

The Impact of the Community Action Program for Children (CAPC) on the Health and Wellbeing of Program Participants

What is the CAPC 2018 Parent/Caregiver Study?

The CAPC Parent/Caregiver Study examines the following questions:

- Who participates in CAPC?
- Does the program help parents/caregivers gain knowledge, skills, positive health behaviours and/or improve health and wellbeing?
- Do some parents/caregivers experience more benefits than others from the program?
- Do parents/caregivers have a positive experience with the Program overall? (e.g., do they feel welcome and respected?)

To answer these questions, paper-based surveys were completed by CAPC participants (parents/primary caregivers) attending CAPC projects during a one-month period (November 2018). CAPC participants completed one of two surveys about themselves and their child:

1. **A Demographic Survey:** This survey collected sociodemographic information from participants.

OR

2. **An Outcome Survey:** This survey collected sociodemographic information from participants, information about program participation plus information on the following outcomes:
 - knowledge and skills;
 - positive health behaviours;
 - child health and development; and
 - experience with the program.

The Community Action Program for Children

CAPC is a national community-based program funded by the Public Health Agency of Canada (PHAC).

Launched in 1993, CAPC aims to promote the health and social development of vulnerable children and their families.

Over **230,000 parents, caregivers and children (0-6 years)** participate in the program each year at over 400 projects across Canada.

How many Projects and Parent/Caregivers participated in the study?

Surveys from 9,410 participants were received from 362 CAPC projects across the country.

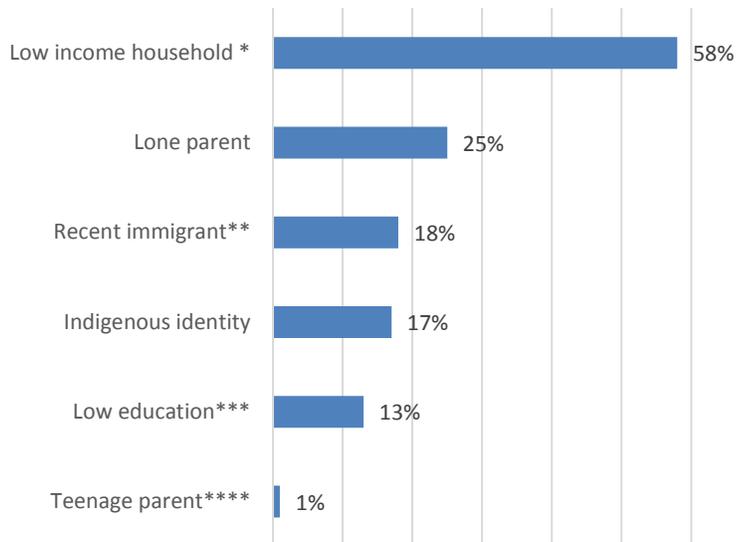
The data collected on the surveys was statistically weighted* to be representative of the CAPC participant population.

**The purpose of data weighting is to adjust the number of responses by project to mirror annual project participation figures.*

Main Findings

CAPC parents/caregivers report experiencing conditions of risk and other challenges that may affect their health and wellbeing.

Sociodemographic Profile of CAPC Parents/Caregivers



Other Challenges Experienced by CAPC Parents/Caregivers

Challenge	%
Stress	87%
Employment	38%
Housing	23%
Feeling isolated	30%
Food security	24%
Children with special needs	21%
Drug/alcohol use in family	8%
Family violence	9%

* At or below low income measure

** Living in Canada 10 years or less

*** Less than high school

**** 19 years of age or less

Parents/caregivers describe their experience with the program as **positive and supportive**.

