

FINDINGS FROM THE ONTARIO REGIONAL EVALUATION OF THE COMMUNITY ACTION PROGRAM FOR CHILDREN

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Abstract: The Community Action Program for Children (CAPC) is a federal government initiative that funds community groups to develop local projects with the goal of supporting the development of children and strengthening families. This article describes a first round of a regional provincial-level evaluation of 30 CAPC projects in Ontario. A participatory action research approach to evaluation was used to describe the local projects and their achievements to date, and to develop a common evaluation framework for later rounds of evaluation. The evaluation identified seven categories to describe the activities and programs of projects in Ontario and ten categories of short-term outcomes through a content analysis of local evaluation reports. The evaluation found that most projects have adopted flexible, ecological and comprehensive project models centred on family support to create lasting change in the CAPC priority outcome areas.

Résumé: Le projet d'action communautaire pour les enfants (PACE) est une initiative du gouvernement fédéral qui finance les groupes communautaires pour les aider à mettre sur pied des projets locaux visant à favoriser le sain développement des enfants et le bien-être des familles. Le présent article décrit la première ronde d'une évaluation provinciale de 30 projets du PACE en Ontario. Une approche participative de recherche à l'égard de l'évaluation a été utilisée pour décrire les projets locaux et les résultats obtenus jusqu'à présent, et pour élaborer une structure commune pour les rondes d'évaluation subséquents. L'évaluation a identifié sept catégories pour décrire les activités et les programmes ainsi que dix catégories de résultats à court terme, par le biais d'une analyse de contenu des rapports d'évaluation locale. L'évaluation a conclu que la plupart des projets

avaient adopté des modèles de projet flexibles, écologiques et bien conçus, qui mettent l'accent sur le soutien familial comme source de changement durable dans les domaines des résultats prioritaires du PACE.

■ In Canada there is a history of interest in, and support for, prevention and health promotion. The Canadian federal government has been an international leader in the field of health promotion since the publication in 1974 of *A New Perspective on the Health of Canadians* by then Minister of Health Marc Lalonde. The commitment to prevention and health promotion in this document was reiterated and expanded in a subsequent well-known federal report *Mental Health for Canadians: Striking the Balance* (Epp, 1988). Building on the earlier report's focus on promoting healthy lifestyles to improve the well-being of Canadians, the later report identified a broader range of determinants of health, including mutual aid, and creating healthy environments through public participation, strengthened community health services, and coordinated health and public policy. Like the earlier report, however, the Epp report was not accompanied by a clear health promotion strategy or a commitment of resources (Pinder, 1994).

The Community Action Program for Children (CAPC) lends further support for the concepts of health promotion and prevention in Canada, although this time with a commitment of resources. CAPC is an outgrowth of the federal government's "Brighter Futures" action plan for improving the health and well-being of children (Health & Welfare Canada, 1992). The initiative is built on the ratification of the United Nations Convention on the Rights of the Child which set out essential standards for the healthy development of children (Prilleltensky, 1994). In 1992, Health and Welfare Canada launched CAPC by providing financial assistance for community organizations and agencies from across the country to develop comprehensive local projects with the goal of supporting the development of children and strengthening their families. The evaluation of initiatives like CAPC holds the promise of identifying effective practices and increasing the visibility and credibility of primary prevention and health promotion projects. Fulfilling this promise is an imperative in an era when both levels of government have scaled back funding in the health and community service sectors and when continued funding is tied to the demonstrated effectiveness of programs.

This article describes the first round of a provincial-level evaluation of 30 CAPC projects in Ontario. The evaluation described here is

unique for several reasons. First, because CAPC projects in Ontario have, since their inception, operated with a great deal of autonomy, particularly with respect to the evaluation of their local efforts, the current provincial-level evaluation was oriented toward producing categories and frameworks to describe how local projects operate, as well as to aid in the development of a common evaluation framework for later rounds of evaluation. Second, the evaluation gives insight into the common features and approaches to prevention and health promotion of these unique community-based projects, which operate in very different circumstances from one another and sometimes with different objectives. The evaluation highlights a shared program logic adopted by most of the projects to achieve the broader CAPC prevention and health promotion goals. Finally, the current evaluation is unique because the principles of a participatory action research approach (Nelson, Ochocka, Griffin, & Lord, 1998) were introduced into the evaluation of these 30 projects to complement and enhance a secondary analysis of data, originally envisioned by funders for Ontario. Although participatory and action research approaches have been used previously in the evaluation of single-site community-based projects and programs, the current multi-project evaluation provides a novel test for this approach.

OVERVIEW OF THE COMMUNITY ACTION PROGRAM FOR CHILDREN

CAPC provides early investment in the health and social development of children so that they can get a better start in life, are ready to start school, and are better prepared to participate fully in society as adults. The initiative provides funds to community groups and agencies to establish or augment comprehensive and integrated services and programs aimed at improving the health and well-being of at-risk children (age 0–6) and their parents or caregivers. At the federal level there are three priority goals set out for the initiative:

- improved infant and child nutrition;
- improved parenting skills; and
- the prevention of child abuse and neglect.

To achieve the CAPC goals, local projects were expected to incorporate a mix of educational and environmental support activities. The national CAPC initiative identified five groups of beneficiaries of the local projects programs and activities:

- children living in low income families;
- children living in teenage-parent families;
- children experiencing developmental delays, or, social, emotional, or behavioural problems;
- abused and/or neglected children; and
- parents that have, or are likely to have, at-risk young children due to conditions such as poverty, risk for abuse and neglect, social isolation, unhealthy homes, or poor nutrition.

