EARLY CHILDHOOD DEVELOPMENT (ECD) PROGRAMS IN THE CAPITAL REGION (EDMONTON & AREA): OUTCOME EVALUATION REPORT

Prepared for:

Early Childhood Development (ECD) Initiative Evaluation Committee

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EXECUTIVE SUMMARY

Under the Early Childhood Development (ECD) Initiative, the Planning Committee identified the following categories of programs which would receive ECD funding: Home Visitation; Head Start; Child Care; Multicultural Family Connections; Child and Family Resource Centres; Leduc County Family and Community Support Services; and Strathcona County Family and Community Services.

This report presents information related to Child and Family Resource Centres, Multicultural Family Connections, and Family and Community Services (Leduc County Family and Community Support Services, and Strathcona County Family and Community Services). Separate reports have been prepared which contain evaluation of findings for Home Visitation,[1] Head Start,[2] and Child Care.

A summary of ECD-funded programs is shown in Table 1 below which groups the programs by type and agency. A description of the activities of each program is presented in Chapter 3.0 of the report.

The purpose of this report is to update information about ECD programs that was presented a year ago on the evaluability and process analysis of ECD programs (Hornick et al., 2003). The current report also provides a preliminary analysis of outcomes measures available to date. More specifically, this report has two major objectives as follows:

1. To present an updated process analysis, including the following:

    - program goals and objectives;
    - program inputs: funding, operational structure, staff, training, other resources;
    - program activities: contacts, and community referrals; and
    - program output: client profiles, client intake, and demographic characteristics.

2. To present an analysis of program outcomes based on preliminary baseline measures data.

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[1] See report, *Evaluation of Capital Region Home Visitation Network: Outcome Evaluation Report, December 1, 2001 – January 31, 2004* (Gomes et al., 2005).

[2] For additional information, see report, *Interagency Head Start Programs in Edmonton: Annual Report, 2003-2004* (Boyes et al., 2004). Also see, *Building a Future: A Process Analysis of the Implementation of the Home Visitation/Early Childhood Development Initiative* (Hornick et al., 2004).

TABLE 1
ECD-funded Programs and Activities

Type of Program	Agency	ECD-Funded Program/Activities
Child and Family Resource Centres	Candora Society of Edmonton	• Discovery Centre (PACE is described in their Monitoring & Evaluation Mid Year Report, Question 8) • Outreach Workers in the Family Resource Centre
	Dickensfield Amity House	• Enhanced Teaching Tots Program through the Parent/Family Support Worker
	Norwood Child and Family Resource Centre	• Early Start worker • Enhanced Family Support Services
Multiculturalism *Multicultural Family Connections Program*	ASSIST Community Services Centre	Enhancing parenting support through: • Moms' Chatroom • Family-based Activities Group – RESP workshop; picnics, various information sessions (e.g., back-to-school, parenting) • Educational workshops – e.g., Sexuality Education; Selecting Schools • Community events – e.g., Children's Carnival in collaboration with ASSIST and other agencies • Examples of programs developed: Moms' Chatroom piloted School Readiness Children Group in collaboration with Nobody's Perfect Program (Chinese Community)
	Edmonton Mennonite Centre for Newcomers	Securing Hopeful Futures Program
	Multicultural Health Brokers Co-operative	Cultural Brokering
Family and Community Support	Leduc County Family and Community Support Services	• Flying Colors program
	Strathcona County Family and Community Services	• Early Childhood Resource Worker • Enhanced Home Visitation through staff position focusing on families with special needs children – Special Needs Home Visitation Worker • Examples of programs developed: – Postpartum Depression Support group (described in their Monitoring & Evaluation Mid Year Report, Question 8)

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- ASSIST Community Services Centre – Ms Serena Ma, Executive Director
- Candora Society of Edmonton – Ms Ann Nicolai, Executive Coordinator
- Dickensfield Amity House – Ms Tracy Patience, Executive Director
- Edmonton Mennonite Centre for Newcomers – Mr. Jim Gurnett, Executive Director
- Leduc County Family and Community Support Services – Ms Betty Ann Piché, Director, and Ms Jean Dalton, Program Manager
- Multicultural Health Brokers Co-operative – Ms Yvonne Chiu and Dr. Lucenia Ortiz, Co-executive Directors
- Norwood Child and Family Resource Centre – Ms Bev Parks, Executive Director, and Ms Kim O'Leary, Acting Executive Director
- Strathcona County Family and Community Services – Ms Lori Prediger, Director, and Ms Jackie Winter, Manager

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1.0 INTRODUCTION

1.1 Background

In April of 2002, the Alberta Ministry of Children's Services *Early Childhood Development Implementation Plan: 2002/2003* was initiated. The overall goal of the strategy was to provide a range of health, social, and learning programs and services for parents, families, and children from pre-conception to age six, to ensure that children get the best start in life. In the Capital Region, Ma'mōwe Capital Region Child and Family Services representatives invited a number of key stakeholders to participate in a Capital Region Early Childhood Development (ECD) Initiative Planning Committee to determine the allocation of the Region's ECD funds.

The ECD Planning Committee first chose to use the ECD funds in two key investment areas identified in the *Early Childhood Development Implementation Plan: 2002/2003* as follows:

- enhanced parenting supports and parenting skills programs; and
- enhanced quality programming in child care settings and pre-school programs.

In addition, it was recognized that the Capital Region ECD Initiative should expand upon current programs and services that have proven their effectiveness and/or addressed gaps in services. Further, this initiative had been planned within the context of the Alberta Response Model (ARM) and it was agreed that the outcome of the ECD Initiative should be consistent with the goals and outcomes of the ARM. Overall, the ARM identified four approaches to service delivery:

- differential response;
- concurrent permanency planning;
- community partnership; and
- parental accountability.

1.1.1 ECD Outcomes

Early in the process of implementation of the ECD Initiative, the Planning Committee recognized and endorsed the concept of the Provincial Evaluation Framework to ensure program outcomes were consistent with the outcomes identified by the Ministry and included the ARM goals. The framework for the Capital Region Evaluation included the development of additional common program outcomes and outcome measures, as well as unique outcomes for specific programs.

Provincial/Regional Outcomes

- Children are born healthy;
- Reduction in Child Welfare caseloads;
- Reduced likelihood of child abuse and neglect;
- Improved positive parenting skills and supports;
- Parents are more knowledgeable and confident about parenting a special needs child;
- Children are better prepared for school; and
- Early identification and referral of families and children at risk and children with special needs.

1.2 Description of ECD Programs

Under the ECD Initiative, the Planning Committee identified the following categories of programs which would receive ECD funding: Home Visitation; Head Start; Child Care; Multicultural Family Connections; Child and Family Resource Centres; Leduc County Family and Community Support Services; and Strathcona County Family and Community Services.

This report presents information related to Child and Family Resource Centres, Multicultural Family Connections, and Family and Community Services (Leduc County Family and Community Support Services, and Strathcona County Family and Community Services). Separate reports have been prepared, which contain evaluation of findings for Home Visitation,[3] Head Start,[4] and Child Care.

A summary of ECD-funded programs is shown in Table 1.1 below which groups the programs by type and agency. A description of the activities of each program is presented in Chapter 3.0.

[3] See report, *Evaluation of Capital Region Home Visitation Network: Outcome Evaluation Report, December 1, 2001 – January 31, 2004* (Gomes et al., 2005).

[4] See report, *Interagency Head Start Programs in Edmonton: Annual Report, 2003-2004* (Boyes et al., 2004). Also see, *Building a Future: A Process Analysis of the Implementation of the Home Visitation/Early Childhood Development Initiative* (Hornick et al., 2004). As well, an evaluation outcomes report is being prepared for Interagency Head Start Programs (contact CRILF for information on this report).

TABLE 1.1
ECD-funded Programs and Activities

Type of Program	Agency	ECD-Funded Program/Activities
Child and Family Resource Centres	Candora Society of Edmonton	• Discovery Centre (PACE is described in their Monitoring & Evaluation Mid Year Report, Question 8) • Outreach Workers in the Family Resource Centre
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1.3 Overall Purpose of the Evaluation

Given the history and conditions set out above, the overall purpose and research objectives of the evaluation framework are as follows:

1. To conduct an outcome analysis study of the Capital Region (Edmonton and Area) ECD programs that receive ECD Initiative funds. This study:

- monitors program development; and
- measures program effectiveness.

2. To determine whether the program in all sites is meeting families' needs, enhancing strengths, and promoting healthy child development through a monitoring evaluation framework.

3. To provide feedback to the programs regarding "lessons learned" that will impact best practices for ECD programming.

1.4 Purpose of this Report

The purpose of this report is to present selected findings regarding program activities and outputs, and a detailed analysis of the impact of the ECD programs at a system level based on outcomes measures. This current report updates data presented in the draft report, *An Update on the Evaluation of Early Childhood Development (ECD) Programs in the Capital Region (Edmonton & Area)* (Gomes et al., 2004) which was presented to the ECD Initiative Committee in December 2004. Importantly, baseline (Time 1) and follow-up (Time 2) outcomes measures are reported here for the first time. The analysis of outcomes measures is based on data obtained during the period December 1, 2001 to January 31, 2005 unless otherwise indicated.

More specifically, this report has two major objectives as follows:

1. To present a process analysis of descriptive information about the implementation of the program and the clients in all the ECD-funded programs including:

   - program activities: contacts, group activities (group sessions, social-based activities, and workshops); and

   - program outputs: client profiles, client intake, and demographic characteristics.

2. To present an analysis of program input based on outcome measures scores and on baseline data (Time 1) as compared to follow-up data (Time 2).

Full implementation of data entry procedures across ECD programs was achieved in the fall of 2003. The outcome analysis in this report is based on data as of January 31, 2005. These data were collected from CANFIT, the ECD Management Information System (MIS) client database, and from agency files (including data from HOMES, which is managed by the Canadian Outcomes Research Institute). Programs began systematically collecting and entering Time 2 outcome data in the fall of 2004 and winter of 2005.

1.5 Definitions of Program Terms

Client: The definition of client for ECD programs varies. The client may be the child, the parent, or the family depending on the program. Some agencies offer different types of programs in which one program serves children as the client, and

another serves parents as the client. Target clients for each agency are identified as follows:

- Child and Family Resource Centres:
  - Candora Society of Edmonton: family
  - Dickensfield Amity House: primary client is the family, focus is on the parents
  - Norwood Child and Family Resource Centre: family
- Multicultural Family Connections Program:
  - ASSIST Community Services Centre: primary client is the family, focus is on the parents
  - Edmonton Mennonite Centre for Newcomers: family
  - Multicultural Health Brokers Co-operative: family, with emphasis on parents
- Family and Community Support:
  - Leduc County Family and Community Support Services: family, with emphasis on parents
  - Strathcona County Family and Community Services: family, with emphasis on parents

Group Activities:

- A group session is held on an ongoing basis.
- A social-based activity is usually recreational and may include activities such as luncheons, Christmas parties, and field trips.
- A workshop is a group activity that is not held on an ongoing basis. A workshop is usually offered only one time.

Multicultural Clients: As defined in Region 6's Monitoring and Evaluation reports, multicultural refers to families that are new to Canada in that they are immigrants or refugees.

Wrap-around Training: More commonly used in relation to home visitation programs, wrap-around training refers to any kind of staff training that is not directly related to a staff member's required core skills development. Examples include Suicide Intervention, Health for Two, English as a Second Language Training, Books for Babies, and First Aid.

1.6 Limitations of the Report

Readers of this report should be aware of a number of limitations. An understanding of these limitations will help to put the findings of the report into context. These limitations are discussed briefly below.

1.6.1 Limited Availability of Data for Analyses

Data reporting periods for this report were set in order to capture as much data as possible, as well as the most current data available. The data reporting period covers December 1, 2001 to January 31, 2005.

Availability of data for outcome analysis was limited by a number of factors: (1) some of the ECD programs were not fully implemented early in this time period; (2) most programs have only recently (that is, since fall of 2003) begun to systematically collect and record their client data in CANFIT or in the Canadian Outcomes Research Institute's HOMES database; and (3) the programs were voluntary and thus attrition rates were high.

1.6.2 Multiple Databases

The majority of data reported were collected from CANFIT. Not all agencies, however, utilize CANFIT to store all of their agency records. In some cases data were obtained from the HOMES database managed by the Canadian Outcomes Research Institute, and from agency-maintained electronic data files (e.g., Excel spreadsheets). All outcomes score data were obtained from CANFIT.

1.6.3 Staff

Data collection and data entry were the responsibility of program staff. Thus, staff turnover in some agencies has limited the ability of the agency to systematically collect and enter client data.

1.6.4 Language and Cultural Appropriateness

The multicultural programs were all faced, to some extent, with the fact that many of their clients could not read or understand English. In some cases the workers translated clients' responses, in others the actual instruments were translated. Further, the cultural appropriateness of the measures (and the clients' current situation – i.e., new immigrants or refugees) was also a limiting factor. It should be noted, however, that these programs worked very hard during the study time to minimize these limitations.

1.6.5. Evaluation Design

The design of the evaluation itself was a limitation. The fact that we were evaluating a number of different types of programs over time without the benefit of control groups as matched comparison groups means that there is little control over maturation, history, and statistical regression. On the other hand, conditions of the contract required that the evaluators work closely with the programs to build the capacity: (1) to develop individual logic models; (2) to collect and analyze ongoing information regarding their clients on a computerized information system; (3) to use their client information system for knowledge-based practice; and (4) to improve and

streamline the process for reporting to funders. These were all very much strengths of the research design.

1.7 Organization of the Report

This report is organized as follows. Chapter 2.0 outlines the evaluation strategy and design, and discusses the strategy, design, and methods utilized for the outcome analysis. Chapter 3.0 describes program activities related to client contacts. Chapter 4.0 presents a demographic profile of ECD clients. Analyses of the outcomes measures are provided in Chapter 5.0. Chapter 6.0 provides the conclusion and lessons learned.

2.0 EVALUATION STRATEGY AND DESIGN

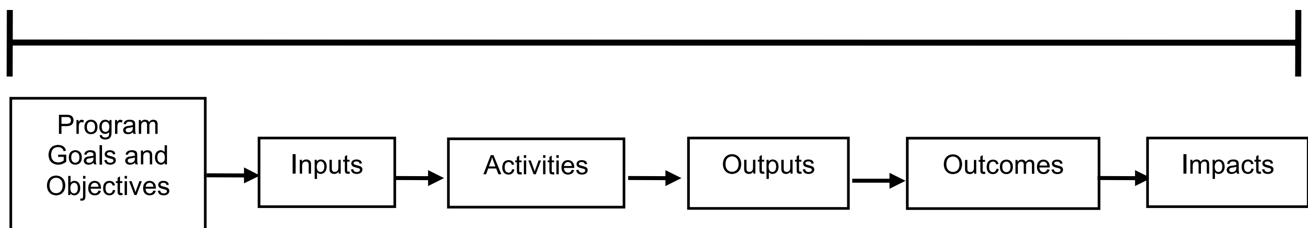
This section of the report contains a detailed discussion of the strategy, design, and specific methods utilized for the update of the process analysis and the final outcome analyses of the Early Childhood Development programs.

This report updates the information contained in the process analysis and description of ECD programs in an earlier report, *Early Childhood Development (ECD) Initiative: Description of ECD Programs, Evaluability Assessment and Proposal for Evaluation* (Hornick et al., 2003). Data in the report were as of March 2003. The outcome analysis is described below.