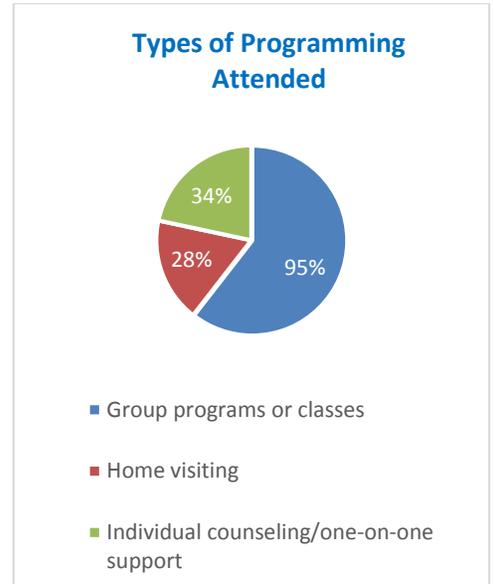
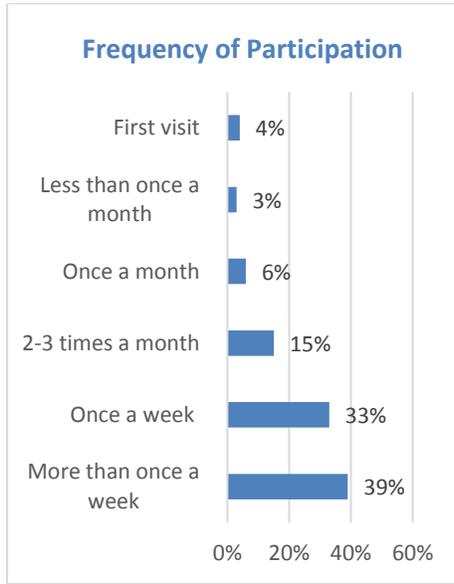
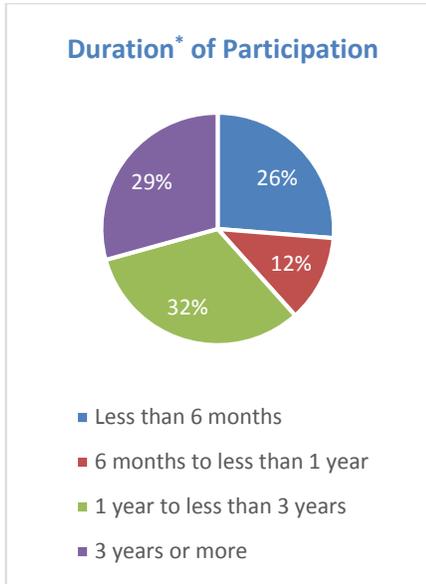
The majority of parents/caregivers attending CAPC have a positive experience with the program. For example parents/caregivers report:

- Feeling **welcomed and accepted** at the program (96%)
- That **staff respond to their concerns** (93%)
- Their **personal and cultural beliefs are respected** by the program (92%)
- That staff help them to **learn how to get the resources they need** (92%); and
- Receiving **valuable information** that helps them make decisions (90%).

