resources. Therefore, it is important to interface with the community in order to gather information. Needs and asset mapping is becoming an increasingly popular method to establish an understanding of a given community, which will ensure programming that meets needs and builds on strengths. This acknowledges, as mentioned in previous sections, the increasingly important role that the strengths-based perspective is playing in the current social climate.

Utilizing needs and asset mapping as a planning tool carries many benefits. For example, it assists in preventing service duplication by promoting connection with established resources, which carries an added benefit of possibly easing competition fears from other service providers. Furthermore, by recruiting community members to assist during the mapping stage, there is an opportunity to encourage attachment to the project, utilize local resources, and promote community interaction.

### 2.2.1 Community capacity

There are several methods of measurement that may be utilized in assessing communities and their capacity. Goddman and Speers (1998) deal with defining the dimensions that make up community capacity in a clear method that can be operationalized for measurement. The authors believe that the concept of community capacity is central to community development and therefore plays an important role in health promotion.

The dimensions identified in the Goodman and Speers article as central to the construct of community capacity are: participation and leadership; skills; resources; social and interorganizational networks; sense of community; understanding of community history; community power; community values; and critical reflection.

The two components identified by the Goodman and Speers (1998) as forming the basis for community capacity are as follows: (1) the characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems; and (2) individual level changes consistent with public health related goals and objectives.

Therefore, community capacity should differ from other community health approaches by focusing on assets over deficits. Goodman and Speers suggest that this list should not be used as a checklist, but that the dimensions may be used as guidelines to assist in assessing community capacity during the early stages of community development.

### 2.2.2 Demographic profiles

Manitoba Education and Training (May, 2000) developed a training guide that outlines the importance of developing a community profile prior to establishing services. A community profile is a snapshot of existing conditions that supports and validates concerns in the community, while also serving to create a baseline of data.

According to the Manitoba Education and Training guide, community profiles should begin with a community assessment that determines community needs and assets. This model suggests using empirical data in order to identify demographic indicators, that may then be monitored, in order to gauge the success of future projects. One or two indicators may be identified to determine whether planned outcomes are achieved.

The Manitoba Education and Training guide (May, 2000) also discusses the idea of assets as being something to assess and build on in communities; these assets can be individuals, associations, or institutions. The focus on assets as well as needs encourages a community empowering view that will have more benefit in years to come. It is important to recognize that both of these factors play an important role in communities.



### 2.2.3 Inter-agency data collection

Epstein and Quinn (1996) describe a model needs assessment to be used by interagency coalitions interested in developing a “comprehensive system of community-based services for children and youth with emotional or behavioural disorders (EBD) and their families.” (p.418). Inter-agency initiatives for child and family service areas often share two core values: (1) they are child and family centred; and (2) they are community-based. Several community specific needs assessments are conducted and designed to identify services needed by consumers to successfully function in the community. Often a questionnaire is used to measure service provider perceptions.

Three procedures for obtaining needs related data are included in this model: (1) an archival review of case records; (2) surveys of service providers and parents; and (3) interviews with key stakeholders. Individual communities must decide for themselves whether using the entire model is optimal, and if not, which parts are necessary. A major drawback of this model is that it does not examine system levels above the local community even though they can have a great deal of influence. This neglect of system level analysis severely limits the model’s applicability.

Murty (1998) illustrates how researchers in the community can use network analysis to develop knowledge of their communities and engage them in assessment and intervention. In this model community is seen as an interactional field of actors with specific interests or goals. Actors that are participating in several fields are considered interlocked.

Network analysis can be used to understand links that connect different actors and social networks and to reveal their underlying structures. Though the methodology is very time consuming and requires participation from all actors within the network, it does have many benefits through encouraging active involvement, and it suggests the possibility for positive interventions. However, application poses many problems in a community-based initiative, such as the time commitment required and the level of knowledge required in applying the techniques. Furthermore, this type of analysis often fails to analyze the effects of larger systems that are outside of community control.

#### 2.2.4 Participatory Action Research (PAR)

Action research is a common method used in community development planning and evaluation. Utilizing the strategies of action research, Barnsley and Ellis (1992) have developed a guide for community groups involved in social change.

Barnsley and Ellis (1992) define action research as “a systematic collection and analysis of information for the purpose of taking action and making change” (p.9). The action research approach emphasizes participation using qualitative methods. Action research is based on real-life experiences and grassroots community groups, and usually asks questions such as: How do people experience a certain situation? How can we change things? Usually these questions are asked in intensive interviews, focus groups or questionnaires. The principles of action research are that it should lead to action, it works from the community's perspective, and it should be kept simple.

The growing movement from basic statistics in community research to the more humanistic and grounded methods used in action research, empowerment evaluation, and Participatory Action Research (PAR) lends credence to the value of qualitative focused research methods.

Simonson and Bushaw (1993) describe Participatory Action Research (PAR) as a method for conducting community needs assessment that is empowering to people.

“Participatory Action Research (PAR) empowers individuals by recognizing that they have the ability to identify their own needs and to generate practical long lasting solutions” (Rappaport, 1981 cited in Simonson and Bushaw). In PAR, members of the community under study are actively engaged in information gathering and planning activities. A needs assessment using PAR would involve community members from the beginning in addressing community issues, and supporting suggestions that come from the broader community.

There are two requirements that are considered imperative to action research and PAR. First, it must generate knowledge regarding alternative plans of action; second, the research must be shared with those who will use it to guide social change. “Action research may be understood as existing on a continuum of orientation from consensus to conflict” (Simonson & Bushaw, p.30). At one end, the action-oriented research assumes common interests and focuses on problem-solving and the development of knowledge. At the other end, the participatory approach assumes that groups have conflicting interests, and focuses on empowering the oppressed groups. This article also illuminates problems that arise when leadership is felt to be in the hands of the few.

PAR is an accessible and applicable research method in community-based planning and programming and shares many commonalities with empowerment evaluation. PAR methods are holistic in nature and flexible in addressing changing community needs. Many of the theories and methods of PAR will be utilized in the current practicum.

### 2.3 Community-based Planning and Evaluation

Rossi, Freeman and Lipsey (1999) define evaluation of social programs as “the use of social research procedures to systematically investigate the effectiveness of social intervention programs.” By the authors’ terms evaluators use social research in order to “study, appraise, and help improve social programs”(p.4). Rossi et al. (1999) identify several purposes of evaluation, highlighting the importance of matching the evaluation methods to the purpose identified by stakeholders, which they refer to as “tailoring”. Mayne and Hudson (1992) demonstrate support for the importance of evaluation tailoring, and identify the necessity of an evaluation focus to be the set of questions that the evaluation client wants answered.

Evaluation of community-based initiatives as a specific form of social programs is extremely important, and often times, problematic. Evaluating community-based initiatives can be difficult as programming is often informal, leaders may have little experience with evaluation, and evaluation may be perceived as threatening or interfering. Furthermore, the importance of utilizing evaluation methods that are useful in planning, and incorporate staff and stakeholders, is being increasingly recognized in its importance of building accountable evaluation strategies.

### 2.3.1 Single system research design

In recent decades, the application of single system research designs (SSRD) has significantly advanced as a technique for measuring practice outcomes in social work research. SSRD is also widely used to conduct organizational and community-based practice evaluations. Thyer (1998) presents an overview of the requirements to conduct SSRD when focusing on organizational or community research. Thyer (1998) describes SSRD as the use of a valid, reliable and repeatable measure of community functioning to assess change over time. The most common use of SSRD's is referred to as an A-B design, sometimes also known as a pre-test-post-test. In this method a measure of functioning (often a combination of several measures) is administered at the start of an intervention, and then again at the end to assess whether change has occurred.

The article includes a variety of SSRD models that can be grouped roughly into two categories. These categories include those suitable for simple evaluations, and those labelled as experimental designs, however, Thyer (1998) does not advocate using inferential statistics to make inferences from SSRD data.

SSRD is perceived to be among the easier methods for social work professionals to conduct in practice. However, findings are rarely generalizable and suffer a lack of external validity. One major downfall of SSRD is that evaluation results often contain little useful information for future program planning. Despite the lack of external validity this method still holds value when the goal of evaluation is simply trying to assess whether an operating program is meeting expectations.

### 2.3.2 Empowerment evaluation

Paine-Andrews, Fawcett, Richter, Harris, Lewis, Berkley-Patton, Fisher, Lopez, Francisco and Williams (1998) follow the model of community organization that emphasizes the attainment of self-determined goals through active participation and collaboration, often called empowerment evaluation. Paine-Andrews et al. emphasize evaluation that provides data and support to facilitate the decision-making process, and guides actions to enhance community capacity.

Empowerment evaluation comes from the conceptual areas of psychological empowerment, action anthropology, and participatory evaluation. It has been defined as evaluation that allows program participants to improve practice and foster self-determination. This process encourages community initiatives to have control in defining the problem, and taking action necessary to facilitate change, improvement, and renewing community efforts. This type of evaluation allows the initiative to determine whether they are being efficient and adequate in their effort to build capacity.

The framework for empowerment evaluation consists of four main components: agenda setting, planning, implementation, and outcomes. Empowerment evaluation is very similar to PAR, however it places a larger focus on utilizing evaluation results in creating social change.

The evaluation process breaks into the following steps: assessing community concerns and resources; setting mission objectives; developing strategies and action plans;

monitoring process and outcomes; communicating information to relevant audiences; promoting action, renewal and institutionalization.

By being sensitive to community needs and concerns, and using data from the entire community initiative throughout its life-span, the evaluation in this project has many benefits to community practice, therefore methods of PAR/empowerment evaluation will form the basis for evaluation. However, because much of this data relies on self-reports, feedback may not be as accurate as with some other evaluation methods, and the community may therefore challenge the integrity of the data.

Edelman (2000) discusses the issues that community-based programs encounter when using models of standard evaluation techniques. Community initiatives are often outcomes driven, however, because these initiatives often occur on so many levels, outcomes are often difficult to define.

One of the common problems in community-based programs is the lack of tools to evaluate initiatives that deal with complex social phenomena. According to Edelman (2000) the common positivist models of evaluation have been called into question because of “doubts that the social world is ruled by fixed laws, theories can be perfectly specified, measurement is value free, crucial experiments can be made to definitively test theories, or all important variables can be isolated and measured (p.13).”

Practitioners and evaluators are suggesting meaningful alternatives that may capture complex social phenomena and help programs to be more effective. These alternatives

include empowerment evaluation, journey analysis, and "theory-of-change". All of these are theory-based and use multiple methods, the process is sequential and the goals and measures of the evaluation are identified with participants. Theory of change has become an increasingly popular model that has many advantages, including the fact that it specifies operationalizable short-term and intermediate outcomes.

Outcomes are not related to action in a linear way, and new evaluation systems must begin by connecting process to outcomes. Goal setting is one method for strengthening the evaluation process. By using consensus and involving participants in identifying the evaluation process, ownership of that process is encouraged.

Theory of change is an interesting expansion on outcome-based evaluation as it allows more readily for the use of short-term and long-term goals, therefore proving to be more realistic. By including process in the evaluation it is possible to study the intervention on a more holistic level and to identify potential problems or successes at several points. Both "Theory of Change" and empowerment evaluation techniques appear to be useful tools when undertaking community-based evaluations and will be utilized in evaluation with the current project. By including community members in every level of the evaluation, community ownership is encouraged. This facilitates the development of a resource centre that is community-based, as well as community driven, which meets several of the ultimate goals of the Planning Group. Furthermore, evaluation results received when utilizing these methods are extremely helpful in planning future



programming and direction and therefore make them much more useful to the ongoing operation of a community resource centre.

### 2.3.3 Logic modeling

Logic modeling is an outcomes-driven tool that is often used to link planning and evaluation in a way that builds accountability. The logic model enables critical thinking, makes reciprocal connections between practice, program, and policy, and establishes a connection between human behaviour and theories (Alter & Egan, 1997). Therefore, logic models are often considered “a process of planning for purposive change” (Alter & Egan, 1997).

Hernandez (2000) discusses the advantages of using logic modeling and “theory of change” in a program planning environment. Hernandez (2000) describes some of the difficulties of traditional evaluation procedures, such as using indicators from standardized measures to identify performance measures. According to Hernandez (2000), performance-based evaluation does not incorporate stakeholder values and input, and often has little relevance in future planning. Furthermore, it has often been demonstrated in practice that when stakeholder and staff input is not taken into consideration during the planning stage, the final product is often not implemented properly.

According to Hernandez (2000), the process of identifying non-outcomes information important for future planning is missing from previously mentioned evaluation

techniques. Hernandez (2000) refers to this type of information as “outcome relevant” information, and describes it as follows; “Outcome relevant information is information that allows program personnel to know whether they have offered a service in the manner intended and with the quality expected. Actual accountability for the results of service delivery can only occur if outcome information is understood in the context of this additional outcome relevant information. (p.26)”

Another issue often overlooked in evaluation identified by Hernandez (2000) is the practice of not addressing the overlap between service delivery and evaluation. In response to these issues, Hernandez advocates for *decision-oriented evaluation* that “concentrates on the information needs of onsite program administrators. (p.24)”

Hernandez also identifies the similarities between the decision-oriented approach and that of *open-systems evaluation*, which acknowledges that the complexity of the social environment negates the idea of cause and effect. Hernandez (2000) describes open-systems evaluation as follows:

*Open-systems evaluation provides a framework that allows evaluation researchers to function as collaborators in an effort to assist program staff in achieving the strategic objectives of a program. Similarly, decision-oriented evaluation recommends the use of evaluation for identifying which populations were served, what particular array of services and supports were provided, and how successful they were at achieving expected outcomes. Further, it promotes practical and pragmatic approaches to understanding which parts of a service program work well, which parts need improvement, and the overall effectiveness of the program. Decision-Oriented Evaluation is internally focused on practical service delivery issues, as opposed to evaluation that concentrates on methodologies to provide information for the purpose of generalizing beyond the program, agency, or system being evaluated. (p.24)*

Hernandez (2000) goes on to list the following challenges for evaluation to meet the needs of program planners: making outcome information useful to stakeholders; primitive level of understanding outcomes; more than one agency accountable for outcomes; ambiguity/anxiety and disagreement; issues of mandate; issues of incentive; extreme indicators; fidelity of interventions; and use of outcome information. Hernandez suggests that these challenges must be considered by those involved in planning, and that the process can often be assisted by establishing a common vision. Once this has been established, Hernandez advocates for using “theory of change” (discussed in the previous section) and logic modeling to develop an accountable and usable evaluation plan.