2.1 Framework for Outcome Analysis

Figure 2.1 shows a general logic model of outcome analysis. ECD program staff provided information and any updates to their (ECD) program goals, objectives, inputs (funding, operational structure, staffing, training, and any other resources), activities, outputs, and partnerships since the last reporting period. Data on outcomes measures were obtained from CANFIT, the ECD Management Information System. As noted in section 1.6.1, Limited Availability of Data for Analyses, most ECD programs have only recently begun collecting and recording outcomes data; therefore, the outcome analysis will be limited by the number of cases available.

FIGURE 2.1
A Logic Model of Process/Outcome Analysis



<u>Goals and Objectives</u>

Goals and objectives identify what a program intends to achieve. These are specified in the program's logic model.

<u>Inputs</u>

Inputs are resources dedicated to the program, and may, for example, include expenses such as salaries, training and equipment.

<u>Activities</u>

Program activities are specific actions taken on by program staff in order to achieve the program's goals.

Outputs

Program outputs are products that directly result from program activities. Usually, outputs are volume measures that, for example, indicate the amount of staff workload related to certain activities.

Outcomes

Outcomes state the results of the program in the short, intermediate, and long term. Outcomes measures tell us whether the programs are having their intended effects by achieving specific program objectives, identified during the design phase of the program. In programs involving the provision of services to clients, the outcomes should focus directly on the changes expected of the clients. For example, outcomes may relate to behaviour, knowledge, attitude, values, or other attributes that are affected by the program. In addition, for some programs (e.g., crime prevention through social development), it may also be necessary to identify shorter-term outcomes since the full benefits of the program may not be realized for many years. While intended outcomes (i.e., those dictated by the stated objectives of the program) are the core of outcome evaluation, researchers should also be sensitive to unintended effects – both positive and negative.

Impacts

Impacts are longer-term outcomes. These may also reflect changes that go beyond the individual clients who receive services from a particular program.

2.1.1 Outcome Analysis: Research Design

A multi-observation tracking study design was developed in order to determine the effectiveness of the program. Testing of families begins with intake into the program and continues for the duration of the study or until families withdraw from or complete the program.

Written informed consent is obtained from all participants of this study. The consent forms and protocols for obtaining consent ensure that all clients are fully informed regarding the purpose of the evaluation, the nature of their involvement, the confidentiality of the data, and the fact that they may withdraw consent at any point in time and that refusing to consent to the evaluation in no way jeopardizes the ECD program services being offered to them. The specific consent forms have been developed to be consistent with the *Freedom of Information and Protection of Privacy (FOIP) Act*.

2.1.2 Outcome Analysis: Methods of Data Collection

The complex research design outlined above required the collection of data from a variety of sources and methods, but mostly from the frontline workers themselves. Thus, the implementation of the standardized measures for the ECD programs has been a continual effort. Further, heterogeneity in ECD programs has made this a

challenging process. In the last phase of the evaluation project, focus was placed on continuing training with agency staff around the use and interpretation of response scores, continued implementation of existing agreed upon measures, and consideration of any new measures.

2.1.3 Standardized Instruments

As part of the longer-term outcome evaluation, a group of standardized measures was selected to track change in client attitudes and behaviour over time. Most of these instruments have been "normed" or "standardized" on a large sample of individuals from the general population, providing an indication of how parents or children compare to others.

For purposes of the current outcome evaluation, analyses of results for each measure are presented firstly for all clients who completed the measure at the baseline and secondly for clients who completed the measure both at the baseline and follow up. Findings from these measures describe the needs of clients and outcomes of the clients over time.

The research design is intended to provide for a long term evaluation. Therefore, once follow-up measures scores are obtained for some of the ECD programs, it will be possible to conduct a more comprehensive outcome evaluation examining change in scores across time (i.e., from the first administration at Time 1 to the second at Time 2, from the second administration at Time 2 to the third administration at Time 3, and so on). These results can provide for a more powerful measure of program success.

The instruments being used to collect outcomes measures (to date) are listed in Table 2.1. All of these instruments are contained in the CANFIT and are being administered by staff at each ECD program site.

Table 2.1 shows the types of outcomes measures being used by each of the ECD programs. Of all the measures, only community contact data is being tracked by all of the programs at this time. Appendix A presents a mapping of provincial and regional goals and outcomes to program outcomes and measurement tools.

TABLE 2.1
Description of Standardized Instruments to Measure Outcomes for ECD Programs

Outcomes Measures Instrument	Description	Administration	Time to Administer
Being a Parent Scale	• Provides mid-term outcome data related to parents' adaptation to their role as parents • Consists of 12 items and produces scale scores for Parent Satisfaction (with the role of parent) and Parent Efficacy (feelings of self-efficacy related to parenting)	• Applicable to parents of children aged 0 to 6 • Can be self-administered by parent or workers.	5 minutes
Community Contact and Referral Tracking System	• Designed as a systematic means for collecting and organizing community contacts and referrals recommended and/or facilitated by program staff • Based on a category system of organizing those contacts • The category system will be used to construct the: - CCRT Parent Survey - CCRT Knowledge Survey	• The main contact and referral tracking system will be used by program personnel to enter referrals and contact information on a regular basis.	Ongoing
CCRT Parent Survey	• Parent self-report survey of recent levels of community contact and involvement	• The CCRT Parent Survey will be completed by a family member with the assistance of program personnel at initial program entry.	20 minutes
CCRT Knowledge Survey	• Survey of current knowledge of the available family resources in the community	• The CCRT Knowledge Survey will be completed by a family member (client) with the assistance of program personnel one year after the client has started the program.	20 minutes
Child Development Inventory (CDI)	• 39 true or false items to assess knowledge of child development (0 – 3 years). Measures: - emotional - cognitive - physical - social development	• Self-administered or read to the mother by the worker	10 minutes
Developmental checklist (agency created)	• Agency develops their own questionnaire		
Developmental Knowledge Scale (DKS)	• Provides information on parents' knowledge of child development • Consists of 34 questions on children and their development • Used for parents of older children (over 3 years of age)	• Measure was originally designed for a large telephone survey of parents of preschool children and is therefore already set up for verbal presentation • Can be self-administered by parent or workers	20 to 30 minutes

Outcomes Measures Instrument	Description	Administration	Time to Administer
Diagnostic Inventory for Screening Children (DISC)	• A clinical screening tool designed to assist in early detection of developmental delays among preschool children. Its areas of coverage include: - fine motor - auditory memory - receptive language - visual memory - expressive language - self-help - gross motor skills - social	• Involves the home visitor asking the parent questions and having the child perform certain tasks	20 to 30 minutes
Life Events and Life Stress Scale	• Provides an overview of the nature and impact of life events on client families. • Includes how much stress client families have and how much it is impacting their life	• Self-administered consisting of two parts • Families answer a number of questions circling yes or no to whether a particular event has occurred in the last 6 months • Families rate the level of difficulty surrounding that event	20 to 30 minutes
Nipissing District Developmental Screen	• A clinical screening tool designed to assist in early detection of developmental delays in preschool children at 1 & 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 30 months, 3 years, 4 years, 5 years and 6 years of age. Its areas of coverage include: - vision - gross motor - hearing - fine motor - speech - cognitive - language - social/emotional - communication - self-help	• Involves the home visitor asking the parent questions and having the child perform certain tasks	20 to 30 minutes
Parent Satisfaction Survey, Parent Survey, or Parent Interview (agency created)	• Provides information on parents' satisfaction with information sessions, group sessions and workshops • Somewhat qualitative, will vary by program or activity assessed • Agency develops their own questionnaire	• Self-administered	
Perceived Stress Scale	• A measure of the overall level of life stress currently being experienced • Is available in a 4- and a 10-item version	• Self-administered or read to the mother by the worker	5 minutes
Social Network(s) Index	• Fills in the gap related to the level of social connectedness or isolation and support experienced by client families • Covers the amount of social contact with friends and neighbours • Asks parents about the extent of their contacts over the previous three weeks with friends, relatives, and neighbours • Consists of 12 questions	• Self-administered or by worker	20 minutes
Staff Satisfaction Survey (agency created)	• Child care providers' satisfaction with sessions • Agency develops their own questionnaire	• Self-administered	

Table 2.2 lists the names of the instruments each agency is using to collect outcomes measures for its ECD program(s).

TABLE 2.2
Instruments Currently Being Used by ECD Program Sites

Outcomes Measures Instrument	Candora Society	Dickens-field Amity House	Norwood FCRC	ASSIST	EMCN	MCHB Co-op	Leduc County FCSS	Strathcona County FCS
Being a Parent Scale		yes, for parenting groups						
Community Contact and Referral Tracking System (CCRT)*	yes	yes	yes	yes	yes[1]	yes	yes	yes
CCRT Parent Survey*	yes	yes	yes	yes	yes[1]	yes	yes	yes
CCRT Knowledge Survey*							yes	
Child Development Inventory (CDI)		yes				yes		
Developmental checklist (agency created)				yes				
Developmental Knowledge Scale (DKS)		yes					yes	
Diagnostic Inventory for Screening Children (DISC)							yes	
Life Events and Life Stress Scale (LESS)*		yes	yes					
Nipissing District Developmental Screen	yes	yes		yes	yes	yes		yes
Parent Satisfaction Survey, Parent Survey, or Parent Interview (agency created)*	yes	yes	yes				yes	yes
Perceived Stress Scale (PSS) (4 and/or 10 items)	yes	yes	yes	yes	yes	yes	yes	
Social Networks Index (SNI)*	yes	yes	yes	yes	yes	yes	yes	yes
Staff Satisfaction Survey (agency created)*							yes	

Note: Information reported in this table is as of March 2005.
***** Indicates this is a required measure for the evaluation project (see Hornick et al., 2003).
[1] Edmonton Mennonite Centre for Newcomers (EMCN) and Multicultural Health Brokers Co-operative (MCHB) share clients under the ECD-funded Multicultural Family Connections Program. For EMCN, CCRT will be used for clients not shared with MCHB.

3.0 PROGRAM ACTIVITIES

This chapter describes program activities related to direct and indirect contact between program staff and clients. A number of ECD programs offer group sessions, including workshops, which include adults and children. These data are also presented in this chapter. There are considerable differences among ECD programs which limit detailed comparisons that can be made between programs. For this reason, the data reported in this chapter are grouped by program type.

Discussion of the programs will be presented in the following order:[5]

- Child and Family Resource Centres: Candora Society of Edmonton (Candora), Dickensfield Amity House (Amity House), and Norwood Child and Family Resource Centre (CFRC);
- Multicultural Family Connections Program: ASSIST Community Services Centre (ASSIST), Edmonton Mennonite Centre for Newcomers (EMCN), and Multicultural Health Brokers Co-operative (MCHB Co-op); and
- Leduc County Family and Community Support Services (FCSS).

3.1 Contacts

Contacts that agency workers have with clients can take a number of different forms. Direct face-to-face contacts include such things as: home visits; communication within a group meeting or group activity; communication within the agency; communication occurring within the community; and communication related to providing transportation for the client. Non face-to-face contact, which may or may not be direct, is grouped into three categories: telephone meetings with the client; leaving telephone messages for the client; and indirect contact which involves issues related to the client, but without the client's presence (for example, a telephone consultation with other professionals about the client's case).

3.1.1 Child and Family Resource Centres

Tables 3.1 and 3.2 show the types of client-related activities reported by program staff for ECD-funded programs at Candora, Amity House, and Norwood CFRC. Contacts in Table 3.1 include direct face-to-face communication. Contacts shown in Table 3.2 include non face-to-face communication which may or may not be direct. Table 3.3 summarizes the data in the two previous tables.

As shown in Table 3.1 for all three programs together, just over half of face-to-face communication is attributed to direct face-to-face contact in the centre (51.9% of the total 4,085 direct face-to-face contacts). Face-to-face contact in the centre is the

[5] It should be noted that Strathcona County Family and Community Services used its ECD Initiative funding for a staff position, and this position has been vacant since October 2004. The program, under guidance of Region 6 Child and Family Services, is currently reviewing this position and attempting to link it to other initiatives. Given this, evaluation-related data for Strathcona are not available at this time.

most common type of contact for two of the three programs (i.e., Candora 56.3% and Amity House 65.3%). Otherwise the type of contact differs significantly. For example, Candora has the highest usage of face-to-face contact in group activities (i.e., 37.1% compared to 8% for Amity House and 12.7% for Norwood CFRC). Amity House in contrast has the highest number of face-to-face contacts in the community (i.e., 21.6%). Norwood in turn reported the highest use of home visits (i.e., 46.7%).

In terms of duration of activities, data were only available for Norwood CFRC. On average, Norwood's face-to-face contact in the centre lasted 30 minutes compared to 36 minutes for their home visits.

TABLE 3.1
Contacts between ECD Workers and Clients by Program Site: Direct Face-to-face Contacts
Child and Family Resource Centres

Child and Family Resource Centres	Type of Contact											
	Home Visits (Visit Contact Occurred)		Face-to-face in Group/ Activity[1]		Face-to-Face in Centre[2]		Face-to-Face in Community[3]		Face-to-face Transportation-related		Total Contacts	
	n	hours	n	hours	n	hours	n	hours	n	hours	n	hours
Candora Society of Edmonton - ECD Program[4]	59	n/a	749	n/a	1,135	n/a	72	n/a	2	n/a	**2,017**	**n/a**
Percentage	2.9	n/a	37.1	n/a	56.3	n/a	3.6	n/a	0.1	n/a	**100.0**	**n/a**
Dickensfield Amity House - Family Support Program[5]	8	n/a	58	n/a	474	n/a	157	n/a	29	n/a	**726**	**n/a**
Percentage	1.1	n/a	8.0	n/a	65.3	n/a	21.6	n/a	4.0	n/a	**100.0**	**n/a**
Norwood Child and Family Resource Centre - Early Start Program	627	378.9	170	279.2	513	252.9	31	24.3	1	1.5	**1,342**	**936.8**
Percentage	46.7	40.4	12.7	29.8	38.2	27.0	2.3	2.6	0.1	0.2	**100.0**	**100.0**
Site Totals	**694**	**378.9**	**977**	**279.2**	**2,122**	**252.9**	**260**	**24.3**	**32**	**1.5**	**4,085**	**936.8**
Percentage	**17.0**	**40.4**	**23.9**	**29.8**	**51.9**	**27.0**	**6.4**	**2.6**	**0.8**	**0.2**	**100.0**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005. Also see footnotes 4 and 5 below.
[1] Face-to-face in Group/Activity contacts include workshops.
[2] Face-to-face in Centre contacts include office visits, admissions, and family meetings.
[3] Face-to-face in Community contacts include hospital visits, and visits in locations that were not specified.
[4] Raw data were obtained from Candora Society of Edmonton ECD Program's in-house database until January 31, 2004. After February 1, 2004, data were obtained from CANFIT. Due to database restrictions, the program does not track length of time of contact.
[5] Data for Dickensfield Amity House Family Support Program were collected from CANFIT and from manual counts supplied by the program. The data reported are from April 1, 2003 to January 31, 2005 as this is when the worker began the program. Information on length of contact was not available in the manual counts.

As shown in Table 3.2, over three-quarters of non face-to-face contacts with clients involve telephone meetings (76.2%, or 923 of 1,211 non face-to-face contacts). Data for contact duration, available only for Norwood CFRC, indicate that over half of all non face-to-face contacts occurred by telephone calls (580 of 836, or 69.4%). On average, the telephone calls lasted approximately 12 minutes per call.