Community Action Program for Children in Ontario

CAPC in Ontario is overseen by an advisory committee comprised of representatives from Health Canada and from three ministries of the government of the Province of Ontario: the Ministry of Community and Social Services, the Ministry of Health, and the Ministry of Education and Training. In Ontario, priority outcome areas were made flexible so that communities (including Aboriginal and non-Aboriginal) were able to submit proposals that reflected local circumstances and needs. The range of desired outcomes identified for Ontario CAPC projects includes:

- a reduction in the incidence of low birth-weight infants and the promotion of the growth of healthy babies;
- a reduction in the incidence of child abuse and neglect;
- increased support for parents to improve their capacity to relate positively to their children;
- increased partnership and collaboration among governments, families, professionals and community groups;
- an increased number of effective community resources and programs to address the needs of at-risk children through the pre- and postnatal, infant and early childhood periods;
- increased recognition and support by the community for children at risk, their needs, interests and rights;
- increased empowerment and knowledge development of families and communities; and
- increased accessibility of culturally and linguistically sensitive programming for at-risk children and their families.

Each local CAPC project submitted a detailed proposal to Health Canada prior to obtaining funding. The criteria used in the review of proposals included: consistency with CAPC program design priorities, ability to reach the target population, adherence to CAPC program design principles, effectiveness and efficiency in improv-

ing and nurturing the overall health and well-being of children and families, the proposed evaluation strategy, and capacity to carry out the project within the proposed budget.

The CAPC projects in Ontario are distributed across all geographical regions of Ontario and reflect a mix of urban and rural sites. Many projects cover large areas, and a number of projects operate through satellite sites. When the current evaluation began there were a total of 31 non-Aboriginal CAPC projects in Ontario (30 projects participated in this evaluation). The number of non-Aboriginal projects in Ontario has since grown to 38.

Overview of CAPC Projects in Ontario

Apart from sharing the goals of the CAPC initiative, the 30 CAPC projects that participated in this evaluation often had little else in common with one another. The projects differed in terms of the kinds of groups or agencies that have sponsored them and the extent to which community residents have been involved in the selection and administration of the projects or the programs. Some projects are more agency-driven, typically focusing on more narrow populations (e.g., young, single pregnant women). Other projects have adopted a broader community focus, soliciting community involvement in all aspects of goal-setting, program planning and development, administration and evaluation. Whereas the former set of projects typically have specific prevention or health promotion goals (e.g., prevent fetal alcohol syndrome, reduce incidence of low birth weights), the scope of activities and goals of the latter projects tend to be broader (e.g., a focus on community development).

Projects also differ in the kinds of settings in which they operate. Some projects operate in rural areas where major challenges have been encountered in overcoming social isolation. These projects typically expend considerable resources in transportation and in providing home visiting and mobile resources (e.g., mobile toy libraries). Other projects operate in larger urban centres where social isolation is often due to cultural rather than geographic barriers. These projects sometimes focus on the delivery of programs in multiple languages and for individuals from a diverse set of cultural backgrounds.

Despite these general similarities, there is no typical CAPC project in Ontario. Individually and collectively, the CAPC projects in On-

tario provide case studies for how community-based prevention and health promotion projects can be organized to address various goals and are fitted into, and shaped by, local community contexts. The challenge for this evaluation was to develop some coherent picture of what these projects were collectively achieving across Ontario by developing an evaluation framework that provides some basis for comparison across projects while still remaining flexible to allow for the individual character and accomplishments of the projects to be captured.

ONTARIO REGIONAL EVALUATION OF THE COMMUNITY ACTION PROGRAM FOR CHILDREN

The federal government requires all federal programs to document the results of their efforts. Evaluation assessing the impact of federal programs has also become a priority for the federal Auditor General. In accordance with these expectations, evaluation was identified as a key priority for CAPC at the federal, provincial and local levels. In 1994, Health Canada invited M.H. Boyle and D.R. Offord from the Centre for Studies of Children at Risk at McMaster University to develop a national evaluation framework. The national-level evaluation process used standard methods to collect comparable information from CAPC projects across Canada.

In contrast, Health Canada established no framework for the local-level evaluation of the CAPC projects. Instead, a portion of each project's budget was allocated for evaluation and each project hired its own evaluator(s) to develop and conduct the local evaluations. The uniqueness of the individual local projects and the communities in which they have developed, as well as differences in the processes and methods employed by the local evaluators, resulted in considerable diversity in the local evaluation activities and findings. Further, because the evaluation processes were located within the internal workings of local projects, they were typically oriented toward learning and program improvement rather than comparisons across projects.

Goals of Current Ontario Regional Evaluation of CAPC

In August 1995, Health Canada invited a team of researchers from the Centre for Research and Education in Human Services in Kitchener, Ontario, and the Centre for Health Promotion in Toronto,

Ontario, to submit a proposal for a first round of evaluation of CAPC in Ontario. In January 1996, this group, known as the Provincial Study Team, began its work. The evaluation conducted by this study team, and described in a final evaluation report submitted to Health Canada in August 1998 (Centre for Research and Education in Human Services / Centre for Health Promotion, 1998), represents an initial round of evaluation of the initiative that will be complemented by later rounds of evaluation.

Because there was no common project model or evaluation framework established by Health Canada prior to either the launching of the local projects or the creation of the provincial study team, the purpose of the current Ontario CAPC regional evaluation was to describe the *collective experience* of the CAPC projects in Ontario. The phrase “collective experience” points to the goal of the evaluation to describe the activities and progress of all projects across the province over the first two to three years of their operation. The evaluation aimed to create categories and frameworks that would highlight the uniqueness as well as the shared characteristics of the local projects in Ontario, which could also provide a common foundation for later rounds of evaluation. This synthesis across projects helped in the construction of a province-wide CAPC project model linking together program categories, objectives and goals, and evaluation indicators. It also provided a resource of programs, indicators, and objectives that could be used by funders, evaluators, and projects in the planning and design of future local and provincial evaluations.