In 1997, the Canadian Ministry of Health and the Ottawa-Carleton Health Department developed a training manual for community organizations wanting to utilize logic modeling in program planning and evaluation. In this manual, Porteous, Sheldrick, and Stewart (1997) identify logic modeling as a decision-oriented model of program evaluation that require relatively few resources and is useful in future planning. This guide identifies all of the steps involved in developing a logic model, along with important stakeholders to involve in the process, and resources necessary to implement the model into practice.

#### 2.3.4 National Longitudinal Survey of Children and Youth

The National Longitudinal Survey of Children and Youth (NLSCY) is a comprehensive survey that examines a variety of important factors concerning child development. This joint project between Human Resources Development Canada and Statistics Canada

collects data every two years from the same children as they go through their life cycle. The second cycle of the survey, which took place in 1996 and 1997, gathered information on approximately 20,000 children from the ages of 0 to 13 years old (Statistics Canada, 1999).

Information for the NLSCY is gathered regarding demographics, socio-economic background, health and development, behaviour, relationships, education and literacy, leisure activities, family functioning and parenting, as well as child care and custody arrangements. This information is collected through interviews with the person most knowledgeable, tests administered in school, and questionnaires completed by the children themselves (age 10-13 years) (Statistics Canada, 1999).

Data collected for the NLSCY has already provided a plethora of useful information to Canadians about how our children learn and develop, and how families and communities can effect this process both positively and negatively. For example, data collected regarding the effect of family reading behaviour on a child's future learning demonstrates that children that are read to daily are 1.6 times more likely to be identified by their teacher as being top of the class in learning skills (Statistics Canada, 1999).

The large amount of data being collected for the NLSCY has several advantages for community initiatives looking for a form of evaluation that includes some use of performance indicators. By utilizing questionnaires developed by the NLSCY in order to collect baseline and future data, we are allowed the opportunity of utilizing well-

developed tests and measures, which already have a storehouse of comparable populations. Furthermore, the measures are highly adaptable to the needs of different community groups. It is for this reason that Healthy Child Manitoba plans to use NLSCY measures in gathering data on operating parent child centred projects.

#### 2.4 Conclusion

Literature has the ability to synthesis activities and planning with knowledge and best practices. In the current literature review the following sections were addressed: theories and models of community-based initiatives; assessing community needs and assets; and community-based planning and evaluation. Each section contains information highly relevant to the current practicum. Through examination of models of community initiatives, I was able to assist the Planning Group in incorporating best practices into planning. The needs and assets assessments increased my understanding of methods for gathering information within communities. Finally, I was further assisted by the literature regarding community-based evaluation and planning to identify models of evaluation and planning that would best suit the needs of the current community initiative. This review provided the basis for the current practicum activities and the method by which those activities will be analyzed.

## **Chapter 3**

### **Implementation of the Practicum**

This chapter reviews the activities that took place during this practicum. The first section describes the information gathering stage that occurred in the form of a community needs and assets assessment. Appendix A includes a copy of the WRCRC Parent Child Initiative interim report I submitted, and this summarizes the community assessment stage. The second section describes activities related to planning and evaluation, and a copy of the final evaluation strategy is included in Appendix B.

The primary learning objective for this practicum was to develop a better understanding of methods for working with and evaluating a community development process within a context where project goals and activities would remain under the control of the community or community driven. In addition to the primary learning objective, the following six secondary learning objectives were identified.

- ❑ To conduct a thorough and applicable literature review regarding community-based needs assessment, evaluation methods, and development of resource centres;
- ❑ To develop skills in creating, conducting, and analysing surveys and questionnaires;
- ❑ To develop skills in conducting and analysing focus groups;
- ❑ To improve skills related to disseminating and presenting community data;

- To improve knowledge regarding the implementation of decision-making structures that recognise the voices of community members; and
- To improve skills in utilizing evaluation methods in community-based planning.

The creation of reports, data collection methods, and strategies, was facilitated by a sub-group of the Mrs. Lucci's Board that acted as the WRCRC Parent Child Initiative Planning Group. In the beginning, this group was made up of the Mrs. Lucci's Board President and the Mrs. Lucci's Project Manager. However, after the community assessment was completed, a parent child facilitator was hired and joined the Planning Group. At the onset of working as a group, three goals were established in order to give direction to the evaluation planning. These goals were as follows:

- 1) Evaluation methods would be easy to administer, and require minimum resources;
- 2) Evaluation methods would be useful in future planning; and
- 3) Evaluation methods would include significant participant input.

### 3.1 Community Assessment

The community assessment undertaken during the practicum included many elements of the strengths-based model discussed during the literature review in this report. Though there was a real attempt to collect information on community assets and capacity, there was no attempt to ignore community needs. Both factors were considered to be of equal merit in determining the direction for parent child activities, as one is often a reflection of the other.

Whenever possible, the community input process utilized methods that are suggested within the parameters of participatory action research, empowerment evaluation, and “theory of change”, with the understanding that data collected would be used to help facilitate the construction of a community driven resource for parents and children.

Community input was narrowed to the target population of community parents of children in their early years, who were then surveyed regarding their views of assets and needs in the community. There was also the opportunity for parents to participate in focus groups which attempted to flesh out community factors in a more thorough manner. Through the use of multiple methods the Planning Group hoped to reach out to a broader population and build some ownership into the process. During the initial assessment, I also collected demographic information on the community in order to assist in planning.

#### 3.1.1 Pre-assessment survey

During the initial stages of the practicum a pre-survey developed by Healthy Child Manitoba was distributed through partner service groups to 50 known pre-school parents in the community; 20 of these were returned. The goal of this survey (included in Appendix C) was to establish whether there was support from the target population regarding the parent child initiative. Furthermore, this data was also used as a baseline for future evaluation. Some of the highlights of this survey include:

- ❑ For 65% of respondents the pre-school child was their first child;
- ❑ 40% of the respondents were single parent females;
- ❑ 45% of the respondents had lived in the community for more than 9 years; and
- ❑ 70% felt supported in their role as parents.



There was also general agreement from participants that Lac du Bonnet was a safe place to live and that they would miss the community were they to leave. After reviewing this data with the Planning Group and Healthy Child Manitoba it was agreed to proceed with the parent child initiative in Lac du Bonnet. The percentage of parents that were identified as first time parents and single parents indicated that a need for resource information was more than likely.

It is important to acknowledge that the survey results were not from a representative sample of the community. By distributing the survey largely through partner organizations the majority of respondents were parents already in touch with one or more resources in the community, and therefore they may have had a different perception of community services and needs that are not reflective of those not accessing resources. However, the difficulty in locating pre-school parents in any population makes locating parents in a randomized fashion impossible.

### 3.1.2 Demographic profiling

In addition to participatory community assessments, a demographic profile such as that suggested by Manitoba Education & Training (2000) was undertaken in order to provide the Planning Group with a clear picture of the community make-up. Demographic profiling can be extremely useful by providing a snapshot of a given population at any point in time. This data can be used not only as an indicator of population needs, but also as a baseline of population-wide data for future evaluation. A composite of Lac du Bonnet's key demographics including census, health, educational, and crime statistics

were compiled at the beginning of the practicum. The interim report included in Appendix A includes the full results of the demographic profile. Some of the key points include:

- 68% of the population in Lac du Bonnet over 15 years old do not have a high school diploma at the time of the 1996 census;
- The passing rate for grade 12 mathematics in 1998 was below 30% (Manitoba Education & Training, 1998);
- The Lac du Bonnet unemployment rate is consistently higher than the Manitoba average, and was almost double during the 1996 census;
- 4% of the total population is comprised of single parents according to the 1996 census data;
- 28 births out of every 1000 are to women 19 years or younger (Manitoba Health, 1998); and
- High rates of hospitalization exist for respiratory system disease, pregnancy and childbirth, injuries and poisoning (Manitoba Health, 1998).

When the Planning Group met to discuss the results of demographic profiling several of the above points were highlighted for the role they played in both current and future planning. Furthermore, all of the information was shared with partner organizations through the interagency group and the Mrs. Lucci's Board to discuss how different partners were meeting various needs. The important role that Mrs. Lucci's was already playing to assist in education, employment, and poverty issues was highlighted as something that it was necessary to continue. In addition, the role of the Young Parents Support Group that was operating through the Regional Health Authority and facilitated

by the Public Health Nurse was also seen as a valuable resource that needed to be supported.

In addition to external programming, the homework club for 8 to 10 year olds that had just begun as a part of the WRCRC programming was reaffirmed in the important role it could play in raising education levels in the community, and serving as an avenue for providing further information around health and safety. Furthermore, this information spearheaded the establishment of what is now known as “Girl’s Club”, a program for grade six girls that provides health and resource information and support in the transition from elementary to high school. Appendix A contains information on the first session of Girls Club and its subsequent evaluation.

In conclusion, the demographic profile provided an excellent foundation to begin immediate and future programming based on community needs that may not have been identified during the community assessment, but still play an important role in current and future child development.

### 3.1.3 Resource centre survey

The second step was to consult early years parents specifically regarding what they would like to see in the establishment of a community resource centre. Reaching parents in this target group can often be problematic, as there is no specific method for tracking parents before their children reach the education system. For this reason it was decided to focus the survey on parents of kindergarten and grade one children attending the local

elementary school, as these school age children are still in their early-years, and it was hoped that they may have younger siblings at home.

Consent forms were sent home to 100 families asking whether they would be willing to receive the survey (Appendix D). Twenty-five families agreed to receive the survey and of those 13 completed surveys were returned.

There are several potential contributors to the low response rate for this survey. The first possibility is the added step in the required distribution method of the school, which included responding first to the consent form, and then responding to the survey. It is possible that parents were lost in the time lapse between the initial letter and the survey. Another likely contributor to the lower response rate was the interference by the school in the initial contact I made with parents. School staff opened the envelopes containing the consent letters sent to them for distribution, and added a second letter informing parents that the baseline data collection on the school readiness of kindergarten students was no longer being collected. The letter stated that though the school had initially agreed to the use of a school readiness measurement, teachers had since decided that it would be too time consuming. The wording of these changes may have caused some confusion about whether the school was in fact supporting the actual distribution of the parent survey, as it was not entirely clear and it was distributed with the consent form for the parent survey. This incident may have contributed to negative feedback and a low response rate.

Finally, the initial contact with parents may have not been clear enough about the purpose and potential of the Parent Child Initiative. There appeared to be some confusion among respondents regarding what the initiative or the potential resource centre might look like, and a lack of understanding that they were in fact being requested to contribute to the description of it. It would have been beneficial to spend more time highlighting the possibilities and explaining the process. Notwithstanding these limitations some of the highlights from survey results were:

- 77% agreed that a resource centre would be a benefit to their community;
- 62% preferred that activities to take place in multiple locations;
- 92% were interested in accessing recreational activities for pre-schoolers; and
- 58% were interested in assisting in planning activities.

Initially planning focused on the possibility of locating the resource room directly in the elementary school, as there is a great deal of literature regarding the benefits of connecting with the education system during the early-years (Dupper & Poertner, 1998; Poole, 1998). However, survey results indicated that this was not the preference of those that responded, furthermore, many respondents indicated an interest in having activities take place in multiple locations. There are several possible explanations as to why there was a preference for activities taking place outside of the school. One possibility is that the school in question is located on the outskirts of the town and may not be very accessible to all parents. Another possible factor is the historical issues of control in the education system that have not been conducive to creating an environment of openness and comfort within schools. As highlighted by Dupper and Poertner (1998) parents who

have not had strong positive experiences with the education system are sometimes uncomfortable with spending time inside a school building.

This lack of support for locating resources inside the school created a need for the Planning Group to reconsider the location and the framework for the parent child initiative, which lead to the focus on multiple locations and time frames with less emphasis on developing an actual space. It was at this time that the decision was made to hire a parent child facilitator who would co-ordinate multiple activities in a variety of locations based on parent feedback.

#### 3.1.4 Focus groups

In the previously mentioned survey mailed to 25 parents of kindergarten and grade one students, parents were also asked to identify whether they would be interested in participating in a focus group. Eighteen respondents agreed to be involved in focus groups, however, upon scheduling only 9 of the 18 were able to attend. Five parents were involved in the first focus group, which occurred during an evening, and four parents were involved in the second focus group, which was an afternoon session. Childcare was provided for both sessions.

The children's ages of participating parents ranged from 4 months to 12 years, the average age was 3.6 years. In total, the parents had 17 children between them and 12 of those were pre-school children. The years each parent had lived in the community ranged from 3 to 30, with an average of 15.

I facilitated each focus session and the parent child facilitator acted as the recorder. The parents were asked for the feedback on a total of 8 questions. Appendix E outlines the format for the session and the questions that were asked. The following points highlight some of the information received in the focus groups:

- A common obstacle in positive parenting was the lack of age appropriate activities;
- Assets of the community included the nursery school, beaches, parks, and the Public Health Nurse;
- Barriers to parenting in the community included a lack of paediatricians and high prices on infant items;
- The resource wish list included parent and tot programs; affordable and casual childcare; age appropriate activities for children, and an indoor pool;
- A family resource centre could help by offering interaction with other parents, information, and general resources;
- Potential barriers to involvement with the resource centre include employment commitments, weather, and time;
- Motivators to be involved include quality and varied activities and a comfortable atmosphere.

The results of the focus groups and the survey assisted the Planning Group in choosing priorities for activities, establishing outcomes and planning programs. This information was collected and presented to the Planning Group, the Mrs. Lucci's Board, and Healthy Child Manitoba through the WRCRC Parent child Initiative interim report (Appendix A).

The following section describes how the information gathered during the community assessment was utilized in the construction of a logic model, which served as a basis for program and evaluation planning.

### 3.2 Program and Evaluation Planning

Early on in the planning process it was decided to include several forms of evaluation for this project in order to adjust to the fluidness of the initiative and satisfy funders from many different areas. However, the platform for planning arose from an empowerment evaluation model. As discussed in Chapter II, in the use of empowerment evaluation program participants are given a role in improving practice and steering programming. Generally the framework for empowerment evaluation consists of agenda setting, planning, implementation, and outcomes (Paine-Andrews, et al., 1998).