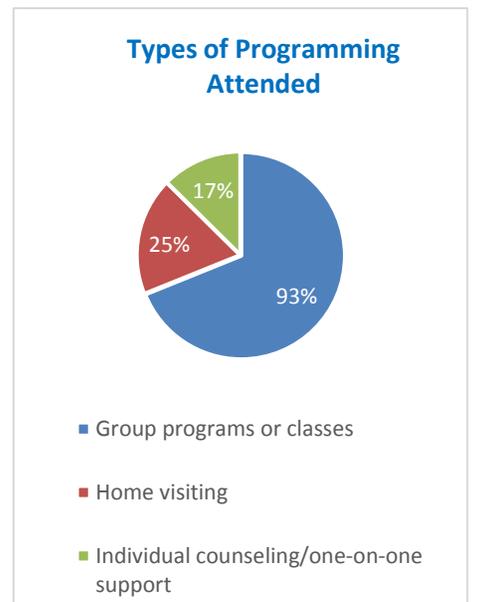
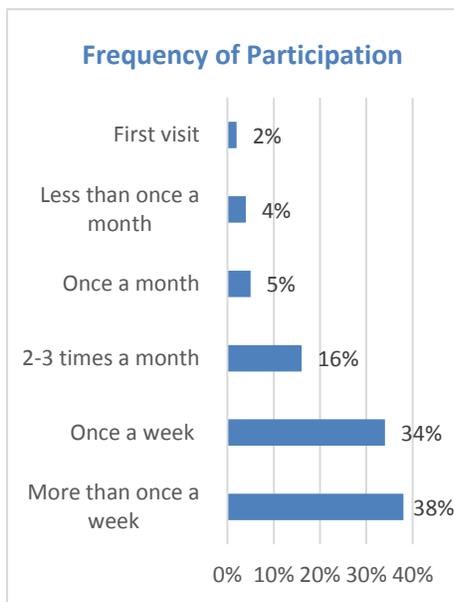
These findings are important because research has shown that *how* support is provided to parents/caregivers has an impact on the outcomes achieved. Providing services in a family friendly manner has been shown to increase parent's sense of parenting confidence and competence¹

Parents/caregivers and children **attend CAPC for long durations of time and participate frequently.** Participants take part in **several types of programs.**

PARENT/CAREGIVER PARTICIPATION



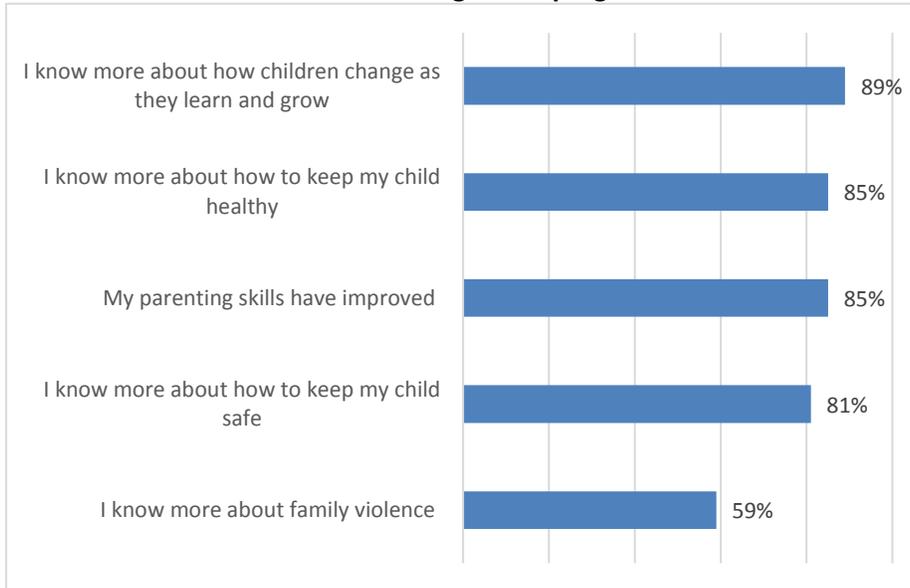
CHILD PARTICIPATION



* Duration as of November 2018. Participants can join CAPC at any point in time during the year.

Parents/caregivers report **gains in knowledge and skills** as a result of coming to the program. It was found that the extent to which parents/caregivers gain knowledge and skills relates to the **type of programming, participant characteristics and experiences with the program.**

Parents/caregivers who "Agree" or "Strongly Agree" with the following as a result of coming to the program