METHODOLOGY

Implementation of a Participatory Action Research Approach to Evaluation

The evaluation approach used by the study team was based on the values of participatory action research (Nelson, Ochocka, Griffin, & Lord, 1998) and the assumptions of a social constructivist paradigm (Lincoln & Guba, 1985). This approach to field research involves the maximum participation of all stakeholders, including those whose lives are affected by the problem under study, in the systematic collection and analysis of information. Participatory action research helps to build empowerment, to encourage reflection and understanding among participants, and to contribute to the growth of theoretical knowledge. The assumptions and values underlying participatory

action research are compatible with the empowerment-building approach to community programming used by many of the CAPC projects in Ontario. However, because the regional evaluation was originally conceived by funders as a secondary analysis of local and national evaluation data, the study team was not able to fully implement the approach. Instead, it endeavoured to implement these principles whenever and wherever possible in the evaluation process.

The study team tried to make the evaluation process as meaningful, collaborative, and useful as possible. Particular attention was paid to ongoing communication with all stakeholders, providing ongoing updates on the progress and results of the regional evaluation, listening to feedback, and exchanging information. The study team was constantly reminded of the importance of creating a positive atmosphere among all involved in the study by respecting the diversity of experiences of stakeholders and through information sharing and meaningful involvement.

Having an independent, community-based research centre fill coordinating, mediating and organizing roles in the evaluation created a safe link for all partners. Whereas most academic researchers have little experience with community partnerships, the Centre for Research and Education in Human Services has had many years of experience with community partnerships and participatory action research. The Centre staff provided leadership by building bridges with the local projects, local evaluators, Health Canada, and academic researchers involved during the process of the evaluation. The Centre was a metaphor for partnerships which “work across differences and find common ground” (Lord & Church, 1998).

The Evaluation Process

The evaluation process included four stages: 1) initiating the process; 2) information gathering and organizing; 3) interpretation and analysis; and 4) verification and compilation into a final report.

Initiating the Process

The research process began with a number of meetings with Health Canada representatives and program consultants aimed at clarifying the purpose and process for the regional evaluation. Changing expectations of Health Canada, entry and accountability issues,

and high staff turnover made the initial process last longer than expected.

In the spring of 1996 a Provincial Advisory Committee (PAC) was created as a key vehicle for ensuring meaningful stakeholder participation. The PAC included stakeholders from Health Canada, CAPC project coordinators, project evaluators, front-line workers, consumers, and funders. The PAC provided overall coordination and guidance for the Ontario Region evaluation. By ensuring that all stakeholders, including participants in local CAPC projects, were actively involved in making decisions about the evaluation, the PAC also served as a means for facilitating empowerment and control among CAPC participants. The committee met about every six months over the two and a half years of the evaluation (from January 1996 until June 1998). The PAC reviewed drafts of instruments and reports prepared by the study team and assisted in the design of the evaluation research.

Site visits to local projects were conducted during the spring of 1996. A letter to projects introducing the provincial evaluation sparked a mixed reaction from the CAPC projects. Some of the projects were enthusiastic about the opportunity to work together toward the Ontario Regional evaluation and welcomed the study team's involvement. Other projects were concerned that the evaluation would create unnecessary work that would interfere with running programs. Despite this initial challenge, the site visits proved very successful in explaining and clarifying the purpose and value of the regional evaluation, and in building working relationships.

Information Gathering and Organization

This phase began with the study team organizing and filing the information submitted by projects and Health Canada. The study team developed a bibliography of the local evaluation plans, evaluation reports, evaluation data gathering instruments, and other information on file from sites. Between October 1996 and March 1997, the study team initiated a process to develop categories for describing the range of programs offered by the local projects. A literature review on family support was conducted over the winter of 1996/97 concurrent with telephone interviews with coordinators and evaluators related to local evaluation plans (February/March 1997). Reviews of project renewal data and evaluation reports began in spring 1997.

Initially, the study team was not permitted to collect primary data on projects, programs, or outcomes for fear of adding an unnecessary burden on local projects. Therefore, the evaluation activities of the study team were largely restricted to a secondary analysis of data collected by Health Canada through standard forms and evaluation reports compiled and submitted by program evaluators hired by the projects themselves. In only a few instances was the study team able to collect information directly from the projects. For example, in the spring of 1998, telephone interviews were conducted with project coordinators and project evaluators. These interviews helped to fill in gaps in existing documentation and to gain further insight into the structure of the projects, the evaluation process, and the project outcomes.

Interpretation and Analysis of Data

Interpretation and analysis were ongoing over the two and a half years of the evaluation. The provincial study team collected, organized, reviewed, and analysed a mass of information drawn from diverse sources. The first step in the analysis was to produce analytic summaries of the information within different sources of data. The second step involved within-project analysis. The purpose of this step was to understand the context and complexity of each project. The third step consisted of an across-project analysis drawing from all sources of data. The study team used an inductive approach to summarize and analyse information, meaning that categories and frameworks for analysing information were derived from the information provided and that no predetermined categories and frameworks were imposed on the data. This involved identifying, organizing, verifying, and interpreting information supplied to the study team by using categories and meanings developed and verified with the projects.

Verification and Compilation into a Final Report

All sources of information used to assess CAPC projects were reviewed, and a description of the nature and scope of these initiatives was provided. The key outcomes of the projects on participating children, families, and communities were reviewed. Lastly, key themes and issues emerging from an "across projects" analysis of the CAPC projects in Ontario were identified, and recommendations to guide the future development of CAPC initiatives were presented

in a final report submitted to Health Canada in August 1998 (Centre for Research and Education in Human Services / Centre for Health Promotion, 1998).