TABLE 3.2
Contacts between ECD Workers and Clients by Program Site: Non Face-to-face Contacts
Child and Family Resource Centres

Child and Family Resource Centres	Type of Contact: Telephone Calls		Telephone Messages		Indirect Contact[1]		Total Contacts	
	n	hours	n	hours	n	hours	n	hours
Candora Society of Edmonton - ECD Program[2]	306	n/a	3	n/a	14	n/a	**323**	**n/a**
Percentage	94.7	n/a	0.9	n/a	4.3	n/a	**100.0**	**n/a**
Dickensfield Amity House - Family Support Program[3]	37	n/a	4	n/a	11	n/a	**52**	**n/a**
Percentage	71.2	n/a	7.7	n/a	21.2	n/a	**100.0**	**n/a**
Norwood Child and Family Resource Centre - Early Start Program	580	115.2	128	n/a	128	56.9	**836**	**172.0**
Percentage	69.4	67.0	15.3	n/a	15.3	33.0	**100.0**	**100.0**
Site Totals	**923**	**115.2**	**135**	**n/a**	**153**	**56.9**	**1,211**	**172.0**
Percentage	**76.2**	**67.0**	**11.1**	**n/a**	**12.6**	**33.0**	**100**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005. Also see footnotes 2 and 3 below.
[1] Indirect contact is any contact made for the purpose of addressing an issue related to the client, but without the client present.
[2] Raw data were obtained from Candora Society of Edmonton ECD Program's in-house database until February 1, 2004. Due to database restrictions the program does not track telephone messages, indirect contacts, or length of time of contact.
[3] Data for Dickensfield Amity House Family Support Program were collected from CANFIT and from manual counts supplied by the program. The data reported are from April 1, 2003 to January 31, 2005 as this is when the worker began the program. Information for length of contact was not available in the manual counts.

Table 3.3 presents a summary comparison of face-to-face and non face-to-face contacts. Provision of service in the form of face-to-face communication with clients represents 77.1% and non face-to-face communication represents 22.9% of the total reported 5,296 contacts. At Norwood CFRC face-to-face contacts involved 84.5% of workers' time as compared to only 15.5% for non face-to-face contacts based on 1,109 hours reported by the agency workers.

TABLE 3.3
Summary of Face-to-face and Non Face-to-face Contacts
Child and Family Resource Centres

Child and Family Resource Centres	Face-to-face Contacts				Non Face-to-face Contacts				Total Contacts			
	n	%	hours	%	n	%	hours	%	n	%	hours	%
Candora Society of Edmonton - ECD Program[1]	2,017	86.2	n/a	n/a	323	13.8	n/a	n/a	**2,340**	**100.0**	**n/a**	**n/a**
Dickensfield Amity House - Family Support Program[2]	726	93.3	n/a	n/a	52	6.7	n/a	n/a	**778**	**100.0**	**n/a**	**n/a**
Norwood Child and Family Resource Centre - Early Start Program	1,342	61.6	936.8	84.5	836	38.4	172.0	15.5	**2,178**	**100.0**	**1,108.8**	**100.0**
Site Totals	**4,085**	**77.1**	**936.8**	**84.5**	**1,211**	**22.9**	**172.0**	**15.5**	**5,296**	**100.0**	**1,108.8**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005. Also see footnotes 2 and 3 below.
[1] Raw data were obtained from Candora Society of Edmonton ECD Program's in-house database until January 31, 2004. Data from February 1, 2004 to January 31, 2005 from CANFIT. Due to database restrictions, the program does not track length of time of contact.
[2] Data for Dickensfield Amity House Family Support Program were collected from CANFIT and from manual counts supplied by the program. The data reported are from April 1, 2003 to January 31, 2005 as this is when the worker began the program. Information for length of contact was not available in the manual counts.

Overall, the difference in the patterns of contact activities among the three programs is consistent with the description of these programs in the earlier process analysis (Hornick et al., May 2003).

3.1.2 Multicultural Family Connections Program

Tables 3.4 and 3.5 show the types of client-related activities reported by program staff for the Multicultural Family Connections Program offered by ASSIST, EMCN, and MCHB Co-op. Table 3.6 presents a summary comparison of these two tables.

As shown in Table 3.4, groups and group activities (which last approximately 1 hour) represent the vast majority of face-to-face contacts with clients at ASSIST (435 of 453, or 96%). At EMCN/MCHB Co-op, however, the largest proportion of face-to-face contacts is represented by home visits (5,540 of 11,207 contacts or 49.4%), with group/group activity making up a considerably smaller proportion of contacts (2,436 of 11,207 contacts or 21.7%).

TABLE 3.4
Contacts between ECD Workers and Clients by Program Site: Direct Face-to-face Contacts
Multicultural Family Connections Program

Multicultural Family Connections Program	Type of Contact											
	Home Visits (Visit Contact Occurred)		Face-to-face in Group/ Activity[1]		Face-to-face in Centre[2]		Face-to-face in Community[3]		Face-to-face Transportation-related		Total Contacts	
	n	hours	n	hours	n	hours	n	hours	n	hours	n	hours
ASSIST Community Services Centre - ECD Program[4]	n/a	n/a	435	454.9	15	6.1	1	3.0	2	2.2	**453**	**466.2**
Percentage	n/a	n/a	96.0	97.6	3.3	1.3	0.2	0.6	0.4	0.5	**100.0**	**100.0**
Edmonton Mennonite Centre for Newcomers and Multicultural Health Brokers Co-op[5,6]	5,540	n/a	2,436	n/a	497	n/a	2,070	n/a	664	n/a	**11,207**	**n/a**
Percentage	49.4	n/a	21.7	n/a	4.4	n/a	18.5	n/a	5.9	n/a	**100.0**	**n/a**
Site Totals	**5,540**	**n/a**	**2,871**	**454.9**	**512**	**6.1**	**2,071**	**3.0**	**666**	**2.2**	**11,660**	**466.2**
Percentage	**47.5**	**n/a**	**24.6**	**97.6**	**4.4**	**1.3**	**17.8**	**0.6**	**5.7**	**0.5**	**100.0**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005. Also see footnote 5 below.
[1] Face-to-face in Group/Activity contacts include workshops.
[2] Face-to-face in Centre contacts include office visits, admissions, and family meetings.
[3] Face-to-face in Community contacts include hospital visits, and visits in locations that were not specified.
[4] ASSIST offers group sessions and workshops, and does not regularly have one-on-one visits or non face-to-face visits.
[5] Multicultural Health Brokers Co-op and Edmonton Mennonite Centre for Newcomers data were collected from CANFIT and from manual counts supplied by the programs. Data reported are from May 1, 2003 to October 31, 2003 for manual counts, and from November 1, 2003 to January 31, 2005 for CANFIT.
[6] Multicultural Health Brokers Co-op and Edmonton Mennonite Centre for Newcomers record this type of ECD-funded activity together under Multicultural Family Connections Program.

As shown in Table 3.5, most non face-to-face client contact for both programs is carried out through telephone meetings. At ASSIST, 88.8% of 178 contacts with clients were by telephone. For EMCN/MCHB Co-op, telephone meetings represented 89.5% of 10,136 non face-to-face contacts. Data on duration of contact were insufficient to allow for analysis.

TABLE 3.5
Contacts between ECD Workers and Clients by Program Site: Non Face-to-face Contacts
Multicultural Family Connections Program

Multicultural Family Connections Program	Type of Contact: Telephone Calls		Telephone Messages		Indirect Contact[1]		Total Non Face-to-face Contacts	
	n	hours	n	hours	n	hours	n	hours
ASSIST Community Services Centre - ECD Program[2]	158	54.9	19	n/a	1	1.0	**178**	**55.9**
Percentage	88.8	98.2	10.7	n/a	0.6	1.8	**100.0**	**100.0**
Edmonton Mennonite Centre for Newcomers and Multicultural Health Brokers Co-op[3]	9,068	n/a	384	n/a	684	n/a	**10,136**	**n/a**
Percentage	89.5	n/a	3.8	n/a	6.7	n/a	**100.0**	**n/a**
Site Totals	**9,226**	**54.9**	**403**	**n/a**	**685**	**1.0**	**10,314**	**55.9**
Percentage	**89.5**	**98.2**	**3.9**	**n/a**	**6.6**	**1.8**	**100.0**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005. Also see footnote 3 below.
1 Indirect contact is any contact made for the purpose of addressing an issue related to the client, but without the client present.
2 ASSIST offers group sessions and workshops, and does not regularly have one-on-one visits or non face-to-face visits.
3 Multicultural Health Brokers Co-operative and Edmonton Mennonite Centre for Newcomers data were collected from CANFIT and from manual counts supplied by the programs. Data reported are from May 1, 2003 to October 31, 2003 for manual counts, and from November 1, 2003 to January 31, 2005 for MIS. Data for Telephone Calls include Telephone Messages left by Cultural Brokers.

Table 3.6 presents a summary comparison of face-to-face and non face-to-face client contacts for ASSIST and EMCN/MCHB Co-op workers. Provision of service in the form of face-to-face client communication for ASSIST represent 71.8% and non face-to-face communication represents 28.2% of the total reported contacts. For EMCN/MCHB, face-to-face was 52.5% and non face-to-face was 47.5% of total contacts. Overall, the pattern of activities represented from client contacts is consistent with the description of these programs in the earlier process analysis report (Hornick et al., May 2003).

TABLE 3.6
Summary of Face-to-face and Non Face-to-face Contacts
Multicultural Family Connections Program

Multicultural Family Connections Program	Face-to-face Contacts				Non Face-to-face Contacts				Total Contacts			
	n	%	hours	%	n	%	hours	%	n	%	hours	%
ASSIST Community Services Centre - ECD Program[1]	453	71.8	466.2	89.3	178	28.2	55.9	10.7	**631**	**100.0**	**522.1**	**100.0**
Edmonton Mennonite Centre for Newcomers and Multicultural Health Brokers Co-op[2]	11,207	52.5	n/a	n/a	10,136	47.5	n/a	n/a	**21,343**	**100.0**	**n/a**	**n/a**
Site Totals	**11,660**	**53.1**	**466.2**	**89.3**	**10,314**	**46.9**	**55.9**	**10.7**	**21,974**	**100.0**	**522.1**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005. Also see footnote 2 below.
1 ASSIST offers group sessions and workshops, and does not regularly have one-on-one visits or non-face-to-face visits.
2 Multicultural Health Brokers Co-operative and Edmonton Mennonite Centre for Newcomers data were collected from CANFIT and from manual counts supplied by the programs. Data reported are from May 1, 2003 to October 31, 2003 for manual counts, and from November 1, 2003 to January 31, 2005 for CANFIT. Data for Telephone Calls include Telephone Messages left by Cultural Brokers.

3.1.3 Leduc County Family and Community Support Services (FCSS)

Tables 3.7, 3.8, and 3.9 show the types of client-related activities reported by program staff for Leduc County FCSS. Of the 431 contacts reported in Table 3.7, over half (51.7%) were home visits and just under half (48.3%) of face-to-face contacts took place in various types of group activities. These contacts primarily involved meetings, presentations, and assessments.

The home visits on average lasted just over 1 hour and the group activities on average lasted approximately 1.5 hours.

TABLE 3.7
Contacts between ECD Workers and Clients by Program Site: Direct Face-to-face Contacts
Leduc County Family and Community Support Services (FCSS) Flying Colors

	Type of Contact					
	Home Visits (Visit Contact Occurred)		Face-to-face in Group/ Activity[1]		Total Contacts	
	n	hours	n	hours	n	hours
Leduc County FCSS Flying Colors	223	252.8	208	328.3	**431**	**581.1**
Percentage	51.7	43.5	48.3	56.5	**100.0**	**100.0**

Source of data: Data are reported for December 1, 2001 to December 31, 2004. Data from December 1, 2001 to January 31, 2004 were drawn from HOMES. Data from February 1, 2004 to December 31, 2004 were drawn from Agency working files because data were not available from HOMES reports.

[1] Face-to-face in Group/Activity includes activities related to meetings, presentations, and assessments. Activities may be located in playschool, day care, indoor playground, and "other," as labelled by the Agency. Distribution of face-to-face contact into group/activity, in centre, in community, and transportation-related was not available from the Agency working files, therefore, these categories have been collapsed into the current category.

As shown in Table 3.8, almost all (98%) of the 3,202 reported non face-to-face contacts were telephone calls. Indirect contact (meetings about the client without the client's presence) involved only about 2% of non face-to-face contacts.

TABLE 3.8
Contacts between ECD Workers and Clients by Program Site: Non Face-to-face Contacts
Leduc County Family and Community Support Services (FCSS) Flying Colors

	Type of Contact					
	Telephone Calls		Indirect Contact[1]		Total Non-Face-to-Face Contacts	
	n	hours	n	hours	n	hours
Leduc County FCSS Flying Colors	3,137	n/a	65	36.3	**3,202**	**n/a**
Percentage	98.0	n/a	2.0	n/a	**100.0**	**n/a**

Source of data: Data are reported for December 1, 2001 to December 31, 2004. Data from December 1, 2001 to January 31, 2004 were drawn from HOMES. Data from February 1, 2004 to December 31, 2004 were drawn from Agency working files because data were not available from HOMES reports.

[1] Indirect contact is any contact made for the purpose of addressing an issue related to the client, but without the client present. Includes family/case conferences.

Table 3.9 presents a summary comparison of face-to-face and non face-to-face client contacts for Leduc County FCSS Flying Colors workers. Provision of service in the form of face-to-face contact with clients represents 11.9% and non face-to-face contact represents 88.1% of the total 3,633 reported contacts.

TABLE 3.9
Summary of Face-to-face and Non Face-to-face Contacts
Leduc County Family and Community Support Services (FCSS) Flying Colors

	Face-to-face Contacts				Non Face-to-face Contacts				Total Contacts			
	n	%	hours	%	n	%	hours	%	n	%	hours	%
Leduc County FCSS Flying Colors	431	11.9	581.1	n/a	3,202	88.1	n/a	n/a	**3,633**	**100.0**	**581.1**	**n/a**

Source of data: Data are reported for December 1, 2001 to December 31, 2004. Data from December 1, 2001 to January 31, 2004 were drawn from HOMES. Data from February 1, 2004 to December 31, 2004 were drawn from Agency working files because data were not available from HOMES reports.

Overall, the pattern of contact for Leduc County FCSS program is consistent with the description of this program in the earlier process analysis (Hornick et al., May 2003).

3.2 Group Activities: Group Sessions

A number of programs offer group-related activities. The data reported in this section of the report reflect agency services for adults and for children offered in group sessions.

3.2.1 Child and Family Resource Centres

As shown in Table 3.10, there is considerable variation in the number of group sessions offered by the three Child and Family Resource Centre agencies. Norwood CFRC has a considerably higher average number of participants (12) as compared to Amity House (average of 5 participants) and Candora (average of 3.7 participants).

TABLE 3.10
Group Sessions
Child and Family Resource Centres

Child and Family Resource Centres	Number of Groups Sessions Offered	Average Number of Adult Participants	Average Number of Child Participants
Candora Society of Edmonton - ECD Program	158	3.7	n/a
Dickensfield Amity House - Family Support Program[1]	23	5.0	7.0
Norwood Child and Family Resource - Early Start Program[2]	22	12.0	n/a

Source of data: Region 6 Edmonton and Area Child and Family Services Authority ECD Monitoring and Evaluation Report, April 1, 2003 to March 31, 2004. Manual counts for April 1, 2004 to January 31, 2005 were provided by the programs.
[1] At time of reporting, Dickensfield Amity House Family Support Program data were not available for period of April 1, 2004 to January 31, 2005.
[2] Data are from January 1, 2003 to December 31, 2004.

3.2.2 Multicultural Family Connections Program

As Table 3.11 indicates, the average number of group participants was 25 for ASSIST and 30 for EMCN/MCHB.