The main planning tool for evaluation was a logic model developed using the information gathered in the community assessment stage. However, performance indicators from the demographic profile were also identified in order to establish a baseline of data for the area. These indicators could be used in the future in a longitudinal study of the community's population and were chosen according to how applicable they were to the parent child initiative and the long-term goals of the Planning Group. The identified indicators included:

- High School completion rates;
- Mathematical and literacy levels in grade 9;
- Teen pregnancy rates;



- Child hospitalization rates due to malnourishment or injury; and
- Crime statistics

In addition to demographic indicators, results from the initial HCM surveys (Appendix C) distributed to a portion of the Lac du Bonnet pre-school parent population will serve as a baseline for future analysis. Furthermore, NLSCY surveys will be administered annually to all participants in WRCRC parent child activities and collected and analyzed through HCM in order to provide data that can be compared both nationally and to other provincial parent child centred approaches. Appendix B contains a synopsis of how this information will be collected through WRCRC.

### 3.2.1 Logic model

In order to identify outcomes, the Planning Group for this initiative worked through the components of the logic model as outlined in the planning guide developed by Porteous et al. (1997). The Program Evaluation Toolkit (Porteous et al., 1997) discussed in the literature review of this paper, identifies the steps of program evaluation following a logic-modeling plan. The elements of the Porteous et al. (1997) logic model include: components; activities; target groups; and short-term and long-term outcomes. The authors suggest that new programs begin with identifying outcomes.

The Planning Group began by identifying long-term outcomes for parent child activities in Lac du Bonnet. These outcomes, which are illustrated in the logic model in Appendix B, included increased incidence of healthy child development, increased high school

completion rates, lower rates of teen pregnancies, reduction in criminal activity, improved communication across service sectors, and an increased sense of belonging within the community.

Once the long-term outcomes were identified, the Planning Group was better able to identify the necessary components, target groups, and activities for the initiative. During this stage the Planning Group used data collected during the needs and asset assessment phase to choose focuses for activities. The Planning Group acknowledged that information obtained during this stage was often less focused on outcomes and served more to identify perceived resource needs. It was therefore necessary for the Planning Group to establish the link between perceived needs and assets and possible outcomes.

The last step was to identify short-term outcomes that would most likely act as a basis for evaluation. Porteous et al. (1997) describes short-term outcomes as the result of the program on the participants. To identify short-term outcomes the Planning Group considered each of the planned activities, components, and target groups, and what they thought the immediate results might be. Table 1 illustrates the short-term outcomes as they relate to the different target groups.

**Table 1: Short-term outcomes for target groups**

<b>Parents</b>	<b>Early childhood</b>	<b>School age children</b>	<b>Service providers</b>	<b>Community members</b>
Accessing resources and services	Improved school readiness	Increased peer supports	Increased awareness of needs and resources	Community members involved with children
Increased social networks	Increased physical activity	Healthy decision making behaviour	Increased access to training opportunities	
Increased parent education	Positive socialization	Increased self confidence		
Improved literacy	Increased access to healthy and safe activities	Increased access to healthy and safe activities		
	Parents are more involved in learning	Parents are more involved in learning		
	Basic nutritional needs being met	Basic nutritional needs being met		

### 3.2.2 Outcome-based and outcome relevant evaluation

As identified by Hernandez (2000) outcome-based and relevant evaluation is fundamental to future planning. As the first step of the Planning Group was to develop an evaluation strategy that would be easy to administer and required few resources, it was important to develop methods that did not require a lot of evaluation knowledge at the analysis stage. As the second goal of the evaluation was that it be useful in future planning, it was important to develop strategies that could serve this purpose, while meeting the third goal of incorporating participant input.

In order to meet the evaluation goals of the Planning Group several short, end of program summation surveys were developed and incorporated into the programming of parent child activities. These surveys generally included logistical information summaries about the programs, suggestions for the future, and quantitative data on whether short-term outcomes were being met. Data collected from these surveys will serve as a planning tool for the initiative and be collected and analyzed by the parent child facilitator at the completion of each activity offered. Copies of these surveys are included in Appendix B.

### 3.3 Conclusion

This chapter synthesised the activities and background for the current practicum. The needs and assets assessment process was reviewed, along with the development of a Planning Group, and planning of activities and evaluation. This chapter served as an outline of activities and was fairly abbreviated in light of the inclusion of the following appendices: A) the interim report, and B) the final evaluation strategy. These appendices outline the practicum activities and their results in much greater detail.

## Chapter 4

### Student Evaluation

Several learning objectives were identified as part of this practicum. These objectives are repeated below and provide the structure for this chapter. Each objective is examined with a view to determining whether I was successful in meeting the learning goals set out at the beginning of the practicum.

#### Primary Learning Objective

The primary learning objective for this practicum was to develop a better understanding of methods for working with and evaluating a community development process within a context where project goals and activities would remain under the control of the community or be community driven.

#### Secondary Learning Objectives

The following is a list of the secondary learning objectives related to this practicum:

- To conduct a thorough and applicable literature review regarding community-based needs assessment, evaluation methods, and development of resource centres;
- To develop skills in creating, conducting, and analysing surveys and questionnaires;
- To develop skills in conducting and analysing focus groups;
- To improve skills related to disseminating and presenting community data;

- To improve knowledge regarding the implementation of decision-making structures that recognises the voices of community members; and
- To improve skills in utilizing evaluation methods in community-based planning.

Evaluation of these objectives was based on 1) on an examination of the implementation of the proposed activities of the practicum; 2) feedback from the Mrs. Lucci's/WRCRC Planning Group; and 3) practicum logs kept for the purpose of self-assessment.

The practicum log serves as a basis for this chapter. In addition, the practicum advisor and the committee member from Healthy Child Manitoba provided ongoing verbal and written feedback regarding the literature review, interim report and evaluation plan.

The feedback form I developed for the Planning Group focused on the needs assessment process, the planning process, working relationships, and the evaluation plan. The feedback from the Planning Group was very positive and there were no issues reported with my work. They placed particular emphasis on the importance of my role, and the usefulness of the logic model, in keeping the project "on track".

#### 4.1 Primary Learning Objective

The primary learning objective was met. I developed a better understanding of methods for working with and evaluating a community development process. In this practicum I was able to gain knowledge regarding the intricacies of planning with diverse stakeholders, and methods for incorporating community feedback into the planning process. Furthermore, I was able to develop skills around developing evaluation that is

unobtrusive and suits the natural fluidity of a community development process. The majority of the feedback that was received from the Planning Group highlighted the active role that I played in maintaining the community focus and incorporating community feedback. My role in meeting these learning objectives will be further demonstrated throughout this chapter.

Several difficulties arose while working on the project that often led to frustration among the Planning Group. My responses and activities during these episodes were appropriate and met the goal of keeping the process community driven. One major frustration for the Planning Group came from the changes in funding guidelines and vision regarding the Parent Child Centred Approach. Several major changes took place in leadership and planning at Healthy Child Manitoba during the development of this project, which sometimes led to an inconsistent message and confusion among the Planning Group. Often planning was difficult, as commitment to funding appeared to change several times causing a fair amount of nervousness and tension. In addition, direction for the scope of activities was often unclear leaving the Planning Group unsure whether they should proceed at various points.

A second frustration developed from the on again off again relationship with the local elementary school. It was identified early on that in order to facilitate involvement from the target group of community parents, the school would be an important partner and appeared eager to be involved. However, an initial commitment by the school administrator to have baseline data gathered from the kindergarten class through

administration of a school readiness assessment was later rescinded after complaints arose from teachers regarding the time commitment involved. Though the project did offer to support a substitute teacher equivalent to an hour per student during the data collection phase, the school did not feel that this would be enough support. Therefore the proposed baseline data collection was abandoned.

#### 4.2 Secondary Learning Objectives

There were six secondary learning objectives related to this practicum, which were all met to varying degrees. The first objective of conducting a thorough and applicable literature review regarding community-based needs assessment, evaluation methods, and development of resource centres was met early on in the practicum and the information gathered served as a basis for planning throughout the initiative. This literature review is documented as Chapter 2 in this report.

The second objective of developing skills in creating, conducting, and analysing surveys and questionnaires was met by assisting the evaluation staff of HCM in the development and distribution of the parent child questionnaire included in Appendix C. As well I developed the survey into the WRCRC Parent Child Centre Questionnaire included in Appendix F. Through meeting with the Planning Group and reviewing relevant literature on assessing community needs the pre-resource centre survey was created, distributed, analyzed, and disseminated. The survey served a dual purpose as both a basis for planning and a baseline for future evaluation.



The frustration on my part of dealing with the unclear messages from the school during the assessment phase, often regarding survey administration and distribution, assisted me in understanding the importance of support from community partners and the danger that lack of support may create.

The third objectives involved developing skills in conducting and analysing focus groups. This objective was met as two focus groups were held in which valuable information was received regarding parent needs and community assets. The methods and outcomes for these focus groups is included in Appendix A as part of the Interim Report. Several challenges occurred in organizing focus groups including ensuring a cross-representation of parents, securing a space and childcare, and encouraging attendance. In order to increase the attendance for the second session I had participants commit to a session and made reminder phone calls to each participant. These sessions served as a powerful learning tool for conducting this type of group information gathering. For example, learning methods for facilitating the group interaction without steering the conversation, and drawing out respondents that are have difficulty sharing in a group.

The fourth learning objective of improving skills related to disseminating and presenting information gathered was met through the writing of the Interim Report, the final evaluation strategy, and the presentation of these results to the Mrs. Lucci's Board. Through reviewing the materials with the Planning Group, and then the board, I was able to further incorporate their feedback into the final copy as well as learn to disseminate information in a method that encourages group ownership. For example, after an initial

review of the evaluation strategy it was decided that the parent-tot groups fit better under the component of parent support than child development, as the groups are largely focused on establishing social networks.

During initial reviews of the documents with the Planning Group I was also able to improve my skills in collaborating with community representatives and sharing information in a way that would encourage utilization and be important to future planning. This was done by ensuring that explanations of method were thorough and understandable, and that feedback from the Planning Group was always discussed, and incorporated when feasible.

I met with the Planning Group several times to review the evaluation strategy and the logic model before it was finalized and at each meeting we discussed timelines and methods for incorporating evaluation that would require minimal resources and time. The Planning Group developed the logic model with my facilitation.

The fifth learning objective proved to be the most challenging. Whereas I was definitely able to improve knowledge regarding the implementation of decision-making structures that recognises the voices of community members, it was often a trial to try and facilitate implementation of such a decision-making structure. This is a very difficult concept in the real world that can often be met with a fair amount of resistance from those in coordinating positions. Furthermore, an even greater challenge may be encouraging people to be involved in a decision-making structure. The parent child facilitator took

several steps to involve parents in program planning, implementation and evaluation but often had a difficult time promoting involvement. This lack of parent participation appears to have occurred for a variety of reasons, including time constraints, feelings of inadequacy, and reluctance to make a commitment. It was therefore often necessary for me to expand my knowledge base and advise the facilitator of different methods so she could work decision-making in slowly and continue to incorporate feedback so that the parent community had some voice in the process.

The last of the secondary learning objectives involved improving skills in utilizing evaluation methods in community-based planning. This objective was met. In the practicum I was able to involve knowledge I gained through the literature review into evaluation planning which allowed me to both improve my skills, build on my knowledge, and learn the importance of adapting evaluation methods specifically to the community.

The evaluation plan that was developed for WRCRC parent child initiative was developed with a great deal of input and feedback from the Planning Group and the community, and incorporates a variety of evaluation methods in order to meet the needs of diverse funders, stakeholders, goals, and programming. For example, through incorporating the NLSCY surveys, the WRCRC Parent Child Initiative will be able to compare results with other parent child approaches in the province, and other baseline populations across Canada. In addition, by identifying some baseline demographic indicators the group has the capability to attempt a longitudinal comparison at a later

point in time. Finally, by using surveys for day-to-day programming that gathers both outcome relevant and outcome-based information, the Planning Group will receive information that both meets their evaluation goals and assists them in future planning.

## **Chapter 5**

### **Implications and Conclusions**

This chapter focuses on integrating the literature review and activities undertaken as part of this practicum in order to address implications. In this sense, it is in this chapter where knowledge and practice converge to contribute to one's understanding of process. The following areas are discussed as they relate to the practicum implications: 1) utilizing theories and models in planning community-based initiatives; 2) the community assessment process; and 3) planning community-based evaluation.

#### **5.1 Utilizing Theories and Models in Planning Community-based Initiatives**

The practical experience of working with a developing community initiative provides some useful observations of the reality of integrating theory and practice. This can be a frustrating and cumbersome experience, especially when working with a grassroots movement that appears to develop and evolve continuously. Often the very fluidness discussed in the literature circumvents attempts to follow any given model too closely. As a result parts of many theories and models were utilized in the planning and implementation of this initiative and its subsequent evaluation.

##### **5.1.1 The role of government**

The literature discussing the role of government in community movements proved to be relevant to the current practicum. As a quasi-governmental representative, political factors often intruded during planning exercises. At the beginning of the project there

was a great deal of upheaval and change at HCM, which often resulted in confusion for the community group regarding status of funding and future commitment. This made planning difficult and necessitated that I invest a great deal of time in discussing funding issues with the planning team and run interference with HCM representatives on the Planning Group's behalf.

Members of the Planning Group appeared to have some difficulty working within the lack of structure and guidelines provided by HCM, having become accustomed to receiving funding from government with clear and extensive accountability measures. In the beginning of the project it was necessary for me to frequently reiterate to the group that the goals of HCM was that the Planning Group work to define needs in their community, and that it was not necessary for them to rush through the process in order to demonstrate movement. The complete lack of structure and guidelines attached to the funding created an environment of suspicion amongst the Planning Group that funding could be easily revoked if they were not demonstrating what they perceived to be adequate accountability. In response to this I found it helpful to demonstrate to the Planning Group that identifying community needs was a piece of the process as well as an output. I also took steps regularly to request clarification from HCM and feedback to the Planning Group.

Shragge and Fisher (2001) have suggested that involvement at the community level by government representatives constrains the ability of the group to act as community advocates. Though I would not agree that my involvement limited the advocacy

undertaken by this group, I would agree that it occasionally coloured the view of my role in the community. However, in the end I think it was a valuable alliance for the project as during a time of change and uncertainty with the funder, there was a direct connection to someone who advocated for the importance of the project. Furthermore, through partnership with government this project was able to successfully move forward and maintain the flexibility in structure necessary to meet the needs of the community.