Limitations and Obstacles to Evaluation

A number of factors limited the extent to which the study team could draw inferences and conclusions from the data made available to it. Some of the key limitations include:

1. **Lack of adequate planning for evaluation:** There was no framework established for local evaluation, and the role of the evaluation team was initially largely restricted to a secondary analysis of local evaluation efforts. Therefore, the study team initiated a process of opening channels of communication between partners to provide greater depth and strength to its conclusions.
2. **Entry and accountability:** Initially, some projects resisted the Ontario regional evaluation, fearing that this level of evaluation might overburden project staff. On the part of Health Canada, responsibility for the initiative was passed between several hands, and it was often difficult to gain access to background information about the project. Until the Ontario regional evaluation found consistent support within Health Canada, the study team operated in a vacuum, with little guidance from the funders.
3. **Gaps and mistakes in national and local project data:** When conducting a secondary analysis of data, the quality of the evaluation is dependent on the quality of the data that is made available. In some areas and at different points in time, the study team received information that was either incomplete or inaccurate.
4. **Diversity of local evaluations due to the lack of a standard framework:** Local evaluations varied not only in terms of the processes and the methods they used, but also the quality of the data they produced.
5. **Gaps in many of the evaluation reports received by the study team and the failure of some project evaluators to deliver local reports in a timely fashion:** Many of the evaluation

reports contained gaps in information (e.g., measurement tools, description of programs, description of program goals). In addition, the study team continued to receive evaluation reports up to and following the time when information was being compiled into a final evaluation report. The provincial study team overcame these limitations by focussing on the identification of key findings and themes supported by multiple sources.

EVALUATION FINDINGS

Findings from the Ontario regional evaluation of CAPC are divided into two parts. First, we describe findings from a process launched by the study team, and involving the CAPC projects as key players, describing the broad range of programs used by projects across the province. Second, we describe the range of outcomes that projects measured in their evaluation reports.

Development of Program Categories and Identification of Program Goals and Objectives

Between October 1996 and March 1997, the study team launched a “Program Category Development Process” in which local CAPC projects were integral players. This process was inductive and participatory in the sense that the program categories were generated by the projects themselves. The role of the study team was to collect and synthesize input from projects and then to reflect the information back to the projects for further refinement of the categories. The process allowed the study team, in collaboration with the projects, to achieve several goals:

- create a set of categories for describing at the provincial level the various programs that were implemented;
- describe the program goals and objectives for programs within each of the programs; and
- provide a set of categories that would help individual projects to better conceptualize their own programs and activities.

Program Categories, Goals, and Objectives

1. Family Support — This category included programs that supported the family as a unit, as well as its individual members, linking fami-

lies together with one another or with appropriate services in the community. Supporting families is a complex, multi-faceted task, and a number of different interventions were undertaken to build parenting skills, improve family functioning, and link the family to the broader community and to appropriate services. Rarely did CAPC projects use any one program type in isolation when working toward the goal of supporting families. “Family Support” was typically at the centre of projects’ activities and was achieved through a number of related and mutually enhancing programs and activities. For example, the more structured or narrow activities of support groups, home visiting, or educational programs were typically enhanced by more unstructured and varied activities such as the development of informal support networks through leisure and social activities and the creation or improvement of community social support resources.

2. Family and Community Education and Resources — The programs and activities included in this category offered opportunities for families and communities to acquire new skills and information. The provision of education and resources occurred at two levels: parent education (communicating information and teaching nutrition, parenting, and child development skills) and community education and resources (advocacy, outreach, and community development). Most projects offered parenting skills and child development educational programs, and occasionally more general skills and educational programs focussing on topics such as anger and stress management, sexual health and safety, nutrition, and breastfeeding. In addition to formal groups and workshops, home visiting programs were another popular means of educating families and communities and disseminating information about CAPC projects.

3. Support for Women Having Babies — The programs included in this category provided support directly to women who had or were expecting babies. Many of the programs included by projects in this category were focussed on supporting, educating, and counselling mothers prior to the birth of their babies. Other programs offered a variety of support, education, and resources to expectant mothers. This category included programs that were often narrower in their goals and objectives than programs in other categories. This may reflect the belief of CAPC projects that at-risk young expectant parents who were the focus of many of these programs require more focussed programs to meet their needs and to improve the prospects of their children.

4. Children's Healthy Development — This category included programs and activities that directly promoted healthy child development or attempted to prevent specific unhealthy child outcomes, as well as more general strategies for supporting children. Although all of the programs in this category in some way contributed to children's healthy development, they did not all intervene at the level of the child. Programs in this category placed as much, and often more, emphasis on providing support to the parent and the family as well as creating positive community-level change and change in the service delivery system than they did attempting to effect change at the child level alone. This finding may offer an important understanding of how CAPC projects support children's development. The CAPC projects demonstrated a recognition that positive change for children is both achieved through and sustained by a supportive family, community, and social service environment.

5. Nutrition — Although there were a number of interesting and innovative approaches identified in this category, including community gardening and a food buying coop, most of the programs in this category either directly provided prepared food (through community kitchens) or more formal and structured nutritional instruction. Whereas these more formal and structured approaches were among the most effective for communicating information about health, nutrition, and food preparation skills, programs like community kitchens often served a broader range of objectives. These programs were seen as important vehicles for helping informal support networks to take root and grow, as well as for providing opportunities for outreach and community development.

6. Community Development — The examples included in this category encompassed a wide variety of programs, activities, and working groups involving outreach to isolated individuals and groups in the community, facilitating community mobilization around issues important to families in the community, and linking together members of the community. The diversity of examples included in this category speaks to the diversity of approaches that can be taken by projects that aim to build the strengths and the integrity of a community. Although community development represented a broader vision and philosophy for projects, it was practised through specific practices and policies (e.g., community representation on decision-making bodies and community participation in the design and delivery of programs and services) and embodied in a range of programs and activities that helped informal networks of support to develop.