TABLE 3.11
Group Sessions
Multicultural Family Connections Program

Multicultural Family Connections Program	Number of Groups Sessions Offered	Average Number of Adult Participants	Average Number of Child Participants
ASSIST Community Services Centre - ECD Program	25	12.5	12.2
Edmonton Mennonite Centre for Newcomers and Multicultural Health Brokers Co-op	30	16.6	13.6

Source of data: Region 6 Edmonton and Area Child and Family Services Authority ECD Monitoring and Evaluation Report, April 1, 2003 to March 31, 2004. Manual counts for April 1, 2004 to January 31, 2005 were provided by the programs.

3.2.3 Leduc County Family and Community Support Services (FCSS)

From January 1, 2004 to December 31, 2004, Leduc County FCSS offered 29 group sessions. For all groups and workshops, there were 81 parent participants and 60 child participants; however, data on participants for only the group sessions were not available from the program.

3.3 Group Activities: Social-based Activities

Social-based activities are usually recreational and may include luncheons, Christmas parties, and field trips. Only activities that were part of the ECD program are reported in the following tables. It should be noted that it is possible that an agency offers social-based activities to its non-ECD funded program clients. Child and Family Resource Centre agencies and Leduc County FCSS Flying Colours do offer social-based activities; however, these are open to everyone and are not restricted to ECD clients.

3.3.1 Multicultural Family Connections Program

ASSIST offers the following programs: Low Cost Summer Program; Registration Day; Mid Autumn Children's Carnival; Bright Nights Christmas Outing; Chinese New Year Celebration at City Hall; and Chinese New Year Family Gathering. Social-based activities are not included in EMCN or MCHB logic models.

TABLE 3.12
Social-based Activities
Multicultural Family Connections Program

Multicultural Family Connections Program	Number of Social-based Activities Offered	Average Number of Adult Participants	Average Number of Child Participants
ASSIST Community Services Centre - ECD Program[1]	14	36.5	47.0
Edmonton Mennonite Centre for Newcomers and Multicultural Health Brokers Co-op	n/a	n/a	n/a

Source of data: Region 6 Edmonton and Area Child and Family Services Authority ECD Monitoring and Evaluation Report, April 1, 2003 to March 31, 2004. Program's manual counts, April 1, 2004 to January 31, 2005.

[1] Data includes Low Cost Summer Program, Registration Day, Child mid-Autumn Children's Carnival, Bright Nights Christmas Outing, Chinese New Year Celebration at City Hall, and Chinese New Year Family Gathering.

3.4 Group Activities: Workshops

Workshops are usually offered one time and not on an ongoing basis. As well workshops are held as a group activity. Child and Family Resource agencies do not offer workshops.

3.4.1 Multicultural Family Connections Program

ASSIST offered 12 workshops from April 1, 2003 to March 31, 2004. There was an average of 13.3 adult participants in these workshops.

3.4.2 Leduc County Family and Community Support Services (FCSS)

From January 1, 2004 to December 31, 2004, Leduc County FCSS offered 5 workshops. For all groups and workshops, there were 81 parent participants and 60 child participants; however, data on participants for only the workshops were not available from the program.

4.0 PROGRAM OUTPUT: PROFILES OF CLIENTS SERVED

This chapter presents a profile of the clients served by ECD programs. As mentioned in the beginning of Chapter 3.0, there are considerable differences among ECD programs which limit comparisons. For this reason, the data reported in this chapter are grouped by the three types of programs rather than by a single data table that presents all eight ECD programs.

Discussion of the programs will be presented in the following order:[6]

- Child and Family Resource Centres: Candora Society of Edmonton (Candora), Dickensfield Amity House (Amity House), and Norwood Child and Family Resource Centre (CFRC);
- Multicultural Family Connections Program: ASSIST Community Services Centre (ASSIST), Edmonton Mennonite Centre for Newcomers (EMCN), and Multicultural Health Brokers Co-operative (MCHB Co-op); and
- Leduc County Family and Community Support Services (FCSS).

4.1 Client Intake

A family's eligibility for ECD services is based on different sets of criteria depending on the agency. All of the agencies consider family income as one criterion and clients must volunteer for services, although Leduc County FCSS and Strathcona County FCS place less emphasis on family income as compared to the other ECD programs. Otherwise, there is considerable variation as to what other factors are included in decisions about eligibility for program services.

ASSIST, EMCN, and MCHB Co-op serve multicultural families. These agencies, including Dickensfield Amity House, which also has a majority of multicultural clients, include the number of family members in decisions about program eligibility. In addition to caring for their children, these families often need to support grandparents and other, often older, family members. Section 4.2 below presents data on the multicultural clients in the programs.

Agencies offering the Multicultural Family Connections Program focus on new Canadian families, in particular, refugees and new immigrants. There is a wide range of issues and concerns that may be related to this population. As well, many families are unfamiliar with the English language and western customs.

[6] As noted in the previous chapter, Strathcona County Family and Community Services used its ECD Initiative funding for a staff position, and this position has been vacant since October 2004. The program, under guidance of Region 6 Child and Family Services, is currently reviewing this position and attempting to link it to other initiatives. Given this, evaluation-related data for Strathcona are not available at this time.

4.2 Demographic Characteristics

ECD program services generally focus broadly on the family, in contrast to home visitation programs which are designed to provide services for families assessed to be at high risk with their first newborn. Often, home visitation client families are headed by young single mothers who have low levels of income and limited education and job skills. For ECD programs, information on the age of mother and child at program entry is not used to determine program eligibility and may not even be collected by some ECD programs. This type of information, however, is useful in describing the demographic profile of client populations in ECD programs and, therefore, is discussed in this section.

4.2.1 Child and Family Resource Centres

Age of Mother

Data on age of mother at program entry are not systematically collected. While data are missing for the majority of clients at Dickensfield Amity House and Norwood CFRC, the average age of the mother is 33 to 34 years.[7] Candora does not collect this information.

Marital Status

Table 4.1 presents data on single- and two-parent families who ever received ECD services from Candora Society of Edmonton, Dickensfield Amity House and Norwood CFRC. Three-quarters (74.6%) of clients at Dickensfield Amity House are in two-parent families. In contrast, 65.3% of clients from Norwood CFRC and 57.8% of clients from Candora are in single-parent families.

TABLE 4.1
Single and Two-parent Families
Child and Family Resource Centres

Child and Family Resource Centres	Single Parent Families		Two-parent Families		Total Files Ever Opened[1]	
	n	%	n	%	n	%
Candora Society of Edmonton - ECD Program[2]	37	57.8	27	42.2	64	100.0
Dickensfield Amity House Family Support Program	31	25.4	91	74.6	122	100.0
Norwood Child and Family Resource Early Start Program	109	65.3	58	34.7	167	100.0
Site Totals	**177**	**50.1**	**176**	**49.9**	**353**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] Based on families whose cases have been opened and have received services.
[2] Candora Society of Edmonton did not collect data on client's marital status prior to February 2004. Data reported are from February 1, 2004 to January 31, 2005 and the total files ever opened including cases where maritial status was missing was 90.

[7] Dickensfield Amity House had n=50, 62% missing data. Norwood CFRC had n=124, 82.3% missing data.

Aboriginal and Multicultural Families

As compared to the other two Child and Family Resource Centres, a large percentage (62.3%) of clients in the Dickensfield Amity House Family Support Program was identified to be multicultural (see Table 4.2).

TABLE 4.2
Aboriginal and Multicultural Families
Child and Family Resource Centres

Child and Family Resource Centres	Aboriginal Families		Multicultural Families		Not Reported/Non Aboriginal or Multicultural		Total	
	n	%	n	%	n	%	n	%
Candora Society of Edmonton ECD Program[1]	20	32.8	2	3.3	39	63.9	**61**	**100.0**
Dickensfield Amity House Family Support Program	10	8.2	76	62.3	36	29.5	**122**	**100.0**
Norwood Child and Family Resource Early Start Program	4	2.4	48	28.7	115	68.9	**167**	**100.0**
Site Totals	**34**	**9.7**	**126**	**36.0**	**190**	**54.3**	**350**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005.

[1] Prior to June 2004 Candora Society of Edmonton collected data on individual ethnicity rather than family ethnicity. The Program reported 718 registrants in programs, individual support, and the Discovery Centre. Registrants reported the following ethnic backgrounds: 237 Caucasian; 208 Aboriginal; 107 Latin American; 63 Kurdish; 42 Metis; 37 other ethnicity; and 24 did not report their ethnicity. The table above reports on data collected after June 2004 and may or may not include data from previous individual totals. Data reported are from February 1, 2004 to January 31, 2005.

Age of Child at Program Entry

As Table 4.3 shows, just over three-quarters (75.7%) of children who start receiving ECD program services from Child and Family Resource Centres are 4 years of age or younger.

TABLE 4.3
Age of Child at Program Entry
Child and Family Resource Centres

Child and Family Resource Centres	Prenatal		Over Prenatal to 1 Year		Over 1 Year to 2 Years		Over 2 Years to 3 Years		Over 3 Years to 4 Years		Over 4 Years to 5 Years		Over 5 Years to 6 Years		Over 6 Years to 7 Years		Not Reported		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Candora Society of Edmonton ECD Program[1]	10	5.0	46	22.8	34	16.8	30	14.9	36	17.8	28	13.9	8	4.0	6	3.0	4	2.0	**202**	**100.0**
Dickensfield Amity House Family Support Program	8	5.2	10	6.5	24	15.7	36	23.5	37	24.2	25	16.3	5	3.3	0	0.0	8	5.2	**153**	**100.0**
Norwood Child and Family Resource Early Start Program	18	6.6	33	12.1	37	13.6	58	21.2	59	21.6	35	12.8	13	4.8	8	2.9	12	4.4	**273**	**100.0**
Site Totals	**36**	**5.7**	**89**	**14.2**	**95**	**15.1**	**124**	**19.7**	**132**	**21.0**	**88**	**14.0**	**26**	**4.1**	**14**	**2.2**	**24**	**3.8**	**628**	**100.0**

Source of data: CANFIT and HOMES. From December 1, 2001 to January 31, 2005.

[1] Candora Society of Edmonton data prior to January 31, 2004 are from manual counts provided by the program.

4.2.2 Multicultural Family Connections Program

Age of Mother

ASSIST, EMCN and MCHB Co-op all collect data on age of mother at program entry. Multicultural Family Connections Program clients in ASSIST are slightly older than in the other two agencies. The average age of mothers in ASSIST was about 35 years old as compared to 30 years for EMCN and MCHB Co-op.[8]

Marital Status

As shown in Table 4.4, the majority of clients are in two-parent families (64.5%), with 96.4% for ASSIST and 60.2% for EMCN and MCHB Co-op.

TABLE 4.4
Single and Two-parent Families
Multicultural Family Connections Program

Multicultural Family Connections Program	Single Parent Families		Two-parent Families		Total Files[1]	
	n	%	n	%	n	%
ASSIST Community Services Centre - ECD Program	2	3.6	53	96.4	55	100.0
Edmonton Mennonite Centre for Newcomers and Multicultural Health Brokers Co-op	163	39.8	247	60.2	410	100.0
Site Totals	**165**	**35.5**	**300**	**64.5**	**465**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] Based on families whose cases have been opened and have received services.

Aboriginal and Multicultural Families

As expected, all clients in the Multicultural Family Connections Program are identified as being multicultural and none were Aboriginal. Of the total 465 multicultural client families, 55 were from ASSIST and 410 were from EMCN and MCHB Co-op.

Age of Child at Program Entry

As Table 4.5 indicates, ASSIST takes in a slightly younger group of children in comparison with EMCN and MCHB Co-op. Compared to 70.6% of children aged 3 or younger entering ASSIST programs, 54.3% of children starting at EMCN and MCHB Co-op programs were in this age group.

[8] Based on data from December 1, 2001 to January 31, 2004. ASSIST had n=33, with 9.5% missing data. EMCN and MCHB Co-operative had n=228, with 21.1% missing data.

TABLE 4.5
Age of Child at Program Entry
Multicultural Family Connections Program

Multicultural Family Connections Program	Prenatal		Over Prenatal to 1 Year		Over 1 Year to 2 Years		Over 2 Years to 3 Years		Over 3 Years to 4 Years		Over 4 Years to 5 Years		Over 5 Years to 6 Years		Over 6 Years to 7 Years		Not Reported		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
ASSIST Community Services Centre - ECD Program	9	13.2	18	26.5	13	19.1	8	11.8	7	10.3	7	10.3	4	5.9	0	0.0	2	2.9	**68**	**100.0**
Centre for Newcomers and Multicultural Health Brokers Co-op	98	15.8	99	15.9	74	11.9	66	10.6	94	15.1	68	11.0	48	7.7	39	6.3	35	5.6	**621**	**100.0**
Site Totals	**107**	**15.5**	**117**	**17.0**	**87**	**12.6**	**74**	**10.7**	**101**	**14.7**	**75**	**10.9**	**52**	**7.5**	**39**	**5.7**	**37**	**5.4**	**689**	**100.0**

Source of data: CANFIT, December 1, 2001 to January 31, 2005.

4.2.3 Leduc County Family and Community Support Services (FCSS)

Age of Mother

Leduc County FCSS does not collect data on mother's age.

Marital Status

Data on marital status were not available from the Agency at the time of reporting.

Aboriginal and Multicultural Families

Most Leduc County FCSS clients do not report on this information. Based on information from the program, one family was reported as Aboriginal between January 1, 2004 to December 31, 2004.

Age of Child at Program Entry

The majority of children who begin to receive services from Flying Colours are seven years old or younger. The child client population at Leduc County FCSS appears to be considerably older than for the other agencies discussed above.

TABLE 4.6
Age of Child at Program Entry
Leduc County Family and Community Support Services (FCSS) Flying Colours

	0 to 7 Years		Over 7 Years to 13 Years		Over 13 Years to 18 Years		Total	
	n	%	n	%	n	%	n	%
Leduc County FCSS Flying Colours	32	82.1	5	12.8	2	5.1	**39**	**100.0**

Source of data: Agency working files, January 1, 2004 to December 31, 2004.
Note: age categories are drawn from the Agency's working files.

5.0 OUTCOME RESULTS

This chapter presents an analysis of outcome measures. The implementation of data entry procedures across ECD programs was not completed until the fall of 2003. The outcome analysis is based on data collected from CANFIT, the ECD MIS client database, and includes data for the time period from December 1, 2001 to January 31, 2005. Besides baseline measures (Time 1), the analysis includes follow up measures (Time 2) where possible. Programs have only been collecting and entering Time 2 outcome data since fall of 2004. Given the limited numbers of cases, caution must be taken with interpretation of the findings. Discussion of the results in this chapter focus on comparisons of percentages only where there are sufficient data for analysis.

The findings are based on the following outcomes measures:

- Being a Parent Scale (BAPS)
- Community Contact and Referral Tracking (CCRT): Parent Survey conducted at Time 1 and the CCRT Survey, which is comprised of referrals made by the worker, conducted at Time 2;
- Child Development Inventory (CDI)
- Developmental Knowledge Scale (DKS)
- Life Events Stress Scale (LESS)
- Perceived Stress Scale (PSS): baseline scores for the 4-item and 10-item scales; and
- Social Network Index (SNI).

5.1 Being a Parent Scale (BAPS)

One of the stated Regional ECD outcomes is "parents have increased confidence regarding parenting." The BAPS provides this information in two areas. First, it provides a general indication of how satisfied relatively new parents (of children from birth to about 6 years of age) are with themselves as parents. This provides a general indication of how well the parent is adjusting to the new roles and responsibilities of parenthood. Second, it provides an indication of how effective the parent feels he/she is being, as a parent compared to other parents, and to the demands of parenting in general. This second indicator is sometimes called *parenting efficacy* and it may be thought of as that portion of a parent's self esteem that arises specifically out of how he/she feels they are doing as parents. Together, the two parts of this measure will describe generally how new parents are faring in their transition to the role of parents, and further, how successfully they are incorporating the facts and responsibilities of parenthood into their lives and core self concepts.