#### 5.1.2 The role of professionals

A commonly highlighted issue in the literature regarding community initiatives is to what degree professionals are and should be involved. In the current project, the Planning Group consists of a teacher/project manager; a public health nurse; an early childhood educator and myself. Though community members were involved in planning during the assessment, as well as informally through involvement in the Mrs Lucci's project, a clear method for incorporating their ongoing input, beyond program evaluation feedback, or a method for involving them in the Planning Group, did not occur.

The ambiguity of the project during development may have contributed to this lack of participation, as the breadth of it and its ongoing metamorphous may have made participation difficult. For this reason I have suggested that the parent child facilitator use ongoing dialogue with parents participating in programs to assist in planning and providing direction to the parent child initiative.

The issue of participation is slightly more complicated in a small rural area, as generally all of the professionals are in fact community members, and therefore, have a dual role. However, it remained the case that though marginalized parents were sought out for input, none of them were involved in the ongoing planning of activities. As discussed by Kesler (2000) and Chaskin et al. (1998), it is not uncommon for activities falling under the auspices of the healthy communities movement and/or service integration models, to have a tendency to be middle class and professionally driven.

Kesler's (2000) discussion of the role of the community leader is also relevant here. In this case it was quite apparent that the community leader was the project manager who had been a driving force behind both the original Mrs. Lucci's program and its subsequent expansions. It was often difficult for the community leader to take the role of initiating and facilitating dialogue without directing it, due to her enthusiasm for the project. Therefore, my role in keeping the initiative on track based on broader community input became very important.

The fact that the project manager was a community member, who became an informal leader, was often of great assistance to the project as there was an ability to use connections on many levels to assist the project in moving forward and keeping the community involved.



### 5.1.3 Models of service

The inter-relationship of social problems is an often-identified focus for community and social services. Chaskin et al. (1998) identified the important role of service integration over parallel service provision in effectively dealing with this inter-relationship among social factors. Service integration is a predecessor to the healthy communities movement which is growing in popularity across North America. There are strong ties to the healthy communities movement in the current project and it is often described as a population health promotion model due to its cross-sectoral work.

The challenge of working within a healthy communities model arises when attempting to increase participation of marginalized populations in programming and planning. As mentioned previously, this model is often middle class driven and therefore middle class focused. It is for this reason that we attempted to integrate elements of the strengths-based perspective, empowerment evaluation, PAR, and theory of change into planning and assessment. Each of these methods focus on community involvement in setting direction, and often the Planning Group used different connections to reach out specifically to parents who were of a lower socio-economic status.

The strengths-based perspective discussed in the literature review of this practicum can have many difficulties in implementation. Though Saleebey (1995) argues that it is not the intent of the model to ignore real life problems, the fact is people often want to talk about their unmet needs in the community and find the process of discussing unmet needs empowering. Often during focus groups participants identified that it was the first time

anyone really asked them what was bothering them in the community, and what would make it better. Therefore, strengths-based methods were integrated into programming and assessment wherever possible, but not at the expense of discussing need. This type of method is more reflective of a Participatory Action Research (PAR) approach where empowerment arises through community input and knowledge sharing but may not necessarily focus solely on strengths.

Corrigan and Kirk-Bishop (1998) discuss how a strengths-based model can be utilized in a family centred approach. The emphasis on parent partnerships and developing a shared vision is highly relevant to the current project. Parents in the community were viewed as experts in the areas of the community's family and children, and therefore were asked their opinions and feedback at several stages in the project. However, it is also true that parents are extremely busy people. Being available to assist in planning or to provide feedback may be difficult for them, and therefore it is often the case that their feedback will come when they have time and when the topic is perceived as directly relevant to their day-to-day lives. Although there was some difficulty in incorporating parent involvement in early stage planning, the planning directly involving the early childhood programming, such as the parent and tot program and gym night, had a great deal of parent participation.

The health realization/community empowerment model (Saleebey, 1996) focuses on education and using people's innate strengths to improve long-term outcomes for themselves and their community. The goal of this model is to reconnect people with

themselves through empowerment. Several programs were planned using the health realization/community empowerment model in order to build on community strengths. For example, the girls club held for grade six girls at the local school asked that the girls assist in planning the activities that would take place during the club each week. This planning provided the opportunity for the girls to contribute and suggest activities that would utilize their strengths and talents. Club participants felt that the club was so valuable that they requested they give some sort of stipend to attend. This stipend was later used to hold a closing celebration.

Portions of the school linked resource centre model (Dupper & Poertner, 1998) and the SAFE project model (Poole, 1998) were used in planning activities that were linked to the local school. For example, by initiating collaboration between the school and other human service agencies, programs such as the grade six girls club, the breakfast muffins program, and the homework club were able to run. Furthermore, as parents' distrust of the education system did appear to play a role in this community according to the initial assessment, the future resource area will be kept separate from the school as suggested by Dupper and Poertner (1998). In addition, programs initiated through this project will focus on prevention and early intervention, as suggested by Poole (1998) as being more effective long-term.

Though authors such as Dupper and Poertner (1998) suggest that school linked services should be integrated with the academic mission of the school, this did not occur in the current project. Control issues appear to have played a factor in how the school

approached this initiative and the relationship was often tentative and based solely on the programming offered to the school through the Parent Child Initiative.

Interestingly, as support for the initiative has grown, there appears to be a reciprocal growth in support from the School Division in which the project and the school are located, including a recent partnership to expand the youth skills program. This relationship can serve as a good example of the political nature of planning. Often support arises according to partners needs or perceived benefits. In forming this partnership the School Division will be able to offer services to students that are having difficulty in the regular education system, therefore maintaining funding for these students, but outsourcing the services. Furthermore, the School Division will demonstrate partnership with a community group that is growing in popularity.

Neighbourhood Resource Theory moves beyond the idea of a specific sector playing a lead role, such as education, and instead looks at the general links between community service and healthy child development. This theory suggests that access to resources, including social capital, increases the likelihood of positive developmental outcomes for children. This theory is a driving force behind the development of the actual resource area for the current project. Furthermore, access to resources has been incorporated into each project component. A main aspect of the role of the parent child facilitator is simply answering questions and directing parents to resources.

## 5.2 The Community Assessment Process

As mentioned in the previous section, a strengths-based approach was utilized whenever possible during the community assessment phase, while maintaining a focus on community needs. The strengths-based approach was utilized on both an individual and a community level. Examples of the individual approach include asking parents to be involved in planning and to share their skills that they have with the Planning Group. In addition, as social support is a strong indicator of both individual and community capacity, individuals were asked several questions in assessment surveys regarding their social support networks. Community capacity was measured through the identification of community resources and strengths, which could be built upon in later stages.

In real terms, strengths-based measurement can be an excellent indicator of community capacity. For example, identification of a lack of non-governmental organizations in Lac du Bonnet strengthened the belief that the current project needed to remain free of strong political ties in order to be a strong advocate for the community. The identification of services utilized by parents assisted the Planning Group in seeing where there might be gaps and or the possibility of service duplication. Furthermore, this information provided the Planning Group with information that could be shared with partner organizations regarding their perception of services, or the need for increased community awareness of a service.

Utilizing individual level capacities can be much more difficult. Often community members are uncomfortable sharing their strengths or perceive questions about their

skills as a precursor to volunteering. Therefore, though the theory of building on individual level strengths is excellent, it can be somewhat meaningless during the early planning stages for a project; and may be much more useful in the development and ongoing operations of specific programs. The previous point illustrates a common theme for the current practicum and the project which it relates. The breadth of this project and its constant evolution create many problems in incorporating the community into the broad level planning. This was also a problem in the assessment stage as community members often had difficulty relating to the idea that they were in fact being asked to describe what it would look like, instead of looking for the description first in order to determine whether it would be relevant to them.

The assessment stage focused on strengths-based analysis such as asset mapping, but also incorporated several need-based questions. This stage included the development of a demographic profile for the community. An example of how needs and assets can work together in planning came from the identification, while conducting the community profile, that 68% of the adult population did not currently have a high school diploma. This indicated a possible need for continuing education, as well as some concern regarding the literacy level of parents in the community. At the same time, asset mapping indicated that there were many people involved in the building industry and carpentry. This was important to the identification of a focus for the youth skills program which attempts to increase education levels in the community. In the future, carpenters and builders will share their skills with youth in the community in shared building projects.

As noted previously, when we identify assets in the absence of needs we are only answering half of the question. For example, community demographics indicated a high number of pre-school children, and asset mapping indicated that there were several services for children being offered. However, it was the needs assessment process that indicated parents felt there were no recreational activities for their pre-school children.

Participatory Action Research (PAR), theory of change, and empowerment evaluation are methods for conducting community assessment, planning, and evaluation that are empowering, but they do not diminish the important role of needs (Simonson & Bushaw, 1993; Paine-Andrews et al., 1998; Edelman, 2000). In these evaluation methods, members of the community are actively engaged in the information gathering, and information is used to generate a plan of action. A combination of these methods were utilized whenever possible in the current practicum because of their similarities, and their ability to adapt to changing community needs. However, as mentioned previously, empowerment evaluation methods served as the foundation for evaluation.

Several problems arose when attempting to incorporate empowerment evaluation into the assessment phase. One such problem was ensuring that input was properly translated into action. As mentioned previously, it sometimes became difficult for members of the Planning Group to avoid getting caught up in their enthusiasm for certain ideas and evolve programming in ways that were not identified during the assessment. Though this enthusiasm was in most cases very helpful during the development of the project, it could

potentially take on a momentum of its own and steer the project in a direction that was not necessarily identified by the broader community.

Another difficulty is the time needed to incorporate public participation into every step of the planning. When the process is moving slowly, community members are often not overly keen to be involved. Furthermore, often opportunities for programming arise due to a variety of reasons that may not fit in with the needs identified, but appear to match the goals of the community group. Lastly, ensuring input from, and programming for, marginalized populations can be very difficult, as they are often hard to identify and engage, in addition, they may have past issues with various service sectors that deter involvement. This poses a concern that perhaps the group most in need of programs and services are not those involved in the planning.

#### 5.2.1 Distribution problems

As discussed in the previous section, reaching target populations in the assessment phase can be very difficult in a community project. This problem is magnified when parts of the target group are parents of pre-schoolers. Currently there is no recognized method for identifying parents of pre-school children as they are not tracked by any system. In the current project it was identified that a number of parents of pre-schoolers already have children in school, and therefore, a questionnaire was sent home to each family in the school. However, this does not address the parents who do not have school age children and are therefore often less connected to area resources. For this reason, partner organizations were asked to distribute the original survey personally to parents that they



serve who have only pre-school children. One of the benefits of a rural community is that this is not an arduous task. It is estimated that there are probably 50 families with children in this age range in the community.

Though both of these methods serve a purpose, they do not address the greatest problem that of parents who are not connected to any resources and cannot be identified. This problem is not easily resolved and affects the outreach capabilities of future programming. Though several forms of media were utilized to advertise programming once it was developed, during the assessment phase there was not a great deal of advertising regarding the project development. Increased advertising early on in the project may have increased the rates of survey response, especially for parents not already connected to area resources.

### 5.3 Planning Community-based Evaluation

The role of evaluation in social programs is fundamental. At any given time evaluation may be acting as a gatekeeper, a planning tool, a catalyst for social action, or some combination of all of these. As noted in the literature review, the important factor is tailoring the evaluation to the program being evaluated.

A multi-method form of evaluation is becoming increasingly popular and is highly applicable in evaluation of community-based initiatives. This is especially true in the current practicum as there are a number of different programs and activities occurring at

any given time. Furthermore, programming changes frequently with the needs of the participants.

### 5.3.1 Empowerment evaluation

For the previous reasons the foundation for evaluation in this project comes from an empowerment evaluation focus. This type of evaluation allows program participants to influence programming and be self-determining; thus evaluation becomes an instrument of ongoing changes to improve outcomes for those involved. The processes identified with empowerment evaluation include assessing the community, setting mission objectives, developing strategies and action plans, and monitoring process outcomes while communicating information to relevant audiences.

In addition to serving as the framework for gathering information and planning on this project, empowerment evaluation methods are being used ongoing in programming through surveys and focused interviews. In utilizing empowerment evaluation in the ongoing operations of WRCRC parent child activities, self-determination by parents are built in at every step.

The Planning Group has supported the use of methods that incorporate a great deal of participant feedback and use the feedback to shape the direction of programming. The Planning Group was closely involved in planning the evaluation methods that would be used; this involvement ensures that information received will be what they define as relevant to future programming, and therefore will assist them in future planning.

### 5.3.2 Decision-oriented and outcome-relevant evaluation

Decision-oriented evaluation focuses on gathering the information necessary to formulate decisions about the ongoing operations of the program. My role in this practicum often fits Hernandez's (2000) description of the role of the evaluation research consultant. In Hernandez's (2000) discussion of decision-oriented evaluation, the role of the evaluation researcher is to assist staff in achieving objectives. Decision oriented evaluation builds on the premises of outcome relevant evaluation by incorporating program objectives into evaluation.

Components of decision-oriented and outcome relevant evaluation were incorporated into the WRCRC program evaluations through post program surveys such as the one included with the evaluation strategy (Appendix B). For each early childhood focused program, the Planning Group constructed a post program parent survey that gathered information based on the objectives of the project and logistical information necessary for ongoing planning. Another method for incorporating decision-oriented evaluation was through use of the logic model, which will be discussed further in the following section.

### 5.3.3 Logic modeling

Once community needs and resources had been assessed, goals and objectives were set through the use of a logic model planning process. Logic modeling is an outcome driven tool that links planning and evaluation (Alter & Egan, 1997). Using information gathered during the community assessment phase, short-term and long-term outcomes were identified by the Planning Group and then translated into programming and target groups.

This was done using the model developed by Porteous et al. (1997). This exercise proved useful to the Planning Group in integrating the knowledge and feedback received from the community and translating it into a plan for service. However, it was often a concern that the Planning Group would get caught up in the planning and lose sight of the community information. Therefore my role in assisting the group in translating the information into programming was very important during the planning stage.

#### 5.3.4 Single system research designs

Baselines and demographic indicators are forms of SSRD that serve a valuable purpose in enabling us to assume the effectiveness of programming. One of the benefits of utilizing demographic indicators in a community project of this breadth is that sometimes it is almost impossible to keep tabs on all of the rippling effects coming from the multiple activities being undertaken. Demographic indicators can serve as a pulse, a snapshot in time that can be compared at some future date in order to assess whether any population wide changes have occurred.