Although these programs and activities were targeted at the community level, projects identified outcomes at the child and family levels. In this way, projects demonstrated how families may be strengthened through their participation in healthy, strong, and responsive communities. Many CAPC projects placed community development at the centre of their projects' activities, expressing the view that simply strengthening a parent's skills and supporting the family may not be sufficient to produce lasting change if the child and family must still spend 24 hours a day, every day, in a community that offers few safe opportunities to build relationships and to learn and remains unresponsive to the child's and the family's needs and aspirations.

7. Service System Change — This category included programs and activities aimed to encourage the existing service system to become more effective and responsive to project participant and community needs. Few specific programs and activities were included by projects in this category, and few goals and objectives were identified. This finding may speak to the processes through which service systems are changed, rather than to a lack of desire or will of CAPC projects to effect change at this level. Individual projects, service providers, and community coalitions have little direct power over social service systems which are typically under the control of those who set policy and provide funding. Advocacy is one important avenue by which community-based projects and community residents can try to effect change in these systems. The process of change also occurs in a number of small and incremental ways that may not instantaneously transform how service systems interact with the communities, but collectively and over time may help make service delivery systems more sensitive and responsive to the needs and aspirations of communities. These processes seem to typically occur outside of any specific program or formal activity and, therefore, may not be captured by a program category like this one.

Assessing CAPC Project Impact on Children, Families, and Communities

The main sources of information on outcomes from CAPC projects are the local evaluation reports sent to the study team by each CAPC project, produced by project evaluators hired by each of the CAPC projects. The study team had considerable difficulty analysing the local evaluation reports because of their lack of uniformity in style and content. Describing the evaluation processes and methods used by local project evaluators was made difficult by variability in both

the extent to which these were described in the evaluation reports and the diversity of the processes and methods that were used.

Assessing the impact of CAPC projects in Ontario requires an understanding of how projects are using various programs (described above) to effect change. Only 11 evaluation reports described either the goals or objectives of their programs, and 18 reports described goals or objectives for the project as a whole. It was often difficult to understand how goals and objectives were linked to project or program activities. Only two evaluators used logic models to describe individual programs and to link program activities to program objectives and goals. Four evaluation reports contained logic models for the entire project, linking participation in a number of programs to project level objectives and goals. Given the generally poor description of program goals and objectives and the failure to make use of useful evaluation tools such as logic models, it was often difficult to assess whether programs were meeting their objectives, and how projects were making progress toward achieving their goals.

Impact of Programs Offered by CAPC Projects in Ontario

Here we describe outcomes reported in local evaluation reports. The discussion is organized according to 10 categories of outcome indicators at the level of the child, the parent/family, and the community / social service system. These categories were inductively derived through a content analysis performed on the evaluation reports submitted by each of the participating CAPC projects.

Outcomes for Children

1. Improving infant and child nutrition — Seventeen CAPC project evaluators measured indicators of improvements in child nutrition. Few nutritional programs were evaluated through the use of indicators of actual improvements in child health. Instead, evaluators focussed on assessing the intermediate objective of providing information to parents, promoting breastfeeding among expectant mothers, and encouraging the entire family to eat healthier foods. Evaluation reports described various gains in skills and knowledge of parents in areas such as child nutrition, prenatal health, food preparation, and menu planning. Evaluation reports also described improvements in family access to nutritional foods, increased food security, and decreased reliance on food banks. For those projects

with a specific interest in increasing the birth weight of babies, indicators of expectant mothers' increased knowledge of good nutritional practices and increased support for mothers to breastfeed were assessed. In addition, there were reports of decreased smoking and alcohol consumption among expectant mothers.

2. Improving the health and well-being of children — Twenty-one projects reported outcomes included in this category, which encompassed a wide range of indicators assessing the physical, mental, and emotional health of children. Indicators of the health and well-being of children ranged from general indicators of better health and development to improvements in specific behaviours such as aggressiveness or cooperation and increased school readiness (typically assessed through parental reports). The diversity of indicators in this category was a function of the range of programs that projects implemented to achieve this outcome. Whereas some of the programs focus directly on the child, many are focussed at the parent and family level. Programs ranged from informal drop-ins or educational programs for parents and their children to school readiness programs and developmental clinics. Other programs were health and medical services, education and support for children, and a dance program.

Outcomes for Parents and Families

3. Enhancing parenting capacity — This outcome category was the most common across the CAPC projects. Twenty-six local evaluations measured indicators of improvements in parenting skills and capacities and improved parent-child relations (again typically assessed through self-reports). Whereas some of these indicators are expressed in terms of specific gains in knowledge about parenting or child development or in the display of specific parenting skills (e.g., increased emotional and verbal responsiveness to the child, decreased yelling, provision of age-appropriate toys, use of positive modes of discipline), other indicators assessed improvements in the well-being and capacities of parents (e.g., decreased stress, improved coping and communication skills). Programs intended to produce improvements in parenting skill took several different forms, although most were focussed directly at parents. Projects used “pre-packaged” courses such as Nobody's Perfect, as well as less structured activities such as drop-ins, play groups, a camping program, and informal discussions. Whereas more structured activities tended to focus on the learning of skills and knowledge, less structured activi-

ties allowed opportunities for modelling and practice of parenting skills and for the development of informal networks of support. To reach isolated families, projects used mobile programs, home visitors, and parenting help lines.

4. Improving family functioning — The evaluations of 25 CAPC projects in Ontario included measurements of indicators of improvements in family functioning. These indicators included decreased family stress, increased independence, reduced social isolation and increased feelings of belonging and perceptions of availability of social support, and achievement of particular family goals such as better housing or completion of high school. These improvements were often attributed to increases in support made available to parents and families. Support made available to parents and families took many different forms. In some cases, the nature of the support that was offered was quite specific. For example, some projects reported increased support on issues related to parenting or breastfeeding. In other cases, the support gained by project participants was both broader in scope and more informal and intimate in nature and was provided through activities such as home visiting, support groups, field trips, social events, and drop-ins. Support gained through greater integration in the community and through the development of an enhanced informal network of support extended to all aspects of the participants' lives and was communicated through day-to-day interactions within mutual friendship relationships.