The BAPS includes 16 statements and the parent is asked to indicate the extent to which they agree or disagree with each statement. Each statement is scored on a Likert scale: 1 (strongly disagree); 2 (disagree); 3 (mildly disagree); 4 (mildly agree); 5 (agree); and 6 (strongly agree). Thus, a higher score is a more positive self-rating in terms of being an ideal parent.

5.1.1 Analysis of Scores from the Being a Parent Scale (BAPS)

Dickensfield Amity House is currently the only agency using the Being a Parent Scale (BAPS) for its parenting groups. Scores were obtained for 41 parents in Time 1. Of this group, only 5 parents had scores in Time 2 and thus are excluded from analysis. Results on the satisfaction and efficacy subscales and total scales are shown in Table 5.1 for the first time the BAPS was given to parents.

Table 5.1 shows the average endorsement levels for the total BAPS, and for each of the two subscales. The higher endorsement level of 3.8 on the satisfaction subscale as compared to 2.2 on the efficacy subscale indicates that parents tend to feel less sure of themselves with respect to how they are doing as parents; however, they also feel more satisfied in terms of being a parent. Another way of looking at this is to compare the total scores (provided in the footnotes in Table 5.1). Of the 41 parents, the average BAPS total score was 49.8 (the total possible score is 96). When analysed by the subscales, the average score for the group was 34.3 on the satisfaction subscale (the total possible score is 54); and the average score for the group was 15.5 on the efficacy subscale (the total possible score is 42). The results indicate that the respondents tend to generally possess a more positive than negative self-image as a parent. The average subscale scores are comparatively higher for satisfaction than for efficacy when the mean score is compared to the maximum possible score, indicating that the parents have less confidence in their parenting-effectiveness, but they feel more satisfied in being a parent.

TABLE 5.1
Mean Scores on Being a Parent Scale (BAPS)
Average Item Endorsement Levels[1]

ECD Program Site	Total Scale[2] Mean Score	Satisfaction Subscale[3] Mean Score	Efficacy Subscale[4] Mean Score
Dickensfield Amity House (n=41)	3.1	3.8	2.2

Source of data: CANFIT, December 1, 2001 to January 31, 2005.

[1] Each of the mean scores shown is the average item endorsement level which is calculated by the total score divided by number of items. Higher scores indicate a more positive rating.

[2] Average total score was 49.8. Maximum possible score on 16 items is 96.
Total Scale range: minimum=16, maximum=75. Standard deviation =11.8.

[3] Average Satisfaction score was 34.3. Maximum possible score on 9 items is 54.
Satisfaction subscale range: minimum=14 and maximum=54. Standard deviation=9.5.

[4] Average Efficacy score was 15.5. Maximum possible score on 7 items is 42.
Efficacy subscale rane: minimum=2 and maximum=31. Standard deviation=5.7.

5.2 Community Contact and Referral Tracking (CCRT)

Two core features of most ECD program logic models are "to assist families in meeting their needs" and "to assist families in becoming connected to community resources that would support or enrich their experiences as a developing family." It is understood that no one program can meet all the needs families have, and thus all ECD programs recognize the need to be able to help families become informed about and connected to the resources that their community has to offer families. These resources can include such things as professional services of public health nurses, speech therapists, psychologists, physicians, and dentists. They also include valuable community resources such as libraries, public pools, community centres, family resource centres, and many more programs, groups, organizations, and public places that can support and enrich the lives of families and the children and adults developing within them. Historically, programs have done a good job counting the number of professional referrals they make, but usually have not systematically kept track of all the referrals and suggested community contacts that may be made for families connected to their program. The Community Contact and Referral Tracking System (CCRT) was developed to address this shortfall in information-gathering.

The CCRT has a detailed category system for organizing the range of community contacts and referrals that programs dealing with families might make. This system was developed by reviewing the specific referrals made by a number of home visitation and other early intervention programs working with families over a three to four year period. The resulting category system makes it possible to examine the profiles of referrals made by individual programs and to compare those profiles (presented as the percentage of community contacts and referrals that fall into each category) across programs as a way of describing the nature of the needs of the families they serve. The average number of contacts and referrals and the average profile of those contacts and referrals can also be examined at the level of individual participating families within the programs. Finally, the nature and extent of families' connections with community resources can be assessed at the start of their involvement with the programs using the CCRT Parent Survey.

The CCRT Parent Survey asks parents to work through the category system (with selected examples presented) and to list or check off any community resources they are currently or have recently connected to. This provides a baseline description of the nature and extent of community connections experienced by new program participants and can be used both to profile the incoming program participant population and as a baseline against which ongoing program community contacts and referrals can be gauged.

It is also possible to use this same strategy to assess what new program participants are aware of (or knowledgeable of) in the way of community resources. A pre- and post-program experience assessment with this CCRT Parent Survey would show what new community resource knowledge participating families had acquired during their time in the program. Currently, no ECD programs are using the CCRT Knowledge Survey.

5.2.1 Analysis of Responses from the Community Contact and Referral Tracking (CCRT)

All eight ECD programs are recording their participant families' community contact and referral information to some extent; however, at the time of reporting, a number of these programs had not yet collected sufficient numbers of contacts to allow for any analysis of the data. Tables 5.2 and 5.3 show the number of referrals that were collected by three programs, Candora Society of Edmonton, Norwood CFRC, and Multicultural Healthy Brokers (MCHB). These programs had sufficient numbers of contacts recorded to at least support a general descriptive analysis of those contacts and referrals. Additionally, the last column in each of the two tables shows the average number of referrals per family. Table 5.2 shows the pre-program referral reports data collected from the parent-completed survey of contacts (CCRT Parent Survey) experienced prior to program involvement. Please note that MCHB programs did not collect pre-program data on the CCRT since it was not relevant to their clients.

TABLE 5.2
Community Contact and Referral Tracking Parent Survey: Pre Program

ECD Program Site	Type of Activity/Program																Average Number of Referrals per Family
	Basic Needs[1]		Child Care/ Support[2]		Education, Schools, Literacy[3]		Family/ Parent Support[4]		Physical and Mental Health[5]		Recreation/ Family Activities[6]		Spiritual/ Cultural		Total Referrals		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Candora Society of Edmonton (n=13 families)	18	**38.3**	3	**6.4**	4	**8.5**	1	**2.1**	10	**21.3**	9	**19.1**	2	**4.3**	47	**100.0**	**3.6**
Norwood CFRC (n=52 families)	28	**8.0**	55	**15.7**	53	**15.1**	26	**7.4**	86	**24.5**	76	**21.7**	27	**7.7**	351	**100.0**	**6.8**

Source of data: CANFIT, CCRT Parent Survey, December 1, 2001 to March 31, 2005.

[1] Basic Needs includes services related to: food; clothing; shelter; employment; transportation; and legal assistance. For example, Interfaith Food Bank, Housing Authority, Supports for Independence, and Legal Aid.

[2] Child Care/Support includes Daycare, Preschool, Child Services examples include Daycare, and Children's Cottage.

[3] Education, Schools, Literacy Programs examples include Adult Basic Education, Literacy and Parenting Skills Program, and Public Library.

[4] Family/Parent Support examples include Nobody's Perfect, Baby and You, and Big Brothers and Big Sisters.

[5] Physical and Mental Health includes Public/Community Health, medical clinics/services, counselling, crisis services. For example, Public Health Nurses, Women's Health Centre, AADAC, Distress Centre.

[6] Recreation/Family Activities examples include Parks and Recreation, and Community Centre.

Table 5.3 shows the contacts and referrals tracked and recorded during the delivery of services with the assistance of ECD program staff using the CCRT. The data represent referrals made by the worker and do not account for whether the client actually followed up on a referral.

TABLE 5.3
Community Contact and Referral Tracking: In Program (Time 2)

ECD Program Site	Type of Activity/Program																		Average Number of Referrals per Family
	Basic Needs[2]		Child Care/ Support[3]		Education, Schools, Literacy[4]		Family/ Parent Support[5]		General Support Agencies[6]		Physical and Mental Health[7]		Recreation/ Family Activities[8]		Spiritual/ Cultural		Total Referrals		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
EMCN/MCHB[1] Co-operative (n=350 families)	1,015	**43.0**	63	**2.7**	180	**7.6**	362	**15.3**	298	**12.6**	364	**15.4**	73	**3.1**	7	**0.3**	2,362	**100.0**	**6.7**
Norwood CFRC (n=106 families)	282	**49.4**	40	**7.0**	18	**3.2**	108	**18.9**	34	**6.0**	41	**7.2**	48	**8.4**	0	**0.0**	571	**100.0**	**5.4**

Source of data: CANFIT, CCRT Survey, December 1, 2001 to March 31, 2005.
Note: Candora Society of Edmonton not reported here due to small number of Time 2 cases (n=2 families).
[1] Data for EMCN/MCHB were collected from November 2003 to March 31, 2005.
[2] Basic Needs includes services related to: food; clothing; shelter; employment; transportation; and legal assistance. For example, Interfaith Food Bank, Housing Authority, Supports for Independence, and Legal Aid.
[3] Child Care/Support includes Daycare, Preschool, Child Services examples include Daycare, and Children's Cottage.
[4] Education, Schools, Literacy Programs examples include Adult Basic Education, Literacy and Parenting Skills Program, and Public Library.
[5] Family/Parent Support examples include Nobody's Perfect, Baby and You, and Big Brothers and Big Sisters.
[6] General Support Agencies examples include Immigrant Women's Association, Urban Project Society, Norwood Child and Family Resource Centre, and Bent Arrow Traditional Healing Societ
[7] Physical and Mental Health includes Public/Community Health, medical clinics/services, counselling, crisis services. For example, Public Health Nurses, Women's Health Centre, AADAC, Distress Centre.
[8] Recreation/Family Activities examples include Parks and Recreation, and Community Centre.

The numbers vary, partly due to differing levels of program activity in this area, but more due to different time periods over which data were collected and recorded. Some programs (e.g., Norwood CFRC Early Start) have been collecting this information for over three years while others (e.g., EMCN/MCHB Co-op) have only been collecting the information for seven months, but still report a lot of referrals. Due to these variations we will only discuss the data either as percentages or at the individual program level as comparisons based on number of contacts/referrals would be misleading.

A review of the average number of referrals per family indicates that some programs seem to be engaged with families that are more in need of additional community contacts and referrals than others. As shown in Table 5.3, EMCN/MCHB Co-op made 6.7 referrals per family during a seven month period. Norwood CFRC made 5.4 referrals per family within the study timeframe.

Finally, Table 5.4 indicates the percentage of the in program contact/referrals made that were recorded as "successful" (meaning that the family attended the organization, program, or event). Sufficient data were available only for programs at EMCN/MCHB Co-op and Norwood CFRC. For both agencies, approximately half of their referrals were judged to be successful.

TABLE 5.4
Community Contact and Referral Tracking: Success Rates

ECD Program Site	Total Number of In program Referrals	Successful Referrals[2]	
		n	%
EMCN/MCHB Co-operative (n=350 families)[1]	2,362	1,180	50.0
Norwood CFRC (n=106 families)	571	301	52.7

Source of data: CANFIT, CCRT Survey, December 1, 2001 to March 31, 2005.
Note: Candora Society of Edmonton not reported here due to small number of Time 2 cases (n=2 families).
[1] Data for EMCN/MCHB were collected from November 2003 to March 31, 2005.
[2] Successful referrals are determined by the programs upon follow-up with clients.

Contact/Referrals by Category

In addition to the overall numbers of contacts/referrals made, it is also possible to examine the breakdown of the recorded contact/referrals in terms of the main categories of the content category system described above as developed with data from a number of home visitation and other early intervention programs. Referring again to Tables 5.2 and 5.3, not all programs facilitated contacts/referrals in all categories. Note also that the percentages (rather than the raw number of contacts/referrals) are bolded as they are not affected by overall numbers of contacts/referrals and are therefore easier to interpret.

A review of these percentages clearly highlights both similarities and differences in the families participating in the ECD programs shown in these tables. Note, for example, in Table 5.3, the higher proportion of basic needs contacts/referrals in the Norwood CFRC (49.4%) as compared to EMCN/MCHB Co-op (43%). This reflects differing family profiles and needs across these programs.

It is also possible to examine whether there are any trends in the contacts and referrals made within programs when the pre-program CCRT Parent Survey data is also examined. This comparison helps to answer the question of whether families in fact access what they need once they enter the program. While this could be done by comparing the data in Tables 5.2 and 5.3, it could be potentially misleading as these tables may contain data from families for whom data are available only on the Parent Survey or the ongoing contact/referral records but not both. For this reason Table 5.5 was constructed. This table contains CCRT Parent Survey (pre-program referrals) and CCRT Survey (in program, ongoing contact and referrals) data for only those families that have data available in the information system. Data for Norwood CFRC are reported below.

TABLE 5.5
Community Contact and Referral Tracking: Pre-Program vs. In Program[1]
Norwood Child and Family Resource Centre

Category	Pre Program Referrals		In Program Referrals	
	n	%	n	%
Basic Needs[2]	28	7.9	282	49.4
Child Care/Support[3]	55	15.5	40	7.0
Education/Literacy[4]	53	15.0	18	3.2
Family/Parent Support[5]	26	7.3	108	18.9
General Support Agencies[6]	3	0.8	34	6.0
Physical and Mental Health[7]	86	24.3	41	7.2
Recreation/Family Activities[8]	76	21.5	48	8.4
Spiritual/Cultural	27	7.6	0	0.0
Category Total	**354**	**100.0**	**571**	**100.0**

Source of data: CANFIT, CCRT Parent Survey, CCRT Survey, December 1, 2001 to March 31, 2005.
[1] Based on families who completed the CCRT Parent Survey (n=52) and the CCRT Survey (n=106).
[2] Basic Needs includes services related to: food; clothing; shelter; employment; transportation; and legal assistance. For example, Interfaith Food Bank, Housing Authority, Supports for Independence, and Legal Aid.
[3] Child Care/Support includes Daycare, Preschool, Child Services examples include Daycare, and Children's Cottage.
[4] Education, Schools, Literacy Programs examples include Adult Basic Education, Literacy and Parenting Skills Program, and Public Library.
[5] Family/Parent Support examples include Nobody's Perfect, Baby and You, and Big Brothers and Big Sisters.
[6] General Support Agencies examples include Immigrant Women's Association, Urban Project Society, Norwood Child and Family Resource Centre, and Bent Arrow Traditional Healing Society.
[7] Physical and Mental Health includes Public/Community Health, medical clinics/services, counselling, crisis services. For example, Public Health Nurses, Women's Health Centre, AADAC, Distress Centre.
[8] Recreation/Family Activities examples include Parks and Recreation, and Community Centre.

The data in Table 5.5 clearly suggest that the program is monitoring the levels of community contact and need in the participating families in relation to some criteria of what constitute a "sufficient" level of community contact in each of the eight basic contact/referral categories. Based upon a pre-program assessment of each family's level of community contact and need/risk, the program focuses their community contact activities with participating families in areas in which they perceive their families to require some additional contacts/referrals. Norwood CFRC participants do not come into the program with many Basic Needs connections and yet clearly need some as they constitute a large proportion of ongoing, in-program referrals. The pattern for Family/Parent support is also similar. On the other hand, Physical/Mental Health and Recreational/Family Activities show the opposite pattern with participant families seeming to have sufficient contacts established in these areas when they start their program involvement. Ideally, once sufficient numbers of referrals have been recorded, it will be possible to examine the patterns of referrals made over the time that families are involved in the program, perhaps in three or six month intervals.