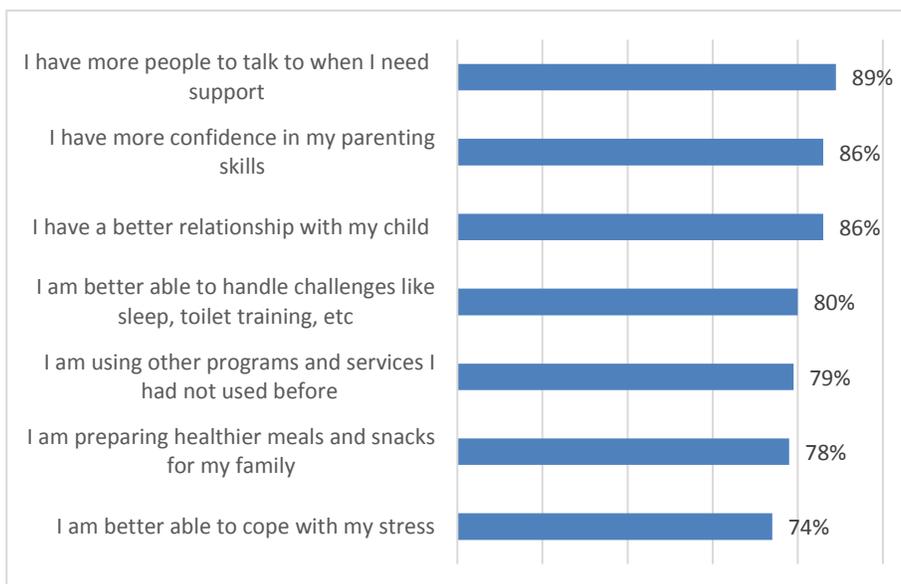


Parents/caregivers report **greater gains in knowledge and skills** if they:

- Identify as **lone parents** or as living in a **low income** household; or
- Attend **home visiting programs** or receive **one-on-one support/counseling**; or
- Have a **positive experience** with the program.

Parents/caregivers report **adopting positive health behaviours**, as a result of coming to the program. It was found that the extent to which participants adopt positive health behaviours relates to the **type of programming, participant characteristics and experiences with the program.**

Parents/caregivers who "Agree" or "Strongly Agree" with the following as a result of coming to the program

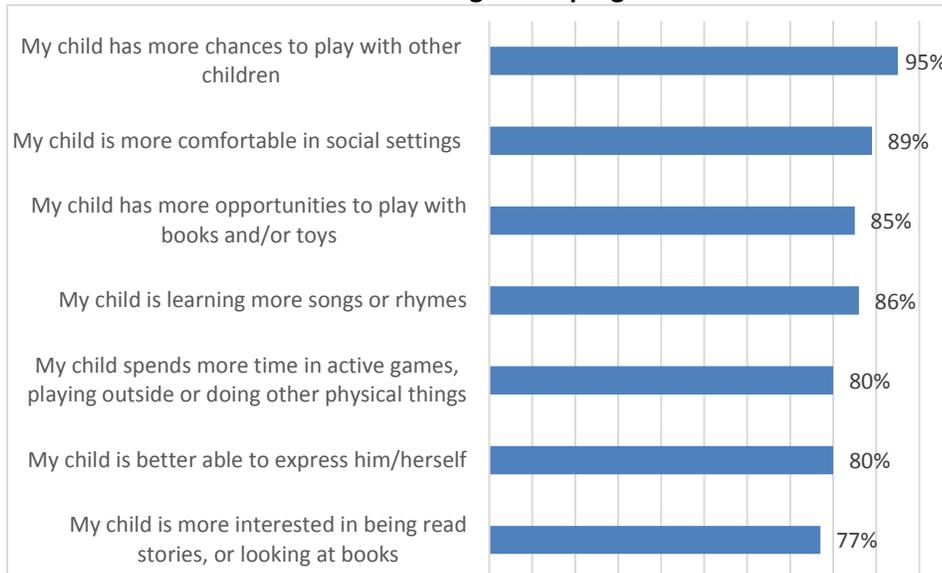


Parents/caregivers report **greater improvements in adopting positive health behaviours** if they:

- Identify as **recent immigrants**; or
- Attend **group programs** or receive **one-on-one counseling or support**; or
- Have a **positive experience** with the program.