Edelman (2000) identified many difficulties in relying on evaluation techniques such as the use of indicators in measuring complex social phenomena and attributing cause and effect. However, when used as part of a multi-method plan of evaluation, indicators may assist in simply highlighting whether population outcomes are improving or not, therefore indicating whether something beneficial may be happening within the community.

Gathering baseline data is also a standard evaluation method that sometimes comes under fire in community-based initiatives for many of the same arguments listed by Edelman (2000); that is, it is difficult to attribute cause and effect in multi-factor environments. However, as argued previously for the use of demographic indicators, when they are used as part of a multiple method evaluation, repeatable measure over time can assist in the determination of effectiveness of programming (Thyer, 1998).

The NLSCY measures being utilized in this evaluation offer an excellent opportunity to use SSRD in community research. This is largely the case due to the national data collection underway using these measures through eliminating the need to find a comparison group. Furthermore, these measures are already established as being credible measures for their target groups. Some of the problems that occur with the use of the NLSCY measures are that they are time consuming, labour intensive, and may be disagreeable to participants due to their lengthy and general nature. For this reason, it was decided to conduct these surveys annually with all participants from all parent child activities rather than on a program by program basis.

#### 5.4 Conclusion

This practicum focused on working with a community-based initiative in the development and assessment of a community family resource centre with a focus on parent child programming in the early years. Working with Healthy Child Manitoba, I had the opportunity to facilitate an assessment process in the community, work with a variety of stakeholders to incorporate community input into planning and development,

and construct an ongoing plan for including community feedback into evaluation. I developed tools for assessment, planning and evaluation, distribution and dissemination plans, and a community profile.

The literature review undertaken as part of this practicum highlighted several theories and methods that were incorporated into the project plan. This included a focus on Neighbourhood Resource Theory and empowerment evaluation as planning tools. However, several other methods were incorporated including Participatory Action Research, Theory of Change, and single system research designs.

There are several potential benefits to the use of a multi-method assessment/evaluation design. One is that there is an increased likelihood that several sectors of the population will be reached. For example, baseline data was used to gather information from a sample of the population, but it is quite possible that this sample is not representative of the community. Indicators from population demographics tend to be representative of a larger cross-section; therefore, the use of both methods offers a more complete view of the population at hand. Furthermore, it is much less difficult and time consuming to complete longitudinal studies at the population-based level. Tracking demographic indicators is fairly simple, as there are many methods already in place for collecting population data already.

Another benefit to multi-methods is that feedback and input gathered through empowerment evaluation tends to create buy-in from the community. When the

community is involved in identifying their needs, and programming is geared to meeting them, there is a greater chance that they will feel an attachment to the finished project and therefore make use of it. Furthermore, outcome relevant data gathered through this method serves as an excellent planning tool for improving and expanding future programming.

One of the benefits of using the NLSCY to collect baseline and follow up data is the ability to make national and provincial comparisons of the population and the project. This assists in both assessment and evaluation.

A major downfall to using multi-methods is time and resource considerations. Though the Planning Group made it a goal to have evaluation that was simple and worked into programming there are portions of the evaluation plan that required more time and resources than others did. For example, identifying indicators was fairly simple and cost effective, as it is data that is already collected by other systems, and therefore it is just a matter of examining it and identifying the areas key to WRCRC programming. However, NLSCY data collection is much more complex as there are several surveys for different target groups that have to be administered, collected, and analyzed. It is for this reason that it was decided to make this an annual data collection process.

On the whole, empowerment evaluation techniques appear to be the easiest to adapt to programming, as well as to administer and collect. This may have a great deal to do with the applicability of information shared and received in these evaluations by participants

and the Planning Group. These evaluations are much more useful in day-to-day programming for WRCRC. However, requirements from funders and the need to prove effectiveness in a broader context often circumvent the ability of a project to evaluate solely using empowerment methods.



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Appendix A:  
WRCRC Interim Report

**Winnipeg River Community Resource Centre  
Parent Child Initiative  
Interim Report**

**July 22, 2000**

***Presented By: Nicole Chammartin***

## Winnipeg River Community Resource Centre Parent Child Initiative Interim Report

The Winnipeg River Community Resource Centre (WRCRC), a part of the Mrs. Lucci's Second Hand Store in Lac du Bonnet, has completed the information gathering stage of our parent child initiative, and therefore, we are submitting this interim report to our stakeholders. The board has decided to rename the project in order to reflect the geographical region that is served, as well as to create an identity separate from that of the Mrs. Lucci's Second Hand Store.

This report contains a composite of the pre-centre population information gathered by the WRCRC with the assistance of the practicum student from Healthy Child Manitoba. Furthermore, there is evaluation feedback from preliminary programs, and a synopsis of future plans.

### Background

Mrs. Lucci's was established in 1998 in Lac du Bonnet as a community based second hand store, and it was to be managed by clients of the program in order to help them develop employment knowledge and skills. The clients are unemployed area residents between 15 and 32 years old.

The program consists of working in the store and volunteering at the local school, as well as taking courses to improve their employment and personal skills. The store provides a unique service to the community by supplying a large variety of affordable second hand products, as well as contributing to the well being of the clients and community groups that assist in the operation of the store. The community members involved in this program agreed that there was a need in the community for parenting supports that create better connections to resources and the community in general. From this decision arose a new initiative involving many community partners and aimed at developing a community family resource centre.

The goal of the proposed resource centre is outlined in the Mrs. Lucci's Community Resource Centre Proposal (2000) as follows:

*To create a community resource centre to provide community members with a comprehensive range of services and supports. This will enable community members to develop and sustain the necessary tools, skills, and connections to maximise their quality of life. (p. 3)*

The WRCRC intends to meet their goal through the following three objectives:

1. Developing a resource centre;
2. Increasing access to youth and adult education; and
3. Creating partnerships between parents and the school.

These objectives will be implemented by continuing with the current programming and opening a Community Family Centre with assistance from Centennial School.



## **Community Profiling**

### ***Demographic***

Demographic profiling has become a popular method for studying community needs and assets. A composite of Lac du Bonnet's key demographics including census, health, educational, and crime statistics, were compiled at the beginning of this project so that the planning group could begin to look at needs and gaps in the community. This compilation of demographic indicators is included in Appendix A.

From the census information some clear demographic trends emerge regarding education in Lac du Bonnet. Notably, 68% of the population over 15 years does not have a high school diploma. This may relate to the fact that their unemployment rate is consistently higher than Manitoba's as a whole, and family income is generally lower. The discrepancies in income are most notable in single parent families where the average income is almost \$6,000 below the Manitoba average. Four percent of the total population of Lac du Bonnet is single parents. Some of the ramifications of this discrepancy came out in focus groups with parents of Lac du Bonnet, where a major issue was often the cost of raising children in the community.

The single parent issue is further demonstrated in health statistics for the community as nearly 28 births per 1000 are to women 19 years or younger. Also concerning health, the rates of hospitalization for respiratory system diseases, pregnancy and childbirth, as well as injuries and poisoning are all higher than the Manitoba average. Finally, though not included in appendix A, the Regional Health Authority is currently reporting among the highest cases of sexually transmitted diseases in Manitoba. This may be especially important when planning the types of information that are necessary for families to have access to at a resource centre.

In the education demographics the noteworthy trend is the low passing rate in grade 12 mathematics which may also be related to the high rate of high school non-completion. This lack of educational attainment has always been an important indicator to the planning group and a major reason and focus for the project. It has been consistently demonstrated that an incomplete high school education is related to less successful later life outcomes.

Though none of the Crime statistics for the area are overly significant it is demonstrative that small scale and petty crime is predominate in the population and that the rate of theft under 5000 is fairly high (72 in a population of just over 1000).

### ***Community Surveys***

As a major focus of the parent child initiative is to reach out to pre-school and early years families in order to offer early years supports, a sample of this population was profiled through a survey distributed by partner organizations, in order to get a better understanding of their needs.

Some of the highlights of the results are as follows:

- ❑ For 65% of respondents this was their first child
- ❑ 40% were single parent females
- ❑ The majority of respondents (45%) had been in the community for more than 9 years
- ❑ 35% of respondents were involved in voluntary activities
- ❑ There was general agreement that Lac du Bonnet is a safe place to live
- ❑ 95% agreed that if they moved they would miss the community but there are still things they would change
- ❑ Most feel supported as parents (70%)
- ❑ 45% know 9 to 10 other families by name

### ***Community Input***

The second step was to consult early years parents directly on their needs and wants for a community resource centre. This was done through surveys and focus groups. Initially, all parents of kindergarten and grade one children at Centennial school (approximately 100 families) were sent consent forms asking if they would like to receive a survey and be involved in a focus group. Thirteen parents returned their survey and 9 of those participated in focus groups. The following results are highlighted for their significance to the project:

Survey results:

- ❑ 77% agreed that the resource centre would be a benefit to the Community
- ❑ 62% of respondents preferred activities to take place in multiple locations
- ❑ 92% of respondents wanted recreational activities for pre-schoolers
- ❑ 58% of respondents were interested in assisting in the planning of activities
- ❑ The community was felt to have many and various assets
- ❑ The most common identified need for the community was an indoor pool followed by activities for pre-schoolers

Focus group results:

- ❑ The largest obstacle that parents face is finding age appropriate activities for children, especially pre schoolers
- ❑ Unhelpful experiences include lack of paediatricians and high prices of baby items and medications
- ❑ They would like access to the following; parent/tot programs or a coffee group, affordable and casual child care, and activities for children
- ❑ They felt a resource centre could help by facilitating socialization and interaction, sharing information and providing resources
- ❑ Potential barriers to resource centre involvement would be employment, weather and time constraints
- ❑ Motivators to be involved would be a variety of quality activities and a comfortable atmosphere

### *Current Activities*

In addition to information gathering, WRCRC has begun programming on the following initiatives.

#### *Parent and Tot Group*

The Lac du Bonnet parent & tot program was offered Thursday afternoons during May and June 2001. This program offered unstructured activities and meeting time for parents with pre-school children. The program was advertised through flyers, the local paper, and partner organizations. In total, 21 families were registered in this program and 3 families attended without being registered.

#### *Facilitator Response*

The Parent Child Facilitator, hired to work half time on the WRCRC parent child initiative, facilitated this group. The facilitator was asked to fill out a brief survey at the end of the program in order to assess her perception of the group's outcomes.

When asked how she felt that she had improved parental capacity through this program she listed the following:

- By giving parents an opportunity to socialize and share
- Through discussing child rearing and related topics with parents

According to the facilitator the real strength of this program was the parents support and attendance. Suggested changes for future programs include; changing the day of the week so that it no longer coincides with other pre school programs such as the library story time, and offering the program in the winter when parents are more isolated, these suggestions were also made by several parents. Some of the benefits of the program cited by the facilitator include; increased sharing between parents to expand their support network, and positive child interactions.

#### *Parent Evaluations*

The following questions were asked of parents participating in the parent & tot sessions during both phone and personal interviews. Participant responses are listed with numbers located in parentheses to represent the amount of responses.

1. What do you like best about attending the parent & tot group?
  - Meeting other parents (6)
  - Playing with child (2)
  - Getting out of the house (2)
  - Child socialization (1)
  
2. What do you think could be changed?
  - Change date to not coincide with library storytime (3)
  - Run July and August (2)
  - More scheduled activities (2)
  - Winter activities (2)

- Offer crafts (2)
  - Permanent facility (1)
  - More infant equipment (1)
3. Do you think that you know more parents now than before you attended?
- Yes (4)
  - No (4)
- \*Several parents answered that though they did not feel they knew more parents they did feel they knew other parents better
4. What benefits do you think that your child received from attending?
- Socialization (6)
  - Fun (4)
  - Emotional skills (1)
  - Break in routine (1)
5. Would you like to continue attending this group?
- Yes (7)
  - No (1)
6. What other resources have you identified by being a part of this group?
- Nursery school (3)
  - Swimming in Pinawa (3)
  - Future programs (1)

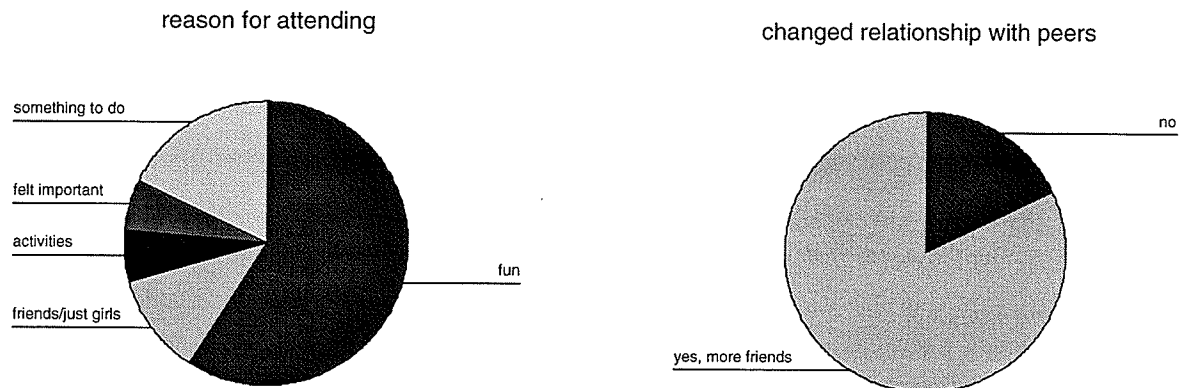
These suggestions will be used in the planning of future parent & tot groups. The next group is currently being planned to begin in October 2001. Each of the parents that were registered for the previous session will be called at the beginning of the next session. The facilitator plans to continue to build parental capacity through inviting these parents to be more involved in the planning and operation of this group and other parent/child activities.

#### *Girls Club*

The grade 6 girls club began as a partnership between WRCRC, the Lac du Bonnet Health Centre and Centennial School, as a mechanism for preparing girls in the community emotionally for the transition to adolescence. Focus groups were conducted with the girls at the beginning of the project in order to assist in identifying areas where they may need information.

The club met every Friday after school with the Primary Care Nurse, the Wellness Facilitator, and assistance from WRCRC and other stakeholders. During this time the girls took part in a variety of activities and discussions about issues that they are dealing with. The original group plans to meet monthly at the high school in the next school year as a follow up support, a new group will begin at the elementary school in January 2002.

Evaluation interviews were conducted with each of the girls and follow up surveys were sent home to their parents in June 2001, one month after the pilot session was completed. A comprehensive evaluation report for families and stakeholders is being compiled on this project. Charts displaying participant responses to some of the interview questions have been included.