5.3 Child Development Inventory (CDI)

One of the Regional ECD Outcomes is that "parents have increased knowledge of parenting." The Child Development Inventory (CDI) is intended to provide an indication of the parent's overall child development knowledge in each of the following areas:

- emotional development (refers to how much parents know about the causes and consequences of their child's emotional reactions);

- cognitive development (refers to how much parents know about their child's developing thought processes);

- physical development (refers to how much parents know about what young children are capable of in terms of eating habits, nutrition, and sleep patterns etc.); and

- social development (in the context of this measure, refers to how much parents know about how best to respond to their child's behaviour).

The CDI has 39 items scored on a scale of 0 to 100, and basically samples parents' knowledge about child development in each area. A high percentage score, where only a few items failed, indicates that the parent knows a lot about this aspect of child development.

5.3.1 Analysis of Scores from the Child Development Inventory (CDI)

This measure was used to a very limited extent at Time 1 only by Dickensfield Amity House and Multicultural Family Connections Program. CDI scores between these two ECD programs should not be compared because of different services and client groups (particularly considering the language and cultural issues with the MCFC clients).

As Table 5.6 shows the clients at Dickensfield Amity House who completed the Child Development Inventory (CDI) demonstrated a moderate level of knowledge of child development (mean score of 80). Of the four subscales, the average score of 66.7 on social development was considerably lower compared to the others. The average score of 92 on emotional development indicates that clients tended to perform at a considerably higher level on this subscale as compared to the other three subscales.

The Multicultural Family Connections Program clients who completed the Child Development Inventory (CDI) at Time 1 achieved an average score of 65.1. Of the four subscales, the average score of 61 on cognitive development was the lowest compared to the others. The average score of 72 on emotional development indicates that clients tended to perform at a considerably higher level on this subscale as compared to the other three subscales.

TABLE 5.6
Mean Scores on the Child Development Inventory (CDI)[1]

ECD Program Site	Total Scale Mean	Emotional Development Subscale Mean	Cognitive Development Subscale Mean	Physical Development Subscale Mean	Social Development Subscale Mean
Dickensfield Amity House (n=5)	80.0	92.0	82.0	78.0	66.7
Multicultural Family Connections Program (n=10)	65.1	72.0	61.0	65.0	62.2

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] Scores on the CDI are based on the percentage of correct answers and range from 0 to 100.

5.4 Developmental Knowledge Scale (DKS)

The Developmental Knowledge Scale (DKS) is another measure of the Regional ECD Outcome that “parents have increased knowledge of parenting.” The DKS is given to parents who have had some experience with children, and is designed to assess the parent’s knowledge level regarding general child development. This measure is designed to assess parents of children over 2 years old and is individualized by programs. Validity and reliability have not been established.

The DKS provides information about parents’ knowledge in the following areas:

- when and how children develop;
- supporting children in their development;
- importance of play;
- expectations of young children;
- spoiling;
- discipline;
- adult/child relationships;
- preparation for parenthood; and
- opinions on policies related to children and families.

5.4.1 Analysis of Scores from the Developmental Knowledge Scale (DKS)

There were sufficient numbers of Developmental Knowledge Scale (DKS) scores from clients at Dickensfield Amity House and Leduc County FCSS to pool and analyse for this report. There were, however, only five clients with Time 2 scores and, therefore, these data are not reported.

Results are shown in Table 5.7 for each program and aggregated for both programs. Any differences between the programs in DKS scores should be viewed as reflections of differences among the families that attend each program site (rather than differences in program function).

Overall it is clear that the parents responding to the DKS have a less than complete knowledge of child development. The overall average score across the two programs is 51.7% (see Table 5.7), which is slightly below the overall averages obtained when this measure was completed by a broader sample of families (including many families with levels of risk lower than would be required for them to be offered the

programs). Only two of the subscales of the DKS, knowledge of development and adult/child relations, include sufficient numbers of questions such that results are reliable. All other scales were pooled and reported as part of the overall scores. For both the knowledge of development, and adult/child relations subscales Table 5.7 shows that, on average, parents could use some additional support in these areas. This is particularly true of parents attending the Dickensfield Amity House program.

For the supportive of development subscale, parents are asked to rate a series of activities in terms of how supportive they would be of their child's development. Ideally parents would rate all the unsupportive activities low and the supportive activities high. Table 5.7 shows the numbers of parents who consistently did just this. The high/low entries in the table reflect the differences in the average ratings of each type of activity ("Not Very Supportive" versus "Very Supportive"). The larger the number the more consistently and clearly the parents are making a positive distinction between Not Very Supportive and Very Supportive activities. Similar results are reported for the parent's understanding of the developmental value of different types of play activities (e.g., playing computer games versus reading a book). As with the previous item, the count shown in Table 5.7 reflects the extent to which parents rate positive play activities higher than less positive play activities.

TABLE 5.7
Scores on the Developmental Knowledge Scale (DKS)

ECD Program Site	Overall Score		Knowledge of Development		Adult/Child Relations		Supportive of Development		Value of Play Types	
	Mean	%	Mean	%	Mean	%	n	Hi/Low	n	Hi/Low
Dickensfield Amity House (n=28)	22.5	50.0	6.3	41.7	3.6	49.2	20	1.0	16	1.6
Leduc County FCSS (n=15)	24.7	55.0	8.0	53.3	4.3	55.5	12	1.9	11	2.0
Site Totals	**23.3**	**51.7**	**6.9**	**45.7**	**3.9**	**52.4**	**32**	**1.3**	**27**	**1.7**

Source of data: CANFIT, December 1, 2001 to January 31, 2005.

5.5 Life Events Stress Scale (LESS)

The Life Events Stress Scale (LESS) provides more than just a snapshot picture of the level of stress being experienced by a family – it provides families with an opportunity to report upon life stresses in 11 areas. In addition to indicating which, if any, of 62 stressful life events have recently occurred, families are asked to rate the difficulty experienced in dealing with each event they check off. Further, they are asked if the events they checked are still contributing to their overall stress level at the time they complete the LESS. This information provides a detailed picture of the recent and ongoing levels of stress within the families as well as providing information about the nature and severity of the particular events they are experiencing. The large number of stress categories and stressful life events makes it possible to characterize the potentially very broad range of stressful event profiles that families in early intervention programs experience. This is important as the actual program experience of each participating family could vary quite dramatically depending upon the nature and severity of the stressful life events they experience. The LESS provides a way to include these diverse experiences in an ongoing description of programs and their participating families.

In addition to the above, the LESS also gives program staff an opportunity to indicate whether they were aware of the stressful events reported by their assigned families, and if so, to indicate the extent to which they (through their program activities) were involved in assisting the family in dealing with each stressful life event. This important LESS feature makes it possible to demonstrate whether program staff are targeting and addressing the stressful events being experienced by their participating families.

5.5.1 Analysis of Scores from the Life Events Stress Scale (LESS)

Table 5.8 shows the basic LESS scores for Dickensfield Amity House and Norwood CFRC Early Start programs. There were only three families that completed the LESS at both Time 1 and Time 2, therefore only Time 1 results are reported here. Participants in both programs report an average of 6 to 8 stressful life events. There is, however, quite a range of difference across the 68 participants for whom data are available, with some families reporting no stressful life events and at least one family from each of the programs reporting as many as 29 stressful life events. This pattern is certainly consistent with the general observation that each participating family could potentially present a unique set of issues and stresses for the programs. Program staff must, to a certain extent, be prepared to recognize the diversity of experiences if they are to effectively and positively engage with the families in their programs.

TABLE 5.8
Scores on the Life Events Stress Scale (LESS) at Time 1

ECD Program Site	Average Number of Events[1]	Standard Deviation	Range of Scores	
			Minimum	Maximum
Dickensfield Amity House (n=23)	7.9	6.7	1	29
Norwood CFRC (n=45)	6.1	5.7	0	29

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] Average is based on a total of 62 stressful events in the LESS.

To examine the patterns of Stressful Life Events across the 11 categories of the LESS it was necessary to pool the data from the two ECD programs that gathered LESS scores. Table 5.9 provides a detailed breakdown of LESS results across the range of stress types (categories). The variability in overall numbers of events that were check-marked, as noted in Table 5.8, means that average numbers of each type of stress across all responding families will be rather low. Despite this, it is possible to examine the relative levels of each type of stress by looking at these averages for each stress category.

Table 5.9 shows that financial, community safety, relationship, medical concerns, and home issues are check-marked more often by more families than are the other types of stressors. The picture is somewhat different when the difficulty of the event is considered with financial, prejudice, and authority issues rated as most difficult (that is, an average level of difficulty of at least 3.9) as compared to medical (other), legal, and home safety issues which are all rated as among the least difficult (that is, average level of difficulty was 3.1 or less). Finally, stressful life events vary in terms of their tendency to stay around as ongoing stress providers with financial issues, home safety, home

issues, and medical (other) events being most likely to contribute to ongoing stress whereas authority and career issues are less likely to contribute to ongoing stress.

TABLE 5.9
Scores on the Life Events Stress Scale by Category at Time 1 for Dickensfield Amity House and Norwood CFRC

LESS Categories	Maximum Possible Events	Average Number of Events[1]	Number of Families[2]	% of all Families[3]	Average Level of Difficulty[4]	Event Still a Factor	
						Average Number of Events[5]	% of Events[6]
Authority Stress	4	0.2	16	23.5	3.9	0.1	6.3
Career Stress	4	0.6	38	56.0	3.2	0.1	7.1
Community Safety Stress	8	1.2	49	72.0	3.6	0.3	14.0
Financial Stress	11	1.5	58	85.3	4.3	0.6	22.3
Home Issue Stress	7	0.7	42	61.8	3.4	0.3	18.5
Home Safety Stress	3	0.2	16	23.5	3.1	0.3	21.1
Legal Stress	3	0.1	11	16.2	2.9	0.2	15.4
Medical (Other) Stress	3	0.4	33	48.5	0.0	0.2	14.6
Medical (Self) Stress	6	0.8	42	61.8	3.6	0.2	13.3
Prejudice Stress	7	0.6	32	47.1	4.0	0.2	9.1
Relationship Stress	6	0.6	45	66.2	3.8	0.2	11.7

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
Note: Data reported for n=68 families.
[1] Average is based on maximum possible events in each category.
[2] Number of families that checked a stressful life event in each category.
[3] Percentage of families that checked a stressful life event in each category.
[4] Level of difficulty experienced with an event ranged from 0 (not at all) to 6 (most difficult ever) in the LESS.
[5] Average is based on number of events in the particular category, where the event is still a factor when the measure was completed.
[6] Percentage of family-reported life events that were still issues when the measure was completed.

Table 5.10 shows the extent to which program staff reported being involved in assisting families in dealing with their stressful life events. Across all categories, the average levels of involvement suggest that program staff are, for the most part, involved in only minimal ways in assisting families to cope with their life stress. This is certainly appropriate given the strength-based and competence-building approach favoured by all early intervention programs in which families are helped to help themselves rather than being fully supported by program staff. The last column of the table (Percentage of Events) is particularly instructive as it shows the average percentage of stressful events reported by families that staff indicated they had helped families cope, at least to a minimal extent. The numbers reflect the core areas of most ECD program logic models. That is, staff assistance either through direct intervention or via referral to other community resources was most common for home safety issues, medical (self) issues, and relationship issues and much less common for issues related to career, community safety, legal matters, and medical (other) problems.

TABLE 5.10
Extent of Staff Involvement with Stressful Life Events for Dickensfield Amity House and Norwood CFRC

LESS Categories	Average Staff Involvement[1]	Number of Families[2]	Percentage of Events[3]
Authority Stress	0.1	1	6.3
Career Stress	0.0	0	0.0
Community Safety Stress	0.0	1	2.0
Financial Stress	0.1	4	6.9
Home Issue Stress	0.1	2	4.8
Home Safety Stress	0.3	2	12.5
Legal Stress	0.0	0	0.0
Medical (Other) Stress	0.0	0	0.0
Medical (Self) Stress	0.2	5	11.9
Prejudice Stress	0.0	1	3.1
Relationship Stress	0.2	6	13.3

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
Note: Data reported for n=68 families.
[1] Average level of involvement by staff: 0 (aware but not involved); 1 (slight involvement); 2 (moderate involvement); 3 (significant involvement).
[2] Number of families with at least slight staff involvement.
[3] Percentage of family-reported stressful events in which staff were at least slightly involved.

5.6 Perceived Stress Scale (PSS)

The Perceived Stress Scale (PSS) collects data that assist in addressing the Regional ECD Outcome that parents feel less stressed. The PSS is designed to provide a picture of how generally stressful individuals feel their life has been recently. The scale asks individuals about the stress in their lives in very general terms. The focus is on how much stress the individual feels rather than trying to characterize the objective level of it in the individual's life. The PSS does not identify what life events are currently contributing to the levels of stress – this is what the Life Events Stress Scale does (see section 5.5).

Different versions of the PSS have been developed based on different numbers of items. Two versions – 4-item and 10-item – have been selected for the evaluation of ECD programs. The PSS 4-item version is usually used in situations where it can be embedded in a larger series of questions (as on an intact survey).[9] The PSS 10-item version is more stable because it is based on more questions. For each statement on the PSS, the parent is asked to indicate on a Likert-type scale how often they felt or thought a certain way. Scores range from 0 (never) to 4 (very often).

Total scores are grouped into three ranges: serious concern; moderate concern; and no concern. The serious concern range includes total scores of 20 points or higher. At this level agency workers would assist the client family in a more active way in order to reduce the family's level of stress (for example, developing a plan of action). The moderate concern range includes total scores of 14 to 19 points. Client families with

[9] The PSS 4-item version is included with the Life Events Stress Scale (LESS) instrument; however, for purposes of the outcome analysis, data for the PSS 4-items are analysed separately from the LESS.

total scores in this range likely have one or a few factors contributing to their stress; however this level of stress is presumed to be temporary for the family.

5.6.1 Analysis of Scores from the Perceived Stress Scales (PSS 4- and 10- Items)

Tables 5.11 and 5.12 show the average PSS scores (4-item and 10-item respectively) and proportion of respondents who scored in the serious, moderate, and no concern ranges at Time 1. Overall, the majority of clients had total scores in the moderate to serious ranges for both the PSS 4-item and PSS 10-item. On the PSS 4-item, Dickensfield Amity House clients had a lower proportion of respondents in the serious concern range as compared to ASSIST (21.8% compared to 28.6% respectively).

TABLE 5.11
Scores on the Perceived Stress Scale (PSS) 4-Item at Time 1

ECD Program Sites	Average Score	Percentage of Respondents Who Scored in:		
		Serious Concern Range[1]	Moderate Concern Range[2]	No Concern Range[3]
ASSIST (n=28)	16.2	28.6	21.4	50.0
Dickensfield Amity House (n=24)[4]	15.9	21.8	41.7	37.5

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
1 Serious range includes total scores of 20 points and higher.
2 Moderate range includes total scores of 14 to 19 points.
3 No Concern range includes total scores less than 14 points.
4 Dickensfield Amity House data from MIS are from December 1, 2001 to August 25, 2005. Data after this period were not available at time of reporting.

As shown in Table 5.12 a greater proportion of clients scored in the moderate to serious ranges in the PSS 10-item at Time 1 than was found in the PSS 4-item. Overall, average scores on the PSS 10-item tend to be higher than on the PSS 4-item. Note, for example, more of the average scores fall into the serious concern range.