Parents/Caregivers report that **children gain knowledge and skills**, as a result of coming to the program. The extent to which they report their child gains knowledge and skills relates to aspects of the **child's program participation**, and the **parent/caregivers' experiences with the program**.

Parents/caregivers who "Agree" or "Strongly Agree" with the following as a result of coming to the program



Parents/caregivers report that their children experience greater **gains in knowledge and skills** if:

- Their child attends the program for a **longer length of time** or **more frequently**; or
- Their child attends **group programs or classes**; or
- If they have a **positive experience** with the program.

Parents/caregivers report their **health and wellbeing and the health and wellbeing of their child improved** as a result of coming to the program. The extent to which health and wellbeing improved relates to aspects of **program participation, participants' characteristics** and **experiences of the program**.

The majority of parents'/caregivers' health and wellbeing as well as the health and wellbeing of their child improved. Specifically:

- **86%** report their **health and wellbeing** improved because of coming to the program;
- **76%** report their **mental health is better** because of coming to the program; and
- **90%** of parents/caregivers report the **health and wellbeing of their child improved** because of coming to the program.

Parents/ caregivers report greater **improvement in their health and wellbeing** if they:

- Identify as **Indigenous**; or
- Attend the program for a **longer length of time**; or
- Have a **positive experience** with the program.

Parents/caregivers report greater **improvement in their mental health** if they have a more **positive experience** with the program.

Parents/caregivers report their children experience greater improvement in their **health and wellbeing** if:

- Their child attends the program for a **longer length of time**; or
- They receive **one-on-one counselling or support**; or
- They have a **positive experience** with the program.

In Summary

- **The CAPC program is reaching vulnerable children and families.** For example, many families report living in low income households (58%) and the majority report experiencing stress (87%).
- **The program is improving parents/caregivers' knowledge, skills, health behaviours and overall health and wellbeing.** For example, many parents/caregivers report gains in areas such as social support and improved parent-child relationships. In addition, many parents/caregivers report their children gain social and language skills as a result of coming to the program.
- **The types of programs parents/caregivers attend and the duration and frequency of participation and/or participant characteristics relate to gains in some of the outcomes in this study.** In particular, receiving individual counseling/one-on one support while attending the program most consistently relates to gains in knowledge and skills and health behaviours of parents/caregivers. In addition, children's exposure to the program (duration and frequency) relates to gains in child knowledge and skills.
- **Parents/Caregivers are having a positive experience with the program. Having a positive experience with the program was the most important predictor of gains in all outcomes examined in this study.** *How* the CAPC program is being delivered appears to be important in promoting gains in knowledge, skills, health practices and overall health and wellbeing.

Acknowledgements

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Additionally, we would like to thank PHAC staff and other external experts, notably Dr. Carl Dunst, Dr. Karen Benzies, and Janice McAuley who shared their knowledge and advice regarding the development of the items on the original 2015 survey.

The survey used in this study was informed by the following surveys:

1. Benzies, K, Clarke, D, Barker, L & Mychasiuk, R. (2012). Upstart Parent Survey: A psychometrically valid tool for the evaluation of prevention-focussed parenting programs. *Maternal Child Health Journal*.
2. BC Early Childhood Development Project. The ECD Evaluation Project: Parent Survey Rationale. (March 2013).
3. FRP Canada: E-Valuation. Participant Survey.

Kelly Sears Consulting Group and **Narrative Research** were contracted to conduct the data analyses and to produce the technical report on which this summary is based.

References:

1. Carol M. Trivette and Carl J. Dunst, "Community-based Parent Support Programs, revised ed., in: RE Tremblay, RG Barr, and RDeV Peters, eds, *Encyclopedia on Early Childhood Development* [online], Montreal, Quebec: Centre of Excellence for Early Childhood Development and Strategic Knowledge Cluster on Early Child Development, 2009:1-7, available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.616.1988&rep=rep1&type=pdf>, accessed August 30, 2019.