### *High School Girl's Club*

From January to June 2001 the Parent-Child Facilitator has been facilitating a high school girls club for girls ages 14-17 that are either struggling in school, socially, emotionally, and cognitively or have been diagnosed with Fetal Alcohol Syndrome or Effect. This group met one afternoon a week for a few hours and discussed a variety of topics such as pregnancy prevention, diet and nutrition, self esteem issues, alcohol and drug abuse, drinking during pregnancy, bullying, peer pressure, suicide issues and the general difficulties faced on a day to day basis. Often the participants needed help with homework or studying skills.

### *Facilitator Response*

"I feel the girls really enjoyed the club. Attendance was generally consistent and I was able to develop a strong relationship with the girls. On many occasions, the girls have phoned me at my residence in times of crisis. The program was created to educate and inform them on everyday life skills that many of us take for granted. I feel we met this need".

### *Young Parent's Support Group*

Every third Thursday evening of the month from 5:00-8:00pm, The Young Parent's Support Group meets at the Lac du Bonnet Health Centre. The Public Health Nurse and the Wellness Facilitator lead this group. The group is focused on providing a nutritional meal as well as a night out for families in isolation to the community. Child care is provided for the parents so they can partake in a variety of educational discussions such as financial planning, discipline versus punishment, nutrition, relationships, communication, reproductive health and many other day to day issues. For many of the single parent families, this outing provides the only three-hour relief these parents have

from their children throughout the month. Crisis intervention is also a large part of what takes place during these meetings.

Every fall, an invitation is sent out to the families that participated in the previous year, currently there are 21 families involved. On average 10 parents attend and 20 children. Attendance is very consistent and the families seem to look forward to coming. Referrals are also received from the school and postnatal visits. The Winnipeg River Community Resource Centre assists this group through providing support and/or resources as necessary; furthermore, beginning in the next session WRCRC will provide the childcare. This has been a very productive partnership as it helps the Resource Centre to connect with some of the families most at risk in the community.

#### *Grade 5 and 6 Homework Club*

This program began as a preventative initiative for kids at risk of school drop out. The program ran 2 days a week after school and was facilitated by a teacher's aid and 2 high school students. Twelve students attended regularly.

#### *Grandma Readers*

WRCRC coordinated 8 senior volunteers to spend one day a week at Centennial School reading with kindergarten to grade 2 students who do not appear to have home reading support.

#### *Breakfast Program*

WRCRC also coordinated 9 senior volunteers who rotate weekly in donating muffins to the school for students who come to school without breakfast. Though this program was begun by WRCRC it is now run independently by the volunteers. Approximately 24 muffins are delivered and used per week.

#### *Babysitting Course*

This course was offered in partnership with Babyfirst and Centennial School. The course was mandatory for grade six students and 58 students attended. The course was offered because there appears to be a large amount of older siblings in Lac du Bonnet who are providing child care in their families and may lack some necessary skills and safety knowledge.

Other activities that WRCRC is currently involved in include:

- Involvement in Regional Early Childhood Initiative Meetings
- Researching and collaborating with other initiatives
- Information sharing with the community through participation in events such as the Pre-School Wellness Fair
- Development of communication material such as a brochure and newsletter
- Advocacy and support for disadvantaged families

### Future Initiatives

WRCRC is currently working on securing funding for a permanent facility for its many initiatives. In addition, all current programming will be continued, as they appear to be successful and meeting the needs expressed by the community. WRCRC will also continue to consult with the community often and in varied ways in order to ensure that we continue to meet their needs.

Some initiatives currently being planned for the fall of 2001 include:

- A parent & tot swim program
- A parent & tot open gym night
- Parenting Courses such as Nobody's Perfect
- Mother Goose Training and groups
- Children's first aid for parents
- Cooking & crafts with pre-school children
- Collecting and distributing various resources
- Pre-kindergarten preparation kits
- Support for other communities wanting to start a Girl's Club

Appendices  
For  
WRCRC Interim Report



### Health Statistics

	North Eastman	Manitoba	Data Source and Additional Notes
<b>Rates of hospital cases</b>	129	121	1996/97 Health Profiles *All cases are per 1000 population
<b>Rates of hospital cases of Respiratory System Diseases</b>	15.4	12.2	1996/97 Health Profiles *All cases are per 1000 population
<b>Rates of hospital cases of Pregnancy and Childbirth</b>	20.9	19.6	1996/97 Health Profiles *All cases are per 1000 population
<b>Rates of hospital cases of Injuries &amp; Poisonings</b>	12.6	10.5	1996/97 Health Profiles *All cases are per 1000 population
<b>Low Birth Weight Rates</b>	27.6	52.6	1996/97 Health Profiles *All cases are per 1000 population
<b>Rates of hospital Days</b>	1096	1273	1996/97 Health Profiles *All cases are per 1000 population
<b>Rates of hospital cases of Mental Disorders</b>	5	5.8	1996/97 Health Profiles *All cases are per 1000 population
<b>Deliveries ages 10-14</b>	1.6		Rate per 1,000
<b>Deliveries ages 15-19</b>	26.3		Rate per 1,000
<b>Deliveries ages 20-24</b>	74.1		Rate per 1,000
<b>Deliveries ages 25-29</b>	139.7		Rate per 1,000
<b>Deliveries ages 30-34</b>	89.5		Rate per 1,000
<b>Deliveries ages 35-39</b>	29.1		Rate per 1,000

	North Eastman	Manitoba	Data Source and Additional Notes
Spontaneous Abortions ages 15-19	3.3		Rate per 1000
Spontaneous Abortions ages 20-24	11.4		Rate per 1000
Spontaneous Abortions ages 25-29	13.4		Rate per 1000
Spontaneous Abortions ages 30-34	2.5		Rate per 1000
Spontaneous Abortions ages 35-39	2.2		Rate per 1000
Therapeutic Abortions ages 10-14	0.8		Rate per 1000
Therapeutic Abortions ages 15-19	17.3		Rate per 1000
Therapeutic Abortions ages 20-24	21.7		Rate per 1000
Therapeutic Abortions ages 25-29	15.8		Rate per 1000
Therapeutic Abortions ages 30-34	5.1		Rate per 1000
Therapeutic Abortions ages 35-39	4.4		Rate per 1000
Premature Mortality 1995	3.64	3.56	<a href="http://www.umanitoba.ca/centres/mchperha/health_status/HealthStatus_RHA">www.umanitoba.ca/centres/mchperha/health_status/HealthStatus_RHA</a>
Life Expectancy at Birth	(M) 75.11 (F) 80.27	(M) 75.27 (F) 81.19	"
# GP's/1000	0.7	0.55	"
# Specialists/1000	0.56	0	"
Childhood Immunization Rates	(1) 86% (2) 75%	(1) 79% (2) 67%	" 1=First year 2=Second year

**Lac du Bonnet Education Statistics**

<b>Tested Grade Level</b>	<b>School</b>	<b># of reg. students</b>	<b>% of reg. writing</b>	<b>Mean score</b>	<b>Pass rate</b>
Mathematics 40S – January 1998	Lac Du Bonnet	16	100	42.8	25
Mathematics 40G – January 1998	Lac Du Bonnet	20	90	42.1	33.3
English Language Arts – January 1998	Lac Du Bonnet	41	97.6	61	70
Mathematics Grade 3 (English) – May 1998	Centennial School	50	80	73.4	65.2
Mathematics 40S – June 1998	Lac Du Bonnet	n/a	n/a	n/a	n/a
Mathematics 40G – June 1998	Lac Du Bonnet	1	0	n/a	n/a
English Language Arts – May 1998	Lac Du Bonnet	1	0	n/a	n/a

CENSUS DATA	LAC DU BONNET		MANITOBA	
<b>TOTAL POPULATION</b> <i>1996 CENSUS</i>	1,070		1,113,898	
<b>POPULATION BY AGE</b> (Non-institutional)				
<i>Less than 5</i>	55	5.00%	80,720	7.24%
<i>5 years - 9 years</i>	*140	13%	*163,894	14.70%
<b>MARITAL STATUS</b> (15 years and over)				
<b>FAMILY BY TYPE</b>				
<i>Total married or common law</i>	225	21.03%	251,670	22.60%
<i>Total one parent families</i>	45	4.21%	41,255	3.70%
<b>FAMILY AVERAGE INCOME</b> <b>BY FAMILY STRUCTURE</b>				
<i>Total Average Income</i>	\$20,669		\$22,667	
<i>Married and common-law couple families (average income)</i>	\$52,938		\$53,965	
<i>Total lone parent income</i>	\$21,779		\$27,488	
<b>KNOWLEDGE OF OFFICIAL LANGUAGES</b>				
<i>English only</i>	855	80%	822,530	73.84%
<i>French only</i>	50	4.67%	42,995	3.86%
<i>Both English and French</i>	10	0.93%	3,110	0.28%
<i>Neither English nor French</i>	155	14.49%	241,805	21.71%
<b>EDUCATION ATTAINMENT</b> (15 years old and over)				
<i>Grade 9-12 without secondary certificate</i>	505	68.24%	353,910	40.71%
<i>Grade 9-12 with secondary certificate</i>	55	7.43%	95,735	11.01%
<i>Non-university- with certificate or diploma</i>	155	20.95%	192,470	22.14%
<i>Total post-secondary no degree</i>	70	9.46%	96,490	11.10%
<i>University with degree</i>	60	8.11%	117,258	13.49%
<b>LABOUR FORCE</b> (15 years old and over)				
<i>Employed</i>	380	51.35%	523,215	60.19%
<i>Unemployment rate %</i>	13.60%		7.90%	
<i>Employment to population ratio %</i>	51.35%		60.19%	
<i>Participation rate %</i>	53.00%		66.30%	
<b>DWELLING TENURE</b>				
<i>Owned</i>	**290	61.70%	**278,385	66.38%
<i>Rented</i>	**180	38.30%	**131,680	31.40%

\* Ages 5 to 14 years old

\*\* Private dwellings only

Appendix B:  
WRCRC Evaluation Strategy

## **Evaluation Strategy**

### **Background**

This document outlines the implementation of an evaluation strategy for the Winnipeg River Community Resource Centre (WRCRC) Parent-Child Initiative during the 2001-2002 year. The data collected will serve as a planning tool and a baseline for future evaluations. Whenever possible, measurement tools from the National Longitudinal Survey of Children and Youth (NLSCY) are being utilized.

NLSCY methods are being implemented for several reasons, such as:

1. There is already an established baseline for these measures in comparable populations
2. They have demonstrated reliability on comparable populations
3. The questionnaires are adaptable and easy to use
4. They are the suggested evaluation tool of Healthy Child Manitoba for parent-child related activities

In addition to the NLSCY questionnaires, several questionnaires have been developed that relate specifically to this initiative's goals and long-term outcomes. These questionnaires are being used to access specific information about goal attainment, and receive information directly related to future planning. Several forms of these questionnaires were used in preliminary evaluations during 2001. A logic model for the WRCRC parent-child initiative is included in Appendix A and outlines short-term and long-term outcome goals of this initiative.

In order to receive logistical and operational information regarding this initiative, the following general evaluation methods have already been implemented:

- Facilitator statistics on all activities in regards to participation (i.e. number of participants, children's ages, dates and times of activities)
- Participant surveys regarding each activity (Appendix B)

### ***Evaluation Strategy Outline***

Evaluation questions and strategies are based on the outcomes, activities, and target groups, identified for each major component of the initiative. Therefore, the following outline is broken down by components identified in the WRCRC logic model (Appendix A).

#### **1. Child Development**

**1.1 Activities:** Pre-school gym night, pre-school swim program, Kid's Kits, facilitated play groups, newsletters.

**Target Group:** Early childhood

#### **Short-term outcomes:**

- Increased incidence of school readiness
- Improved socialization skills

- Increased physical activity
- More involvement from parents in learning activities
- Increased use of healthy and safe activities
- Basic nutritional needs are being met

**Evaluation Questions:**

1. Has school readiness improved for children entering kindergarten?
2. Are children involved in these activities demonstrating positive socialization skills?
3. Are children involved in these activities more physically active?
4. Are parents of children involved in these activities demonstrating increased involvement in their children's learning experiences?
5. Are healthy and safe activities for pre-schoolers being provided?
6. Is there an increased likelihood that pre-schoolers basic nutritional needs are being met?

**Evaluation Strategy**

1. Facilitator's observations and report (Ongoing)
2. Parent questionnaires (Appendix C)
  - ❖ Timeline: May 2002 (to assess activities taking place between September 2001 and May 2002)
  - ❖ Method: To be mailed to all parents of children in this target group
3. Activity statistics (Ongoing)
4. NLSCY parenting and literacy scales (Appendix D for children 0 to 23 months, Appendix E for children 2 to 7 years)
  - ❖ Timeline: May 2002 (to assess activities taking place between September 2001 and May 2002)
  - ❖ Method: To be mailed to all parents of children in this target group

**1.2 Activities:** Girl's Club, Homework Club, grade 3 friendship club, breakfast program, summer camp

**Short Term Outcomes:**

- Increased incidence of positive peer support
- More involvement from parents in learning activities
- Demonstrated healthy decision making behaviour
- Increased self confidence
- Basic nutritional needs are being met
- Increased use of healthy and safe activities

**Target Group:** School age children

**Evaluation Questions:**

1. Does the target group have increased peer support?
2. Are parents of children involved in these activities demonstrating increased involvement in their children's learning experiences?
3. Is the target group practicing healthy decision-making?

4. Has self confidence increased in the target group?
5. Are basic nutritional needs being met in the target group?
7. Are healthy and safe activities being provided for the target group?

### **Evaluation Strategy**

1. NLSCY Youth Scale: (Appendix F)
  - ❖ Timeline: within one month of program completion
  - ❖ Method: To be administered to all participants in Homework club, girl's club and summer camp through Centennial School
  - ❖ Facilitator's observations and report (Ongoing)
2. Parent questionnaires: (Appendix G)
  - ❖ Timeline: May 2002 for Girl's Club & Homework Club parents, September 2002 for summer camp parents (within one month of program completion)
  - ❖ Method: To be mailed to parents of all participants in this target group
3. Activity statistics (Ongoing)

## **2. Parent Support**

**2.1 Activities:** Parenting courses, parent/tot groups, advocacy, newsletter, resource access.

**Target Group:** Community parents

### **Short Term Outcomes:**

- Increased accessing of resources and services
- Increased knowledge of parenting skills and resources
- Increased social support networks

### **Evaluation Questions:**

1. Is the target group accessing more resources and services?
2. Is the target group receiving more parenting education?
3. Is there an increase of social support in the target group?