5. Reducing risk factors associated with child abuse and neglect — Nineteen CAPC projects reported the measurement of indicators of the reduction of risk factors associated with child abuse and neglect. These indicators included improved parent knowledge of what constitutes abuse, decreased use of physical punishment, improved coping skills and improvements in ability to manage anger, reduction in social isolation, reduction in social stress, and strengthened communities with increased available information and resources for parents. Many projects' efforts were focussed on teaching parents how to better relate to their children or on providing respite and decreasing the isolation of parents. There were several projects that also included community awareness programs and community development efforts among their efforts to prevent child abuse and neglect. These efforts recognized that the factors that place some parents at risk for abuse (e.g., social stress, poverty, social isolation, community fragmentation) can often best be addressed through more general improvements at the community level.

Outcomes for Communities and Social Service Systems

6. Creation of community and agency partnerships — At the level of community outcomes, partnership was the most common and important theme, mentioned by 27 projects. Evaluation of partnerships generally took the form of partnership surveys, coalition satisfaction surveys, and joint evaluation with partners. Some projects also conducted focus groups with partner agencies. The advantages to forming partnerships within the community were many, but the primary benefit appeared to be the sharing of resources which allowed for the improvement of existing programs as well as the creation of new ones. On a broader level, partnerships help to strengthen, legitimize, and consolidate the projects' position in their communities. Almost all projects reported creating community and agency partnerships, yet these outcomes are rarely attributed to a particular program or activity. Although the creation of partnerships does happen through planned meetings with other service providers, partnerships also arise through chance meetings and through recognition of similar needs of different agencies and groups. Some CAPC projects have reported successes in creating partnerships with local stakeholders other than service providers (e.g., local merchants and shopping centre owners).

7. Increasing participant involvement in CAPC projects — Twenty CAPC local evaluations assessed indicators of greater community resident involvement in the projects. The local evaluations describe increased participation in all areas of the projects including administration, management, and evaluation of programs and projects. The increased involvement of participants in CAPC projects was not only significant for improving the responsiveness of the projects to local needs, it also produced other important benefits for the participants themselves (e.g., learning new skills and increased sense of empowerment). In general, however, local evaluation reports were less successful in documenting specific ways in which projects and participants gained from the involvement of community residents in projects.

8. Increasing participant and project involvement in the community — Ten local evaluations assessed indicators of how participants and the project had become more involved in the local community. Activities that appeared to facilitate participant involvement in their communities include referrals and education provided by the projects about what services and activities were available to them in the com-

munity. Many programs did not evaluate this outcome formally, sometimes relying on informal observations made by program staff of participants becoming local leaders in the community.

9. Increasing public awareness and participation — Nine projects identified increased awareness among service providers and the community at large as a community-level outcome. Awareness was raised in the community about the services the project offered, as well as the issues that projects sought to address (e.g. child abuse, infant nutrition). Through increased public awareness, support and participation by community members in the projects was increased. The evaluation of these indicators was largely based on anecdotes, although some information about awareness of projects may have been gained from surveys of project partners.

10. Creation of “spinoff” projects — Eight local evaluations described outcomes related to the creation of “spinoffs” from CAPC projects. Spinoffs are initiatives that CAPC projects had a hand in starting, but that have since been taken over by other people or agencies. Spinoffs may be the product of increased capacity of the community to articulate its needs and ambitions and to realize these ambitions. In addition, the value of CAPC projects is that they provide models of program development service delivery that other initiatives can follow. Several projects noted that evaluation of spinoff programs was difficult because they were not under the same mandate as CAPC initiatives (e.g. they served different age groups). In fact, during interviews with project coordinators and local evaluators, the study team learned of additional spinoff programs that had not been reported in local evaluations. The implication is that the real impact of CAPC projects in a community can go unrealized unless proper, sensitive evaluation procedures are used to capture the unpredictable ways in which large-scale projects influence the communities with whom they work and create partnerships.

DISCUSSION

Observations from the Category Development Process

An important relationship emerged among program categories developed through this process. Collectively, the program categories appear to point to a flexible, ecological, and comprehensive project model shared by many of the CAPC projects. The first category,

“Family Support,” embodies this flexible and comprehensive approach. Specifically, the category includes four basic strategies for supporting families. These strategies include:

1. **Education:** To support families, projects provided education on particular topics and issues. Most commonly, education involved topics related to parenting skills, child development, and nutrition. Other topics and issues were related to the particular needs of participants or to particular goals of the projects (e.g., reducing the incidence of fetal alcohol syndrome).
2. **Family-specific support:** To support families, projects helped families to meet their immediate individual needs and to move the family toward its own goals (e.g., better housing, completing high school). This was accomplished by making certain resources available that families could access as required (e.g., clothing, food, toys). This was also accomplished through counselling or individualized support provided through home visiting and by advocating for the service system to respond to individual families’ needs.
3. **Linking the family to the community and to the service delivery system:** To support families, projects decreased social isolation by trying to link families to the community and to the service delivery system. These links help to sustain change that was achieved through the first two efforts. Dependable external sources can support families in putting into practice the information, new behaviours, and modes of interaction they have acquired. These new sources of support can also help families to meet new challenges that arise.
4. **Strengthening the community and making the service delivery system more responsive to community needs:** Projects also aimed to increase the capacity of the community and the service delivery system to support families. In part, this involved sowing the seeds for informal support networks to grow among project participants. It also involved creating new resources and opportunities within the community that benefit not only individual program participants, but the whole community as well.