TABLE 5.12
Scores on the Perceived Stress Scale (PSS) 10-Item at Time 1

ECD Program Sites	Average Score	Percentage of Respondents Who Scored in:		
		Serious Concern Range[1]	Moderate Concern Range[2]	No Concern Range[3]
Candora Society of Edmonton (n=116)	18.4	52.6	24.1	23.3
EMCN/Multicultural Health Brokers Co-op (n=8)	18.6	50.0	50.0	0.0
Norwood CFRC (n=8)	14.8	25.0	37.5	37.5

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
1 Serious range includes total scores of 20 points and higher.
2 Moderate range includes total scores of 14 to 19 points.
3 No Concern range includes total scores less than 14 points.

In analysis of the Time 2 results, only clients who had both Time 1 and Time 2 PSS 10-item scores were included. Sufficient data were available only for Candora Society of Edmonton. Of the original 116 Candora clients who completed the PSS 10-item at Time 1, 32 had also completed a PSS 10-item at Time 2. Table 5.13 shows the Time 1 and Time 2 results for the 32 clients.

TABLE 5.13
Scores at Time 1 on the Perceived Stress Scale (PSS) 10-Item for Clients with Both Time 1 and Time 2 Scores for Candora Society of Edmonton

ECD Program Site	Average Score	Percentage of Respondents Who Scored in:		
		Serious Concern Range[1]	Moderate Concern Range[2]	No Concern Range[3]
Candora Society of Edmonton (n=32) T1	17.9	40.6	43.8	15.6
Candora Society of Edmonton (n=32) T2	17.4	37.5	31.3	31.3

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
Note: Leduc County FCS and EMCN/Multicultural Health Brokers Co-op each had one client who had both Time 1 and Time 2 scores; however, they are not reported due to the small number of cases.
[1] Serious range includes total scores of 20 points and higher.
[2] Moderate range includes total scores of 14 to 19 points.
[3] No Concern range includes total scores less than 14 points.

As Table 5.13 shows, there was a slight improvement in the average scores between Time 1 and Time 2 for the 32 Candora clients (17.9 and 17.4 respectively). Further, there was a decrease in the percentage of clients in the serious concern range (i.e., from 40.6% to 37.5%) and a significant increase in the percentage of clients in the no concern range at Time 2 (i.e., from 15.6% to 31.3%).

5.7 Social Network Index (SNI)

The Social Network Index (SNI)[10] is designed to provide a general picture of the nature and extent of social contacts made or maintained (based on recent weeks) by the person responding to the scale. The questionnaire collects data (number and frequency of contacts) on how many people one is in contact with on a regular basis (typically over the last two weeks). The social network includes family, friends, coworkers, neighbours, etc. Social networks are an important aspect of social support, but are not very well assessed by basic social support scales. By providing a general indication of the degree of social isolation or of social connectedness, the SNI provides an indication of whether the respondent might benefit from efforts to assist them in making and maintaining more social connections within their neighbourhood and community.

5.7.1 Analysis of Scores from the Social Network Index (SNI)

There are three social network sub-scales or indicators: high contact roles; number of people in the social network; and embedded networks. These are described below along with findings from the data collected.

High contact roles are the number of social roles in which the respondent has regular contact (that is, at least every two weeks) with at least one person. The maximum number of high-contact roles is 12. The roles are: spouse; parent; child; child-in-law; close relative; close friend; church/temple member; student; employee; neighbour; volunteer; and group member. Table 5.14 shows the average number of high-contact roles for clients in the ECD sites collecting this outcome measure. Clients

[10] The Social Network Index is also referred to as the Social Networks Scale in the evaluation project.

at Leduc County FCSS, Dickensfield Amity House, and Norwood CFRC report having slightly more social roles (averages of 6.0, 5.7, and 5.5 respectively) as compared to clients in the other agencies.

TABLE 5.14
Scores on the Social Network Index (SNI)
High Contact Roles[1] at Time 1

ECD Program Site	Average	Standard Deviation	Range of Scores	
			Minimum	Maximum
Candora Society of Edmonton (n=105)	4.8	2.0	0	10
Dickensfield Amity House (n=66)	5.7	1.8	2	10
Leduc County FCSS (n=5)	6.0	2.3	4	9
EMCN/MCHB Co-op (n=27)	4.2	1.6	0	7
Norwood CFRC (n=61)	5.5	1.7	1	8

Source of data: CANFIT, December 1, 2001 to January 31, 2005.

[1] High Contact Roles refers to the number of people connected with the respondent. A high contact role is anyone with whom the respondent has interacted with on a well-known footing and on a regular basis. It is also referred to as Social Network diversity because it indicates the extent to which the respondent has a number of people with whom they may interact.

The number of people with whom the client has regular contact (that is, at least once every two weeks) is represented by the number of people in the social network. Averages by agency are shown in Table 5.15. These contacts may provide support, assistance, or simply an opportunity to focus on things other than one's current problems. On average, clients at Leduc County FCSS, Norwood CFRC, and Dickensfield Amity House report having more people in their social network (17.0, 14.6, and 13.8 respectively) compared to clients in the other agencies.

TABLE 5.15
Scores on the Social Network Index (SNI)
Number of People in the Social Network[1] at Time 1

ECD Program Site	Average	Standard Deviation	Range of Scores	
			Minimum	Maximum
Candora Society of Edmonton (n=105)	13.4	8.6	0	38
Dickensfield Amity House (n=66)	13.8	7.8	2	35
Leduc County FCSS (n=5)	17.0	11.2	4	32
EMCN/MCHB Co-op (n=27)	7.0	4.7	0	20
Norwood CFRC (n=61)	14.6	7.4	1	39

Source of data: CANFIT, December 1, 2001 to January 31, 2005.

[1] People in the social network include family members (children, parents, in-laws, other relatives), friends, other members of individual's organization (church/religious group, schoool, volunteer), co-workers, and neighbours.

The number of embedded networks is intended to reflect the number of different network domains in which a respondent is active. The maximum possible is eight. They are: family; friends; church/temple; school; work; neighbours; volunteering; and groups. To receive a point for a domain, a client must have at least four high-contact people within that domain. The family roles are collapsed into one network for this measure. To receive a point for family, the respondent must have at least three high contact family roles as well as four high contact people. As shown in Table 5.16, the greatest number of network domains was reported by clients at Leduc County FCSS who had, on average, 2 embedded networks.

TABLE 5.16
Scores on the Social Network Index (SNI)
Embedded Networks[1] at Time 1

ECD Program Site	Average	Standard Deviation	Range of Scores	
			Minimum	Maximum
Candora Society of Edmonton (n=105)	1.5	1.3	0	5
Dickensfield Amity House (n=66)	1.6	1.2	0	5
Leduc County FCSS (n=5)	2.0	1.6	0	4
EMCN/MCHB Co-op (n=27)	0.5	0.8	0	3
Norwood CFRC (n=61)	1.7	1.0	0	5

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] Embedded networks include family, friends, church, school, work, neighbours, volunteer, and network groups.

Tables 5.17 to 5.19 show the Time 1 and Time 2 scores on the SNI. Only clients who completed the SNI at both time periods are analysed, therefore, data are presented for Candora Society of Edmonton, Dickensfield Amity House, and Norwood CFRC.

In comparing high contact roles at Time 1 and Time 2 (Table 5.17), it appears that clients at Dickensfield Amity House improved the most reporting an increase in their average number of high-contact roles from 5.3 to 6.5. In contrast, clients at Norwood CFRC reported a decrease in average number of high-contact roles from 6.5 in Time 1 to 5.3 in Time 2.

TABLE 5.17
Scores on the Social Network Index (SNI)
High Contact Roles[1] for Clients at Time 1 and Time 2

ECD Program Site	Average	Standard Deviation	Range of Scores	
			Minimum	Maximum
Time 1				
Candora Society of Edmonton (n=27)	5.2	2.1	1	9
Dickensfield Amity House (n=19)	5.3	1.2	3	7
Norwood CFRC (n=6)	6.5	1.6	4	8
Time 2				
Candora Society of Edmonton (n=27)	5.2	1.9	1	8
Dickensfield Amity House (n=19)	6.5	1.8	2	10
Norwood CFRC (n=6)	5.3	2.8	2	8

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] High Contact Roles refer to the number of people connected with the respondent. A high contact role is anyone with whom the respondent has interacted with on a well-known footing and on a regular basis. It is also referred to as Social Network diversity because it indicates the extent to which the respondent has a number of people with whom they may interact.

As shown in Table 5.18, all of the clients reported an increase in their social network between Time 1 and Time 2. This measure represents the number of people with whom the client has regular contact, and who can provide support and assistance to the client. Notably, clients in Dickensfield Amity House had the largest increase in average number of people in their social network from 11.0 at Time 1 to 16.9 at Time 2.

TABLE 5.18
Scores on the Social Network Index (SNI) Number of People in the Social Network[1] for Clients at Time 1 and Time 2

ECD Program Site		Standard Deviation	Range of Scores	
			Minimum	Maximum
Time 1				
Candora Society of Edmonton (n=27)	15.6	9.0	2	38
Dickensfield Amity House (n=19)	11.0	5.8	3	24
Norwood CFRC (n=6)	16.2	7.4	7	25
Time 2				
Candora Society of Edmonton (n=27)	16.3	7.7	2	31
Dickensfield Amity House (n=19)	16.9	10.0	2	45
Norwood CFRC (n=6)	14.3	9.9	4	30

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] People in the social network include family members (children, parents, in-laws, other relatives), friends, other members of individual's organization (church/religious group, schoool, volunteer), co-workers, and neighbours.

As shown in Table 5.19, clients at Candora Society of Edmonton and Dickensfield Amity House reported an increase in their average number of embedded networks. Embedded networks represent the number of different network domains that the client is part of, such as family, friends, neighbours, groups, and organizations. Clients at Candora had an average of 1.7 networks in Time 1 and at Time 2, had 1.9. Likewise, clients at Amity had an average of 1.2 networks and a considerable increase of 2.0 networks at Time 2.

TABLE 5.19
Scores on the Social Network Index (SNI) Embedded Networks[1] for Clients at Time 1 and Time 2

ECD Program Site	Average	Standard Deviation	Range of Scores	
			Minimum	Maximum
Time 1				
Candora Society of Edmonton (n=27)	1.7	1.3	0	5
Dickensfield Amity House (n=19)	1.2	1.0	0	4
Norwood CFRC (n=6)	1.8	0.8	1	3
Time 2				
Candora Society of Edmonton (n=27)	1.9	1.1	0	4
Dickensfield Amity House (n=19)	2.0	1.6	0	7
Norwood CFRC (n=6)	1.8	1.3	0	4

Source of data: CANFIT, December 1, 2001 to January 31, 2005.
[1] Embedded networks include family, friends, church, school, work, neighbours, volunteer, and network groups.

6.0 CONCLUSIONS AND LESSONS LEARNED

The purpose of this report is to present selected findings regarding program activities and outputs, and an analysis of the impact of the ECD programs at a system level based on outcomes measures. More specifically, this report has two major objectives as follows:

1. To present a process analysis of descriptive information about the implementation of the program and the clients in all the ECD-funded programs including:

    - program activities: contacts, group activities (group sessions, social-based activities, and workshops); and

    - program outputs: client profiles, client intake, and demographic characteristics.

2. To present an analysis of program impact based on outcome measures scores and on baseline data (Time 1) as compared to follow-up data (Time 2).

The outcome analysis presented in this report is based on data collected from December 2001 to January 2005 where possible. Data on program activities and outputs were collected from CANFIT, the ECD MIS client database, and from agency files (including data from HOMES). Time 1 and Time 2 scores on program outcomes measures were collected from CANFIT.

6.1 Findings: Program Activities and Outputs

In this section, findings regarding program activities (Chapter 3.0) and program outputs (Chapter 4.0) are summarized. These findings are relevant to the first major objective of this report – the process analysis.

6.1.1 Program Activities

A summary of findings regarding program activities related to contacts with clients is presented below by the three types of programs. It should be noted that the findings are limited because data were not available for all programs and thus, a more detailed analysis was not possible.

Child and Family Resource Centres

The summary of the findings from the analysis of face-to-face and non face-to-face contact (Tables 3.1 – 3.3) for the three Child and Family Resource Centres, which includes Candora, Amity House, and Norwood CFRC is as follows:

- For all the programs together, over half (51.9% of the total 4,085 direct contacts) were face-to-face contacts that occurred at the centres.

- Face-to-face contact at the Centres was the most common type of contact for two of the three programs (i.e., Candora 56.3% and Amity House 65.3%). Otherwise the type of contact differed significantly.

- Candora had the highest usage of face-to-face contact in group activities (i.e., 37.1% compared to 8% for Amity House and 12.7% for Norwood). Amity House in contrast had the highest number of face-to-face contacts in the community (i.e., 21.6%). Norwood in turn reported the highest use of home visits (i.e., 46.7%).

- For group activities, Norwood CFRC had a considerably higher average number of participants (12) as compared to Amity House (average of 5 participants) and Candora (average of 3.7 participants).

- In terms of duration of activities, data were only available for Norwood CFRC. On average, Norwood's face-to-face contact in the Centre lasted an average 30 minutes compared to 36 minutes for their home visits.

- Over three-quarters of non face-to-face contacts with clients involved telephone meetings (76.2%, or 923 of 1,211 non face-to-face contacts).

- Data for contact duration, available only for Norwood CFRC, indicated that over half of all non face-to-face contacts occurred by telephone calls (580 of 836, or 69.4%), which on average lasted approximately 12 minutes per call.

- Provision of service in the form of face-to-face communication with clients represented 77.1% and non face-to-face communication represented 22.9% of the total reported 5,296 contacts.

- At Norwood CFRC, face-to-face contacts involved 84.5% of workers' time as compared to only 15.5% for non face-to-face contacts based on 1,109 hours reported by the agency workers.

- Overall, the difference in the patters of contact activities among the three programs is consistent with the description of these programs in the earlier process analysis (Hornick et al., May 2003).

Multicultural Family Connections Program

The summary of the findings from the analysis of face-to-face and non face-to-face contact (Tables 3.4 – 3.6) for the two Multicultural Family Connection Programs (i.e., ASSIST and EMCN/MCHB) is as follows:

- Groups and group activities (which last approximately 1 hour) represented the vast majority of numbers of face-to-face contacts with clients as ASSIST (435 of 453, or 96%).

- At EMCN/MCHB Co-op, the largest proportion of face-to-face contacts was through home visits (5,540 of 11,207contact or 49.4%), with group/group activity making up a considerably smaller proportion of contacts (2,436 of 11,207 contacts or 21.7%).

- The average number of participants in group activities was 25 for ASSIST and 30 for EMCN/MCHB.

- For both programs, most non face-to-face client contact was carried out through telephone meetings.

- At ASSIST, 88.8% of 178 contacts with clients were by telephone. For EMCN/MCHB Co-op, telephone meetings represented 89.5% of 10,136 non face-to-face contacts.

- Provision of service in the form of face-to-face client communication for ASSIST represented 71.8% and non face-to-face communication represented 28.2% of the total reported contacts.

- For EMCN/MCHB, face-to-face was 52.5% and non face-to-face was 47.5% of total contacts.

- Overall, the pattern of activities represented from client contacts is consistent with the description of these programs in the earlier process analysis report (Hornick et al., May 2003).

Leduc County Family and Community Support Services (FCSS)

The summary of the findings from the analysis of face-to-face and non face-to-face contact (Tables 3.7 – 3.9) for Leduc County FCSS is as follows:

- Of the 431 contacts reported for Leduc FCSS, over half (51.7%) were home visits and just under half (48.3%) of face-to-face contacts took place in various types of group activities.

- The home visits on average lasted just over 1 hour and the group activities on average lasted approximately 1.5 hours.

- Almost all (98%) of the 3,202 reported non face-to-face contacts were telephone calls.

- Provision of service in the form of face-to-face contact with clients represented 11.9% and non face-to-face contact represented 88.1% of the total 3,633 reported contacts.