### **Evaluation Strategy**

1. Service provider statistics
2. Activity statistics
3. NLSCY social support scale (Appendix H)
  - ❖ Timeline: To be mailed to parents in this target group within one month of finishing any program, or annually to those receiving advocacy support

## **3. Community Capacity**

**3.1 Activities:** Mother Goose training, resource room, inter-agency group, and community advocacy

**Target Group:** Service providers



**Short Term Outcomes:**

- Increased awareness of needs and resources in the community for target populations
- Increased access to training opportunities for community members and service providers

**Evaluation Questions:**

1. Are service providers more aware of the needs of the community, and the resources available?
2. Have service providers and target populations received increased training opportunities?

**Evaluation Strategy**

1. Survey other service providers
  - ❖ Timeline: To take place in September 2002
  - ❖ Method: To be determined as the project progresses
2. Activity statistics

**3.2 Activities:** Mother Goose training, resource room, community advocacy, babysitting course, supper club, grandparent readers, youth skills program (A Taste of Success)

**Target Group:** Community members

**Short Term Outcomes:**

- Increased awareness of needs and resources
- Increased access to training opportunities for all community members

**Evaluation Questions:**

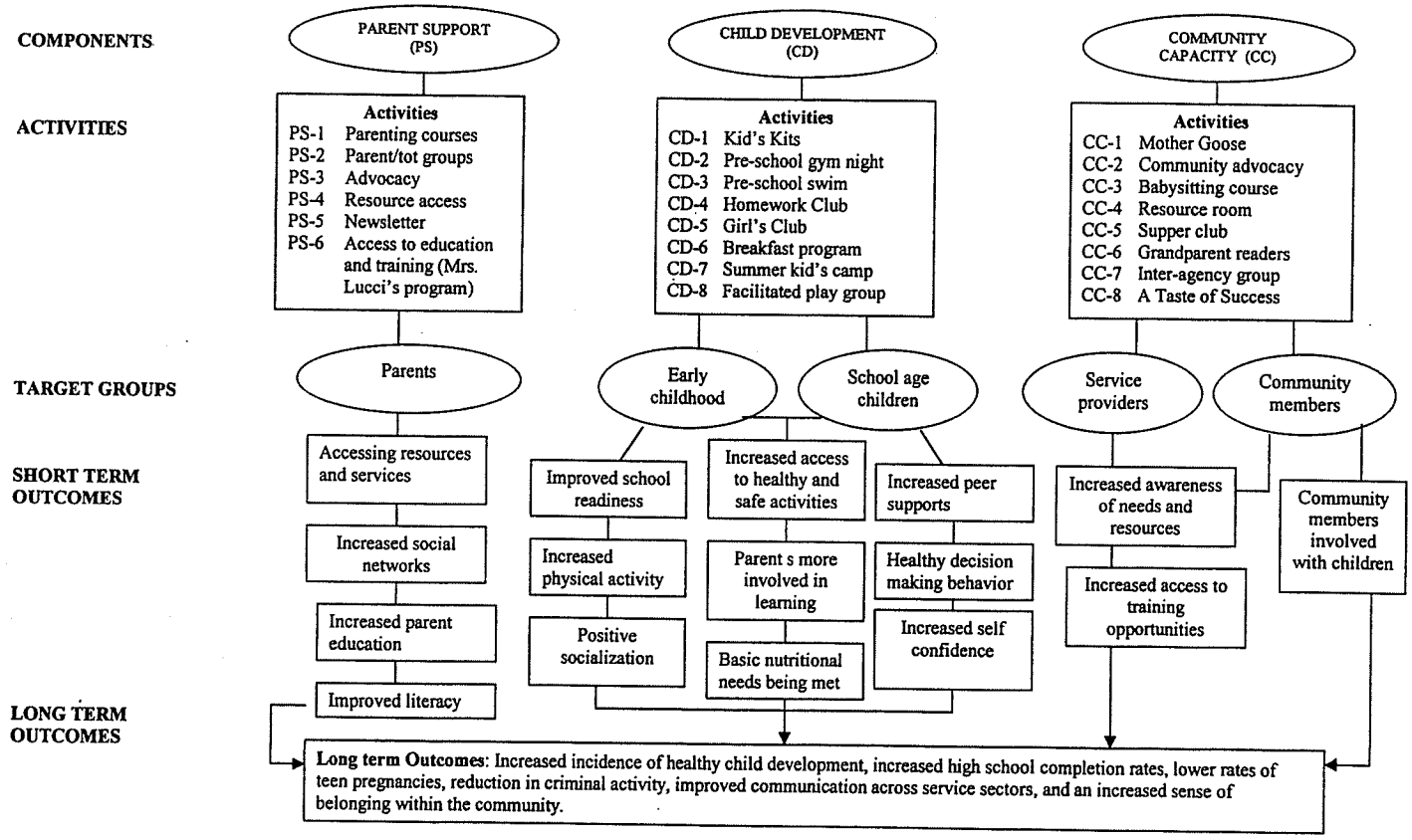
1. Is the community more aware of the needs in the community, and the resources available?
2. Are there increased training opportunities in the community?

**Evaluation Strategy:**

1. Community surveys through the resource room
  - ❖ Time line: To take place in the fall of 2002
  - ❖ To be determined as the project progresses

Appendices  
For  
WRCRC Evaluation Strategy

### Winnipeg River Community Resource Centre Parent Child Initiative



**Program Response Form**

In order to provide you and your child with the best possible experiences we ask that at the end of every activity each parent fill out this brief evaluation. Please do not write your name or any other identifying information on this survey as the information is completely anonymous. When completed, return this sheet to the facilitator.



**Activity:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. What did you like best about this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What would you like to see changed or added in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Were you happy with the time and location?

- Yes
- No, I would prefer \_\_\_\_\_

4. What other types of activities would you like to see offered in our community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. On a scale of 1 to 5, rate this activity compared to any others you have been involved in.

1      2      3      4      5

6. Would you want to be involved in this activity again in the future?

- Yes
- No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you! Your information is very valuable for future planning.**

Date _____ Mm/dd/yy	Number _____	Program(s) _____
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Appendix C Winnipeg River Community Resource Centre

Early Childhood Programs Parent Evaluation  
(General)



In order to provide you and your child with the best possible experiences we ask that parents involved in early childhood programming complete annual evaluations. Please do not write your name or any other identifying information on this survey as the information is completely anonymous. This survey concerns activities taking place between September 2001 and June 2002.

When completed, return this sheet to WRCRC in a sealed envelope.

1. My child and I participated in the following activities (check all that apply):
- Pre-school gym night
  - Pre-school swim program
  - Kid's kits
  - Facilitated play groups
  - Other \_\_\_\_\_

2. The ages of my child(ren) are as follows:  
Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_ Child 5: \_\_\_\_\_

3. For each of the following statements, ask yourself if it has: decreased, stayed the same, or increased since you began to participate in these programs.

	Decreased	No Change	Increased
A. The amount my child(ren) positively interacts with other children	1	2	3
B. The physical activity level of my child(ren)	1	2	3
C. The amount of time I spend playing with my child(ren)	1	2	3
D. The amount of time my child and I spend in facilitated activities together	1	2	3
E. My knowledge of healthy and nutritional food choices for my child	1	2	3
F. My knowledge of activities that will help prepare my child(ren) for school	1	2	3

**Appendix C Winnipeg River Community Resource Centre**

Of the activities that you participated in, which would you say was most beneficial to you and your child(ren)?

- Pre-school gym night
- Pre-school swim program
- Kid's kits
- Facilitated play groups
- Other \_\_\_\_\_

Which of these activities (if any), do you plan to be involved in again in the future?

- Pre-school gym night
- Pre-school swim program
- Kid's kits
- Facilitated play groups
- Other \_\_\_\_\_

We welcome any other comments or suggestions:

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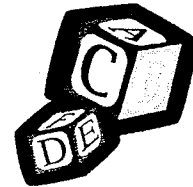
**Thank You!**



Date _____ Mm/dd/yy	Number _____	Program(s) _____
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Appendix D Winnipeg River Community Resource Centre

**NLSCY Child Literacy (Children 0-23 months)**  
(from the National Longitudinal Survey of Children and Youth)



Children can show their interest in reading or sharing books in different ways. The following are some questions about books and reading. For each question Please indicate which response best describes your child.

1. Do you or another adult ever read to your child, or show him/her pictures or wordless baby books?  
 Yes  No
2. If YES, how often do you do this?  
 Rarely  Less than once a month  Once a month  A few times a month  
 Once a week  A few times a week  Daily  Many times a day
3. How many months old was your child when you started to do this?  
(to nearest month)  Months



**NLSCY Parenting (Children 0-23 months)**  
(from the National Longitudinal Survey of Children and Youth)



The following questions have to do with things that your child does and ways that you react to him/her. Please indicate which response best describes you and your child by circling the appropriate answer.

1. How often do you praise your child, by saying something like "good for you!" or "What a nice thing you did!" or "That's a good thing!"  

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------
2. How often do you and your child talk or play with each other, focusing attention on each other for five minutes or more, just for fun?  

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------

## Appendix D Winnipeg River Community Resource Centre

3. How often do you and your child laugh together?

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------

4. How often do you get annoyed with your child for saying or doing something he/she is not supposed to?

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------

5. How often do you tell your child that he/she is bad or not as good as others?

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------

6. How often do you do something special with your child that he/she enjoys?

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------



7. How often do you play games with your child?

Never	About once a week or less	A few times a week	One or two times a day	Many times a day
-------	---------------------------	--------------------	------------------------	------------------

# Thank You

Date: \_\_\_\_\_ Number: \_\_\_\_\_ Program: \_\_\_\_\_  
Mm/dd/yy



Appendix E Winnipeg River Community Resource Centre

**NLSCY Literacy (Children 2 – 7 years)**  
(from the National Longitudinal Survey of Children and Youth)



Children can show their interest in reading or sharing books in different ways. The following are some questions about books and reading. For each question, please indicate which response best describes you and your child.

1	2	3	4	5	6	7
never or rarely	less than once a month	once a month	a few times a month	once a week	a few times a week	daily

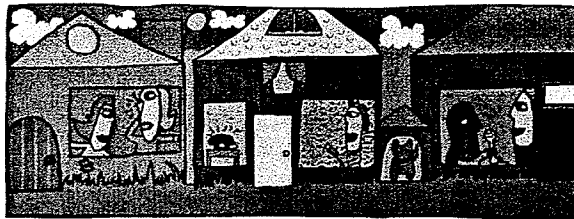
- Q4. How often does your child look at books, magazines, comics, etc., on his/her own? (Think about what your child does at home only, do not include day care or school.) \_\_\_\_\_
- Q5. How often does your child play with pencils or markers doing real or pretend writing? \_\_\_\_\_
- Q6A. Have you or another adult ever read aloud to your child on a regular basis?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Q6B1. How old was your child when you started to do this (to nearest month of age)?  
\_\_\_\_\_ mos
- Q7. Currently, how often do you or another adult read to your child? (Also include if he/she reads or pretends to read to an adult.) \_\_\_\_\_
- Q8. How often do you help or encourage your child to write or pretend to write? \_\_\_\_\_
- Q12. How often does your child look at books or try to read on his/her own? \_\_\_\_\_
- Q13. How often does your child talk about a book with family or friends? \_\_\_\_\_
- Q14. How often does your child go to the library, including the school library? \_\_\_\_\_

**Thank You**

Date in full: _____ Number _____ Program(s) _____ Mm/dd/yy
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Appendix F: WINNIPEG RIVER COMMUNITY RESOURCE CENTRE

**NLSCY Youth Scale (10-11 years)**  
*(From the National Longitudinal Survey of Children and Youth)*



**SECTION A. FRIENDS & FAMILY**

		False	Mostly false	Sometimes true/ Sometimes false	Mostly true	True
A1	I have many friends.	1	2	3	4	5
A2	I get along easily with others my age.	1	2	3	4	5
A3.	Others my age want me to be their friend.	1	2	3	4	5
A4.	Most others my age like me.	1	2	3	4	5

By "close friends", we mean the people that you trust and confided in. They are friends that you see or hang out with at school or outside of school.

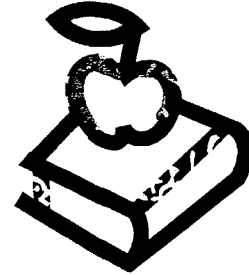
A5 About how many days a week do you do things with close friends outside of school hours.

- Never
- Less than once a week
- 1 day a week
- 2-3 days a week
- 4-5 days a week
- 6-7 days a week



Appendix F: WINNIPEG RIVER COMMUNITY RESOURCE CENTRE

**B. SCHOOL**



**B1 How do you feel about school?**

- I like school very much
- I like school quite a bit
- I like school a bit
- I don't like school very much
- I hate school

**B2 How well do you think you are doing in your school work?**

- Very well
- Well
- Average
- Poorly
- Very poorly

**B3 How important is it to you to get good grades in school?**

- Very important
- Somewhat important
- Not very important
- Not important at all

**B4**

How do you like to following subjects:

	I hate it	I don't like It very much	I like it a little	I like it a lot	I Don't take it
a. Math	1	2	3	4	5
b. English	1	2	3	4	5
c. French	1	2	3	4	5

**B5**

Read the following statements and choose the answer that BEST describes how you feel.

	All the time	Most of the time	Some of the time	Rarely	Never
a. I feel safe at school.	1	2	3	4	5
b. I feel safe on my way to and from school.	1	2	3	4	5
c. Other young people say mean things to me at school.	1	2	3	4	5
d. I am bullied in school.	1	2	3	4	5



Appendix F: WINNIPEG RIVER COMMUNITY RESOURCE CENTRE

	All the time	Most of the time	Some of the time	Rarely	Never
e. I am bullied on my way to and from school	1	2	3	4	5
f. In general my teachers treat me fairly.	1	2	3	4	5
g. If I need extra help, my teachers give it to me.	1	2	3	4	5
h. I have a place at home to do homework or study.	1	2	3	4	5
i. When my teachers give me homework, I do it.	1	2	3	4	5

**B7** In the next statements, parents include guardians. They are the ones who live with you at home and influence your life.