The remaining program categories all encompass one or more of the four elements of the comprehensive family support approach.

“Family and Community Education and Resources” involves education on specific areas that either focus on local expressed needs or on particular goals of the project. “Nutrition” also involves some educational elements, along with the provision of food resources to families and opportunities (through community kitchens) for the development of informal networks of support. “Support for Women Having Babies” mirrors some of the same elements of the general “Family Support” approach, although in a more focussed way and with less concern for community level action and service system level change. “Community Development” and “Service System Change” point to activities that provide sustainable support for families to achieve lasting change. Each of these categories, then, enhance the central focus of projects on supporting the family. Interestingly, “Children’s Healthy Development” suggests the long-term goal of these multi-level approaches to family support. The change that is effected at the family, community, and service system levels, is seen to be in service of improving child development. Supporting families, however, is what makes CAPC projects work. It is the focus of project activities and the means of achieving lasting change for children.

This picture of CAPC projects is an impression gained by the study team through its overview of the practices of the 30 projects participating in this evaluation. The picture that has been drawn is not necessarily representative of any one project. For example, some projects place more emphasis on family support, whereas others lean more heavily toward community development. In fact, it may be the case that projects that fully invest themselves in trying to effect change at each of these levels find their limited project resources strained, draining resources from and perhaps limiting the impact of individual programs.

Several CAPC projects, however, as suggested by the evaluation of outcomes in these areas, have been resourceful in developing partnerships with other community groups in order to try and effect change at these levels. Often, some aspects of community development and service system change occur through coalitions and partnerships. At other times, projects shore up their family support activities by directing families toward other courses and resources in the community. Rather than providing a model of what CAPC projects do, these program categories provide a roadmap for what CAPC projects, and other similar projects, can aim to accomplish with a view to developing comprehensive and ecological initiatives.

Projects appeared to require greater support in the development of coherent project models and specific program goals and objectives

Unfortunately, few projects have project-level models that demonstrate how programs and activities are linked with one another to produce immediate and long-term change. In part, this is due to the fluid nature of some projects with structures always changing in response to changing expressions of need in the community. However, developing project models could serve three important goals:

1. Improve understanding within and outside the project of what the project is about and what it is trying to achieve: Sometimes projects were uncertain about what they were trying to achieve, how they could make progress toward the CAPC priority outcome areas, and where the project was heading. In other cases, projects had difficulty expressing their vision to others in the community.
2. Facilitate program and project level evaluations: An understanding of how various programs and activities work together to produce change is an essential step in gauging the success of the projects.
3. Facilitate program planning by identifying areas where new programs and activities may be implemented: Clarifying the links among programs and how programs work together to produce lasting change can help to identify gaps in programming and to plan for programs that can be developed for families who wish to capitalize on their gains by learning new skills.

A more basic step, however, is for projects and local evaluators to learn the basic tools and concepts of program planning and evaluation. For example, there was considerable variability in how projects described goals and objectives. In many instances, projects failed to distinguish between objectives as goals and listed goals as objectives and objectives as goals. Several projects did not identify specific goals or objectives for their programs. Some projects only provided general goals and objectives at the project level, but did not specify goals and objectives for individual programs. The overall impression of the study team was that projects could benefit from more training and support defining program goals and program objectives and the use of logic models to link goals and objectives to short-term and long-term outcomes (Rush & Osborne, 1991).

Have Ontario CAPC projects made progress in the provincial priority outcome areas?

The review of the impact of the CAPC projects in Ontario is based on fragmentary evidence gleaned from evaluation reports submitted by local evaluators hired by CAPC projects. One strategy for assessing the collective impact of the initiative in Ontario may have been to pick through individual reports to describe individual findings suggesting positive outcomes from various program types. The study team opted instead for a strategy it believes is ultimately more constructive and more useful to projects and funders as they plan for future evaluations. In keeping with the objective of this evaluation, the study team synthesized all the local evaluation efforts to assess the collective impact of CAPC in Ontario. The overview links CAPC programs to program objectives by identifying various indicators currently used by CAPC projects to measure program success. This review provides a resource for the planning of future evaluations by improving our understanding of the different objectives that may be sought by CAPC projects and the variety of indicators that may be used to assess progress toward these objectives.

It is difficult to say with any degree of precision how CAPC projects in Ontario are having an impact within the three priority outcome areas:

- prevention of child abuse;
- increasing support for parents to improve their capacity to relate positively to their children; and
- reducing the incidence of low birth-weight babies and promoting good nutrition and the growth of healthy babies.

The review suggests that projects have demonstrated some positive steps toward change in these areas, although clear outcomes have not yet been demonstrated. This progress is apparent not only among children and their parents, but also within the community and the service delivery system. Evaluation of progress at the community level and the service system level was, however, the most sketchy and incomplete. The emphasis on evaluation at the child and family level is understandable. The focus of these projects is on health promotion and prevention among children and families. However, a lot of important information on how projects organize and sustain themselves to deliver successful programs is being lost. Although it is essential to know whether projects produce change among children

and families, it is equally important to understand how projects go about doing this so that successes can be replicated in other communities.