- Overall, the pattern of contact for Leduc County FCSS program is consistent with the description of this program in the earlier process analysis (Hornick et al., May 2003).

6.1.2 Program Outputs – Intake of Clients

This section of the report contains a summary of findings regarding the intake of clients.

- All of the agencies used family income as one criterion for intake and clients must volunteer for services. Otherwise, there was considerable variation as to what other factors are included in decisions about eligibility for program services.

- Leduc County FCSS and Strathcona County FCS placed less emphasis on family income as compared to the other ECD programs.

- ASSIST, EMCN, and MCHB Co-op serve multicultural families. These agencies, and Dickensfield Amity House, which also has a majority of multicultural clients, also include the number of family members in decisions about program eligibility. In addition to caring for their children, these families often need to support grandparents and other, often older, family members.

- Agencies offering the Multicultural Family Connections Program focus on new Canadian families, in particular, refugees and new immigrants. There is a wide range of issues and concerns that may be related to this population. As well, many families are unfamiliar with the English language and western customs.

- From February 2004 to January 2005, Candora had 90 cases ever opened.

- From December 2001 to January 2005, Dickensfield Amity House had 122 cases ever opened.

- From December 2001 to January 2005, Norwood Child and Family Resource Early Start program had 167 cases ever opened.

- From December 2001 to January 2005, ASSIST had 55 case files ever opened.

- From December 2001 to January 2005, EMCN and MCHB had 410 case files ever opened.

- From December 2001 to January 2005, Leduc County Flying Colors had opened files on 39 children.

6.1.3 Program Outputs – Client Profile

This section of the report contains a summary of findings regarding the demographic profiles of clients (see Section 4.0).

ECD program services focus broadly on the family in general, in contrast to home visitation programs which are designed to provide services for families assessed to be at high risk with their first newborn. Often, home visitation client families are headed by young single mothers who have low levels of income and limited education and job skills. For ECD programs, information on the age of mother and child at program entry is not used to determine program eligibility and may not even be collected by some ECD programs.

Child and Family Resource Centres

- Age of Mother: While data are missing for the majority of clients at Dickensfield Amity House and Norwood CFRC, the average age of the mother is 33 to 34 years. Candora does not collect this information.

- Marital Status: Three-quarters (74.6%) of clients at Dickensfield Amity House are in two-parent families. In contrast, 65.3% of clients from Norwood CFRC and 57.8% of clients from Candora are in single-parent families.

- Aboriginal Families: Approximately one-third of Candora's families were Aboriginal compared to 8% for Amity House and 2% for Norwood CFRC.

- Multicultural Families: A large percentage (62.3%) of clients in the Dickensfield Amity House Family Support Program was identified to be multicultural compared to 29% for Norwood and 3% for Candora.

- Age of Child at Program Entry: Just over three-quarters (75.7%) of children who start receiving ECD program services from Child and Family Resource Centres are 4 years of age or younger.

Multicultural Family Connection Program

- Age of Mother: The average age of mothers in ASSIST was about 35 years old as compared to 30 years for EMCN and MCHB Co-op.

- Marital Status: The majority of clients are in two-parent families (64.5%), with 96.4% for ASSIST and 60.2% for EMCN and MCHB Co-op.

- Aboriginal and Multicultural Families: As expected, all clients in the Multicultural Family Connections Program are identified as being multicultural and none were Aboriginal.

- Age of Child at Program Entry: For ASSIST, 70.6% of children who entered the program were aged 3 or younger compared to 54.3% of children who started at EMCN and MCHB Co-op programs were in this age group.

Leduc County Family and Community Support Services (FCSS)

- Aboriginal and Multicultural Families: Based on information from the program, one family was reported as Aboriginal between January 1, 2004 to December 31, 2004.

- Age of Child at Program Entry: The majority of children who begin to receive services from Flying Colours are seven years old or younger.

6.2 Findings: Standardized Outcomes Measures

Below the findings for Section 5.0 of this report are summarized. Given the lack of data for a number of the programs, the findings are summarized by instrument.

Being a Parent Scale (BAPS)

- At Time 1, scores were obtained for 41 clients from Dickensfield Amity House. The higher endorsement level of 3.8 on the satisfaction subscale as compared to 2.2 on the efficacy subscale indicates that parents tend to feel less sure of themselves with respect to how they are doing as parents; however, they also feel more satisfied in terms of being a parent.

Community Contact and Referral Tracking (CCRT)

- EMCN/MCHB Co-op made an average of 6.7 referrals per family in a seven month period. Norwood CFRC made 5.4 referrals per family within the study timeframe. For both agencies, approximately half of their referrals were successful (i.e., the family attended the organization, program, or event).

Child Development Inventory (CDI)

- Clients at Dickensfield Amity House who completed the Child Development Inventory (CDI) demonstrated a moderate level of knowledge of child development (mean score of 80). Of the four subscales, the average score of 66.7 on social development was considerably lower compared to the others. The average score of 92 on emotional development indicates that clients tended to perform at a considerably higher level on this subscale as compared to the other three subscales.

- The Multicultural Family Connections Program clients who completed the Child Development Inventory (CDI) at Time 1 achieved an average score of 65.1. Of the four subscales, the average score of 61 on cognitive development was the lowest compared to the others. The average score of 72 on emotional development indicates that clients tended to perform at a considerably higher level on this subscale as compared to the other three subscales.

Developmental Knowledge Scale (DKS)

- Time 1 scores on the DKS for Amity House and Leduc County were available. Results for both the knowledge of development, and adult/child relations subscales indicate that parents could benefit from additional support in these areas.

Life Events Stress Scales (LESS)

- Clients (n=68) from Amity House and Norwood CFRC reported an average of 6 to 8 stressful life events; however, there is considerable variation in the number of events reported by each family.

- More detailed breakdown for these programs shows that when the difficulty of the event is considered, financial, prejudice, and authority issues rated as most difficult (that is, an average level of difficulty of at least 3.9) as compared to medical (other), legal, and home safety issues which are all rated as among the least difficult (that is, average level of difficulty was 3.1 or less).

Perceived Stress Scale (PSS)

- On the PSS 4-item scale, the majority of clients at ASSIST and Amity House had total scores in the moderate to serious ranges.

- On the PSS 10-item scale, over half of the clients at Candora and EMCN/MCHB scored in the serious concern range compared to 25% for Norwood clients.

- Comparison of Time 1 and Time 2 scores for clients from Candora indicate a decline in the proportion of families who had scored in the serious concern range (41%) at Time 1 as compared to Time 2 (38%). The proportion of clients in the moderate concern range had a larger decrease from 44% at Time 1 to 31% at Time 2.

Social Network Index (SNI)

- In comparing Time 1 and Time 2 (Table 5.17) results on the SNI, it appears that clients at Dickensfield Amity House reported an increase in their average number of high-contact roles from 5.3 to 6.5. Candora clients stayed the same and Norwood clients decreased contacts.

6.3 Lessons Learned

What specific successes have been accomplished for the individual programs and the overall initiative?

<u>ECD Program Accomplishments</u>

- All the ECD programs in the initiative have been building capacity among their staff in areas of program development, computer skills, and knowledge-based best practice.
- All ECD programs now have logic models, which they continue to develop in response to regional and provincial context.
- All ECD programs have agreed to continue collecting information on core outcome measures for clients. These core outcomes are consistent with targeted regional and provincial outcomes (i.e., individual programs targeted some but not necessarily all provincial outcomes depending on their program objectives).
- All of the programs now have a computerized client management information system. The most common systems are CANFIT (formerly called ECD MIS) which was developed by Mike Boyes and Raja Lamba, and HOMES (Canadian Outcomes Research Institute).
- All programs have piloted and completed at least one cycle of monitoring and evaluation reporting that uses information from the program's computer information system for contract accountability with the region and facilitates provincial-level output and outcomes reporting.
- All the programs have recognized that the individual programs have met the needs of clients and staff through the use of unique and innovative activities.

The programs have worked closely with the CRILF evaluation team to accomplish the above tasks. The overall plan has involved building the capacity of the programs to do these tasks on their own without the need for outside resources.

<u>Overall Initiative Accomplishments</u>

- The ECD Initiative coordinated the use of core outcomes within the context of regional and provincial outcome initiatives.
- The ECD Initiative provided consistent program development, technical, and evaluation support to all programs/agencies involved.
- The ECD Initiative accomplished better liaison between Child Welfare and the ECD programs/agencies.

How was so much accomplished by the ECD Initiative in the limited timeframe?

- A major contributing factor to the successful implementation of the ECD Initiative was that it was built on past successes and past experience of agency workers. Many of the agencies are well integrated within their communities.

- The process of decision making was collaborative, based on partnerships as opposed to competition.

- The organizational structure consisting of planning, steering, and operating committees, as well as other ad hoc committees, was essential. It included representation from all the key partners (i.e., Region 6, Capital Health, Community-University Partnership, as well as all agencies involved). Notably, the inclusion of ECD representatives has been limited in these committees.

- The ECD programs learned that it was to everyone's benefit to share resources such as training.

- The relationship between the programs and the evaluators was flexible – more like a partnership than a reporting relationship. As the initiative developed, it was necessary to readjust work plans, timelines, and reports as opposed to adhering to a fixed plan over time.

Have clients benefited from the ECD Initiative-funded programs/services?

- The sharing of resources among ECD agencies has resulted in clients having access to a broader range of services.

- Many ECD agencies are also moving to knowledge-based best practice models with the results of clients receiving more appropriate services.

- Agencies reported in their monitoring and evaluation reports that clients indicate their children have benefited from the program.

What lessons have been learned?

- A knowledge-based best practice model works well in developing, implementing, and providing services for families and children at risk.

- Well developed computer information systems are critical for efficient accountability reporting, as well as for developing knowledge-based best practice models.

- Congruency among ECD agencies in training and professional development is important.

- Recognition of the utility of an evaluation process in identifying successes and challenges.

- Recognition of the need for collaborative and ongoing dialogue between groups involved in similar ECD activities and services.

What are the challenges?

- The biggest challenge to the ECD programs has been the time commitment necessary by the evaluators with respect to providing ongoing training on data collection, outcomes tools, and database administration.

- As well, significant time commitment has been and continues to be required by staff members. The FTE does not reflect the amount of work they do.

- At the program level staff commitment was a challenge at times for a number of reasons, such as staff turnover.

- The quality control of data, as well as the lack of Time 2 outcome data remains a challenge across all ECD Initiative-funded programs. ECD agency directors and supervisors have made a concerted effort at ensuring quality and integrity of their data. The evaluation team has worked closely with the programs (i.e., training supervisors) to conduct audits of client data that have been input. Supervisors are expected to begin to carry out these data audits independently.

- Although infrastructure related to computer access has improved, this continues to be a challenge for all programs. This includes hardware, Internet access, technical maintenance and support. The evaluation research team has provided a significant amount of support to a number of programs, including computer support and data entry, not directly related to the evaluation process, but necessary in order to ensure that programs are able to complete evaluation requirements.

Conclusion

The authors of this report conclude that the ECD Initiative has been successfully implemented to date. We understand however, that the programs will continue to develop and evolve because of their commitment to provide the best service possible to their clients. From an evaluator's point of view, these programs for the most part have been a "moving target" – not because of lack of direction, but because of a search for a better direction.

Overall, the level of commitment to the process, both by agencies and individuals, has been praiseworthy. In a short period of time, a comprehensive infrastructure of services for families and children at risk has been developed to the credit of all the partners and agencies involved.

Unfortunately, the lack of Time 2 outcome data limits making any broad statements about the effectiveness of the programs. When data were available (see the results for the PSS and the SNI in Section 5.0) the results were generally positive and

promising. The programs are now fully operational, and are all collecting outcome data, however, only a few had fully implemented data collection by the time of the cut-off period for the evaluation (i.e., January 31, 2005). We are convinced that one more year of data collection and analysis would have resulted in a much more robust and useful report. Unfortunately this was not possible.

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APPENDIX A

ECD REGIONAL GOALS AND OUTCOMES
MAPPED TO MEASUREMENT TOOLS AND ECD PROGRAMS

ECD Regional Goals and Outcomes (as of September 10, 2004)				
Alberta Children's Services Sure Steps Goals	**Regional ECD Goals (Region 6-Edmonton and Area)**	**Regional ECD Outcomes**	**Recommended Tool**	**Agencies That Also Have This Outcome in Their Logic Model**
Healthy birth outcomes	Families are safe and healthy and able to promote children's development	Short Term Outcomes: - Family goals/needs are identified - Families/parents/childcare providers feel supported - Parents form supportive trusting relationships with other parents/ staff/ group facilitator Mid Term Outcomes: - Families are better able to deal effectively with their identified issues - Reduced sense of isolation for families Families have an increase in social interactions/connections that support them and their children	- Perceived Stress Scale - Life Events Stress Scale - Social Networks Index	- EMCN, Assist, NCFRC, Strathcona - EMCN, Assist, NCFRC, Amity - MCHB, EMCN, NCFRC, Amity, Strathcona, Candora - EMCN, Assist, NCFRC, Candora, Amity, MCHB - Assist, NCFRC, Candora - EMCN, Assist, NCFRC, Candora
Enhanced parenting skills	Parents are more knowledgeable about parenting	Short Term Outcomes: - Parents have increased knowledge of parenting practices (including Canadian parenting, bicultural parenting or parenting a special needs child etc.) - Parents are aware of and access quality childcare to take time for themselves Mid Term Outcomes: - Parents have increased confidence regarding parenting - Parents have increased skills in positive parenting strategies - Parents feel less stressed	- Being a Parent Scale - Center-created Parent's Survey	- Leduc, Candora, Amity, EMCN, Assist, NCFRC, Strathcona - NCFRC, Candora, Leduc - EMCN, Assist, NCFRC, Candora, Leduc, Strathcona - Assist, NCFRC, Amity, EMCN, Candora, Leduc
Optimal childhood development	Parents are more knowledgeable about child development	Short Term Outcomes: - Parents/childcare providers/ program staff have increased knowledge of their child's developmental needs - Developmental concerns are identified in children, either by program staff, childcare providers or parents Mid Term Outcomes: - Parents/childcare providers/program staff have increased knowledge of appropriate resources to provide for their children's developmental needs - Children make expected gains in targeted areas - Children have improved readiness for (pre-) school (including English, social, cognitive, emotional, etc.)	- Child Development Inventory or Developmental Knowledge Scale - Developmental screen (Denver, DISC, Nipissing)	- Candora, Amity, Leduc - EMCN, Amity, Strathcona, Leduc, Candora, MCHB - NCFRC, Amity, Leduc - Amity - Leduc, Amity, NCFRC, EMCN, Assist, MCHB, Candora
Building community capacity	Parents know how to access professional community resources when required or for additional supports	Short Term Outcomes: - Parents have increased knowledge of community resources and social services (including how these systems operate) - Parents are comfortable accessing appropriate resources Mid Term Outcomes: - Families have increased linkages to community resources - Gaps in services are identified by program staff	- Community Contact and Referral Tracking (CCRT) Parent Survey - Community Contact and Referral tracking (CCRT)	- MCHB, EMCN, Assist, Strathcona, NCFRC, Candora, Amity - MCHB - MCHB, Assist, NCFRC, Candora, Amity, Leduc - Strathcona, MCHB, EMCN, Assist

Abbreviations Used:
Amity=Dickensfield Amity House; Assist=ASSIST Community Services Centre; Candora=Candora Society of Edmonton; EMCN=Edmonton Mennonite Centre for Newcomers; Leduc=Leduc County Family and Community Support Services; MCHB=Multicultural Health Brokers Co-operative; NCFRC=Norwood Child and Family Resource Centre; Strathcona=Strathcona County Family and Community Services