	All the time	Most of the time	Some of the time	Rarely	Never
a. If I have problems at school, my parents are ready to help.	1	2	3	4	5
b. My parents encourage me to do well at school.	1	2	3	4	5
c. My parents expect too much of me at school.	1	2	3	4	5

**SECTION C**

**C1** Choose the BEST answer.

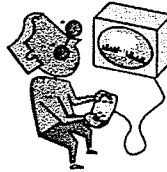
	False	Mostly false	Sometimes false/ sometimes true	Mostly true	True
a. In general, I like the way I am	1	2	3	4	5
b. Overall I have a lot to be proud of.	1	2	3	4	5
c. A lot of things about me are good.	1	2	3	4	5
d. When I do something, I do it well.	1	2	3	4	5
e. I like the way I look.	1	2	3	4	5

Appendix F: WINNIPEG RIVER COMMUNITY RESOURCE CENTRE

**SECTION H**

H2 On average, about how many hours a day do you watch TV or videos?

- I don't watch TV or videos
- Less than one hour a day
- 1 to 2 hours a day
- 3 to 4 hours a day
- 5 to 6 hours a day
- 7 or more hours a day



H3 How often do you read for fun (not for school)?



- Everyday
- A few times a week
- Once a week
- A few times a month
- Less than once a month
- Almost never

H4 Do you have access to a computer at home?

- Yes
- No



**Thank you!**

Date: \_\_\_\_\_ Number: \_\_\_\_\_ Program: \_\_\_\_\_  
MM/DD/YY

**Appendix G**

**Winnipeg River Community Resource Centre**

**NLSCY Youth Parenting Questionnaire  
(8-11 year olds)**

---

The following questions have to do with things that your child does and ways that you react to him/her.

<b>Question</b>	<b>Response (Check appropriate)</b>
1. How often do you praise your child by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going!"?	<input type="checkbox"/> Never <input type="checkbox"/> About once a week or less <input type="checkbox"/> A few times a week <input type="checkbox"/> One or two times a day <input type="checkbox"/> Many times each day
2. How often do you and he/she talk or play with each other, focussing attention on each other for five minutes or more, just for fun?	<input type="checkbox"/> Never <input type="checkbox"/> About once a week or less <input type="checkbox"/> A few times a week <input type="checkbox"/> One or two times a day <input type="checkbox"/> Many times each day
3. How often do you and he/she laugh together?	<input type="checkbox"/> Never <input type="checkbox"/> About once a week or less <input type="checkbox"/> A few times a week <input type="checkbox"/> One or two times a day <input type="checkbox"/> Many times each day
4. How often do you get annoyed with your child for saying or doing something he/she is not supposed to do?	<input type="checkbox"/> Never <input type="checkbox"/> About once a week or less <input type="checkbox"/> A few times a week <input type="checkbox"/> One or two times a day <input type="checkbox"/> Many times each day
6. How often do you do something special with him/her that he/she enjoys?	<input type="checkbox"/> Never <input type="checkbox"/> About once a week or less <input type="checkbox"/> A few times a week <input type="checkbox"/> One or two times a day <input type="checkbox"/> Many times each day

**Appendix G**

**Winnipeg River Community Resource Centre**

**NLSCY Youth Parenting Questionnaire  
(8-11 year olds)**

Now, we know that when parents spend time together with their children, some of the time things go well and some of the time they don't go well. For the following questions, I would like you to tell me what proportion of the time things turn out in different ways.

<b>Question</b>	<b>Response (Check appropriate)</b>
7. Of all the times that you talk to your child about his/her behavior, what proportion is praise?	<input type="checkbox"/> Never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> All the time
8. Of all the times that you talk to him/her about his/her behavior, what proportion is disapproval?	<input type="checkbox"/> Never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> All the time
9. When you give him/her a command or order to do something, what proportion of the time do you make sure that he/she does it?	<input type="checkbox"/> Never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> All the time
10. If you tell him/her he/she will get punished if he/she doesn't stop doing something, and he/she keeps doing it, how often will you punish him/her?	<input type="checkbox"/> Never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> All the time
11. How often does he/she get away with things that you feel should have been punished?	<input type="checkbox"/> Never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> All the time

**Appendix G**

**Winnipeg River Community Resource Centre**

**NLSCY Youth Parenting Questionnaire  
(8-11 year olds)**

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12. How often do you get angry when you punish your child?
- Never
  - Less than half the time
  - About half the time
  - More than half the time
  - All the time
- 

13. How often do you think that the kind of punishment you give him/her depends on your mood?
- Never
  - Less than half the time
  - About half the time
  - More than half the time
  - All the time
- 

14. How often do you feel you are having problems managing him/her in general?
- Never
  - Less than half the time
  - About half the time
  - More than half the time
  - All the time
- 

15. How often is he/she able to get out of a punishment when he/she really sets his/her mind to it?
- Never
  - Less than half the time
  - About half the time
  - More than half the time
  - All the time
- 

16. How often when you discipline him/her, does he/she ignore the punishment?
- Never
  - Less than half the time
  - About half the time
  - More than half the time
  - All the time
-



Appendix G

**Winnipeg River Community Resource Centre**

**NLSCY Youth Parenting Questionnaire  
(8-11 year olds)**

---

Just about all children break the rules or do things that they are not supposed to. Also, parents react in different ways. Please tell me how often you do each of the following when your child breaks the rules or does things that he/she is not supposed to.

How often do you?

---

18. Tell him/her to stop?  Never  
 Rarely  
 Sometimes  
 Often  
 Always
- 

19. Ignore it, do nothing?  Never  
 Rarely  
 Sometimes  
 Often  
 Always
- 

20. Raise your voice, scold or yell at him/her?  Never  
 Rarely  
 Sometimes  
 Often  
 Always
- 

21. Calmly discuss the problem?  Never  
 Rarely  
 Sometimes  
 Often  
 Always

23. Describe alternative ways of behaving that are acceptable?  Never  
 Rarely  
 Sometimes  
 Often  
 Always
- 

24. Take away privileges or put him/her in his/her room?  Never  
 Rarely  
 Sometimes  
 Often  
 Always
- 

Date in full: \_\_\_\_\_ Number \_\_\_\_\_ Program(s) \_\_\_\_\_  
Mm/dd/yy

## NLSCY Social Support

(from the National Longitudinal Survey of Children and Youth)



The following statements are about relationships and the support which you get from others. For each of the following, please indicate whether you strongly disagree, disagree, or strongly agree.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

- Q1A. If something went wrong, no one would help me. \_\_\_\_\_
- Q1B. I have family and friends who help me feel safe, secure, and happy. \_\_\_\_\_
- Q1C. There is someone I trust whom I would turn to for advice if I were having problems. \_\_\_\_\_
- Q1D. There is no one I feel comfortable talking about problems with. \_\_\_\_\_
- Q1E. I lack a feeling of closeness with another person. \_\_\_\_\_
- Q1F. There are people I can count on in an emergency. \_\_\_\_\_

Besides your friends and family, did any of the following help with your personal problems during the past 12 months? (Please circle YES or NO)

- |   |       |      |
|---|-------|------|
| Q2A. Community or social service professionals?     | 1 YES | 2 NO |
| Q2B. Health professionals?                          | 1 YES | 2 NO |
| Q2C. Religious or spiritual leaders or communities? | 1 YES | 2 NO |
| Q2D. Books or magazines?                            | 1 YES | 2 NO |

# Thank You

Date in full: \_\_\_\_\_ Number \_\_\_\_\_ Program(s) \_\_\_\_\_  
dd/ mm/ yy

Appendix C:  
HCM Parent Child Centre Questionnaire

**PARENT/GUARDIAN QUESTIONNAIRE**

*Demographic Information of Participant*  
(Check appropriate category)

Age of Respondent:  under 19  20-25  25-30  30-35  35-40  40 plus

Gender:  M  F

Number of children:  Ages of children :  Child 1  Child 2  Child 3  Child 4  
 Child 5  Child 6  Child 7  Child 8

Family Type:  Two parent married/common law  Foster/group home  
 Lone parent  Other (explain) \_\_\_\_\_

**PART A**

1. How many years have you lived in this community?  
Less than a year    1-2 years    3-5 years    6-8 years    9+ years
2. How long have you lived at your current residence ?  
Less than a year    1-2 years    3-5 years    6-8 years    9+ years
3. Do you own or rent your current residence ?  own  rent
- 4a. Do you do any unpaid or volunteer work in your community? Yes No
- 4b. If yes to 4a, how many hours per week do you spend volunteering?  
Less than 1 hour    2-5 hours    6-10 hours    10+ hours

Please check the appropriate box for each of the following statements:

5. It is safe to walk alone in this community after dark.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
6. It is safe for my children to play outside during the day.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
7. There are good parks, playgrounds, and play spaces in my community.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
8. When I am away from home, my neighbours will keep their eyes open for possible trouble.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
9. There are adults in my community that are role models for my children.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
10. I can count on adults in my community to watch that my children are safe and don't get into trouble.

Strongly Agree      Agree      Disagree      Strongly Disagree

**11. If there is a problem around my community, my neighbours would get together to deal with it.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**12. I have a lot in common with other community members.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**13. I feel supported as a parent/guardian in this community.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**14. I am happy with the friendships my child has made in this community.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**15. Of the friends that your child has, how many do you know by name?**

0      1-2      3-4      5-6      7-8      9-10

**16. Of the 10 families that live closest to you, how many do you know by name?**

0      1-2      3-4      5-6      7-8      9-10

**17. I would want to move out of my community**

Strongly Agree      Agree      Disagree      Strongly Disagree

**If agree to 17, why ?**

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**18. There are things I would miss about my community if I were to move out of it.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**If agree to 18, what?**

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**19. There are things that I would add or change about my community.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**If agree to 19, why ?**

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**20. In 5 years, I can see myself still living in this community.**

Strongly agree      Agree      Disagree      Strongly Disagree

**PART B**

**If there were a resource centre for families in my community, I think it would be important that they provide the following services:**

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**I believe that the most important asset of my community is:**

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**I think that my community could benefit greatly from the addition of:**

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**Additional Comments:**

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*Thank You for Your Time*

Appendix D:

Consent Form for HCM Parent Child Centre Questionnaire

December 19, 2000

Dear Parent/Guardian,

The University of Manitoba Faculty of Social Work in conjunction with Healthy Child Manitoba is conducting a study in your community regarding the proposed implementation of a Community Family Centre. The purpose of the study is to determine the needs and assets of your community, and the optimal method for implementing a Community Family Centre. In addition, it will be part of my Masters Practicum in the Faculty of Social Work and contribute greatly to my knowledge of community development.

All information collected is strictly for the purpose of this study and confidentiality will be protected. In instances where a child is considered to be at risk of harm, we are obligated to contact the proper legal authorities. Participants will only be contacted with their expressed written permission.

The study involves mailing a brief questionnaire to parents/guardians asking for information regarding your community and what your suggestions would be in the development of a Community Family Centre in Centennial School, this center would be open to all parents in the community and would be designed according to the results of this study. Parents may also be asked to participate in focus group discussions, if they indicate that they are interested.

Participation in this study is voluntary and participants reserve the right to withdraw at any time or refuse to answer questions they may be uncomfortable with. This study has been approved by the Joint Faculty Research Ethics Board (JFREB) and any complaints regarding the conduct of this study can be reported to the Human Ethics Secretariat at (204) 474-7122, or the Faculty of Social Work Dean at (204) 474-9550.

Questions may be addressed to Nicole Chammartin (student/researcher) or Faculty Supervisor Brad Mackenzie at (204) 474-8767.

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Nicole Chammartin

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Brad Mackenzie

\*See reverse for consent



I agree to receive a questionnaire regarding my community in the mail.

Yes     No

My full mailing address is:

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I would like to participate in a focus group regarding a Community Family Center.

Yes     No    If yes, a daytime phone number you can reach me at is:  
(204) \_\_\_\_\_

I would like to receive a copy of the final results of this study.

Yes     No  
(If yes please ensure to include mailing address)

\_\_\_\_\_  
Signature of parent/guardian

**Thank you for your time, please return consent form in the envelope provided  
before January 15<sup>th</sup> 2001.**

Appendix E:  
Focus Group Overview

### FOCUS GROUP OVERVIEW

Good evening and welcome to our session tonight. Thank you for taking the time to join our discussion on developing a community resource centre in your children's school. My name is Nicole Chammartin and I am a social work student from the University of Manitoba, I am undertaking this work as part of a practicum with the Healthy Child Manitoba. The purpose of this discussion is to determine some of the needs and assets of your community, and the optimal method for implementing a Community Family Centre.

Please keep in mind that any information you provide tonight is completely confidential, and respect this right of other people in the room as well. Kristen will be taking notes as we speak to ensure that I can recall all of your comments at a later time. Furthermore, tonight we are on a first name basis and in any later reports there will be no names used. Please try to provide me with as much information as possible, both negative and positive, as this is the best way to find the direction that we need to go in.

This session will last about an hour and half and if you feel the need to get up at any time during the discussion to stretch, grab some refreshments, or use the washrooms feel free, but please try to do so quietly.

The first question I'm going to ask is just to help me get a feel for where you're coming from.

1. Can you each tell me how long you've lived in Lac du Bonnet and the ages of your children?
2. What do you think some of the obstacles you face as a parent are?
3. What kinds of experiences have been helpful to your life in this community?
4. What kinds of experiences have been unhelpful to life in this community?
5. If you could make a wish list for what would make your parenting experiences better in this community, what would be on it?
6. How do you think a family resource centre could help you as a parent?
7. What factors would keep you from attending a family resource centre?
8. What factors would encourage you to attend a family resource centre?

Appendix F:  
WRCRC Parent Child Centre Questionnaire

Parent-child Centre Questionnaire

I believe that a resource centre for families would be beneficial to my community:

- Agree
- Disagree
- Unsure

I believe that parent child centred activities should be located:

- In the school
- In a downtown location
- In close proximity to the school
- There should be activities taking place both within the school and at a separate location
- Other \_\_\_\_\_

I would like to see the following types of activities offered at such a centre (check all that apply)

- A meeting place for parents
- Toy & book lending library
- Parent & tot groups
- Parent information sessions
- Child health clinics
- Casual child care services
- Resource information
- Volunteer opportunities
- Recreational activities for pre-school children
- Self help group meetings
- Other \_\_\_\_\_

I would be interested in being a part of the development of a parent-child centre/family resource centre in my community:

- Yes
- No
- Unsure

I believe that the most important asset in my community today is:

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I think that my community could benefit greatly from the addition of:

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Additional comments:

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Thank you for your time. Please return the survey in the envelope provided.