Modelling how CAPC projects may create lasting change

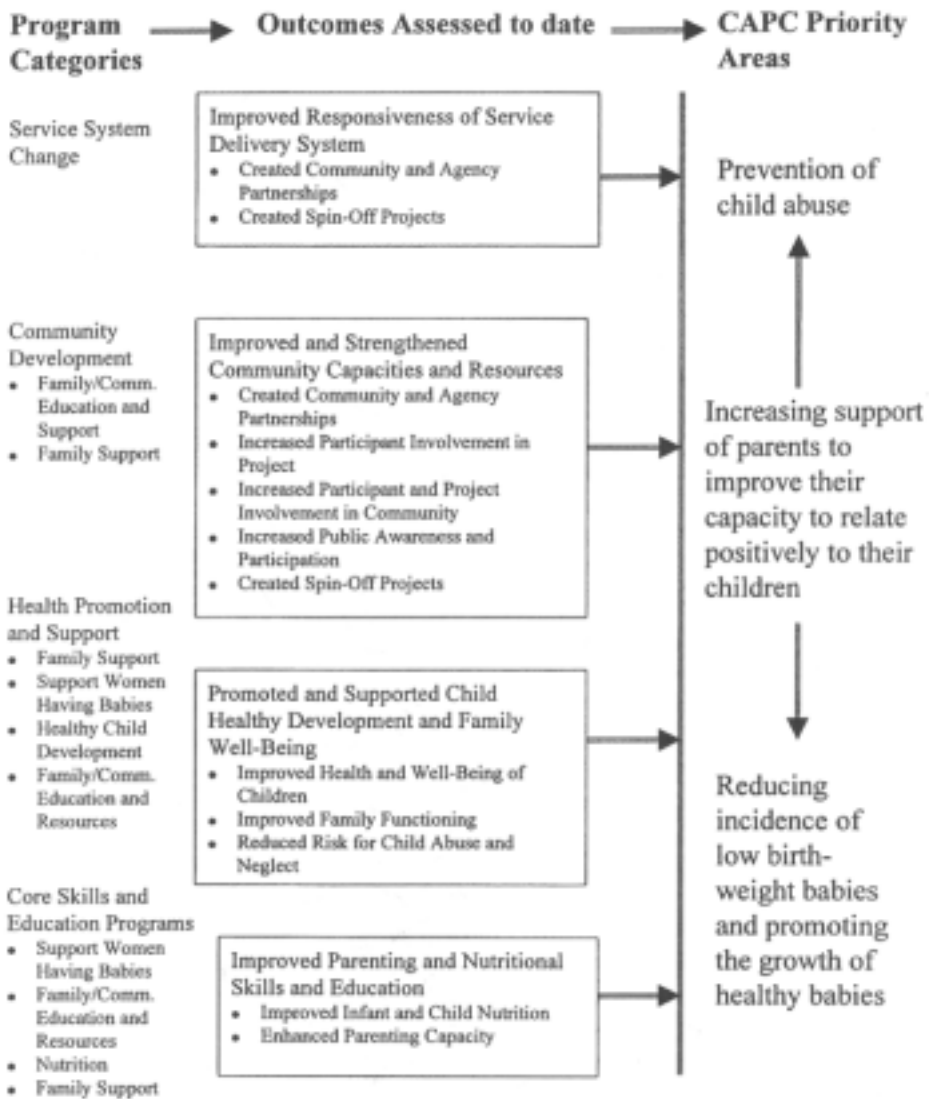
CAPC projects have had some difficulty articulating the goals of their projects and describing how their programs are related to improvements in the priority outcome areas. To aid projects, the Ontario provincial study team has proposed a framework to aid in linking the CAPC program categories to the indicators of change that are currently being measured. This framework was generated inductively through an overview of projects and program goals and outcomes. It must be emphasized that this framework does not represent any one project in Ontario. Instead, the framework provides an overview of the range of programs, the range of outcomes that are being demonstrated, and how these relate collectively to the priority areas. This framework can be used by projects to create their own individual project models by identifying the types of programs they offer and the kinds of indicators of change they are currently measuring. The projects can then individually link their programs and indicators of intermediate change and begin to discuss how their programs can work toward achieving change in the priority outcome areas. Comparability among the diverse CAPC projects can also be achieved by using a common set of program categories and indicators.

CONCLUSION

The purpose of the current evaluation of the Community Action Program for Children was to describe the collective experience of 30 community-based prevention and health promotion projects operating in Ontario. Because of the great diversity among the projects in terms of their structure, goals, evaluation processes, and findings, this first round of evaluation was focussed on the development of a framework to aid in local program planning and evaluation and development of a common evaluation framework for future rounds of evaluation.

The findings of this evaluation suggest that despite the diversity among projects, there are important commonalities. First, basic program evaluation concepts appear to be poorly understood within the

Figure 1.
Proposed Links between CAPC Program Categories, Outcomes, and Priority Areas



projects and among many local evaluators. More support and education will be required to ensure the success of future rounds of evaluation. The evaluation has also shown that there are elements of a common project model that has been implemented to varying degrees across the projects. This model is focussed on four complementary modes of family support. Family support is typically augmented by community development activities and service system change. Change at the family, community, and service system level are all linked to positive and sustainable change for children.

The current evaluation was largely based on a secondary analysis of data. Wherever possible, the study team implemented the principles of a participatory action research approach in the evaluation process. Rather than leading the evaluation activities, the Ontario study team adopted the role of consensus builder, creating channels of communication and collecting and synthesizing information for further verification by all stakeholders in the evaluation. These steps helped to gain trust and compliance from projects that were initially opposed to the evaluation.

Steps such as the creation of an advisory committee and of open and ongoing channels of communication between partners in the initiative added greater depth to the study team's understanding of the CAPC movement in Ontario. This understanding facilitated the inductive process of synthesizing the collective experience of diverse and independent projects across Ontario by providing greater depth of understanding of the individual projects' struggles and achievements. However, more effort at the inception of the initiative to create a common framework for evaluation would have helped the projects to more clearly articulate their goals and objectives and to develop more consistent evaluation procedures and tools. These steps would have allowed for a richer and more accurate understanding of the impact of the initiative in Ontario. The study team invites stakeholders in this initiative, as they continue with future rounds of evaluation, to use the frameworks described here as tools for further discussion and communication about the lessons and the successes of the Ontario CAPC projects.

NOTE

The complete evaluation report is available from the Centre for Research and Education in Human Services.

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