HAMILTON COMMUNITY ACTION PROGRAM FOR CHILDREN EVALUATION REPORT

April 2008 - March 2010

Prepared by:
Patti McNaney, Social Planner Assistant

Funded by:

© The Social Planning and Research Council of Hamilton
162 King William Street, Suite 103, Hamilton, ON L8R 3N9
Phone: 905.522.1148 Fax: 905.522.9124 E-mail: sprc@sprc.hamilton.on.ca
Website: sprc.hamilton.on.ca

All rights reserved including the right to reproduce in whole or in part any form.
ACKNOWLEDGEMENTS

Thank you to the Public Health Agency of Canada for providing the funding that makes the Community Action Program for Children (CAPC) project possible.

As well, thank you to the United Way of Burlington and Greater Hamilton for their continuing work toward the healthy development of children and youth in our community.

A special acknowledgement to Ashley Dryburgh, Rosemary Aswani and Sumaira Khurshid from the Facilitating Inclusion Cooperative for their valuable contribution to the research process. Thank you, as well, to the members of the Riverdale CAPC Council for their participation and direction.

I would also like to thank the CAPC program partners and service providers for your support and cooperation throughout the evaluation process. As well, thank you for your dedication to addressing the needs of children and families through partnership and collaboration. The CAPC partners are babyshowers, Community Access to Child Health (CATCH), Boys and Girls Club of Hamilton, Hamilton Public Library, Home Management Workers, Skills Through Activities and Recreation (S.T.A.R.) and Today's Family Early Learning and Childcare.

This evaluation would not have been possible without the support and direction provided by Don Jaffray and Alison Miller. Thank you, as well, to Christina Walters and Anne Patterson for your assistance in preparing this report.

Finally, thank you to all the community members who talked to us about their experiences and shared their ideas and perspectives. Your insight was crucial to the preparation of this evaluation.
# TABLE OF CONTENTS

## 1.0 BACKGROUND

1.1 Project Description .................................................................................................................. 1
1.2 Project Mission ......................................................................................................................... 1
1.3 Project Goals and Objectives ................................................................................................... 1
1.4 Program Descriptions ............................................................................................................. 2

## 2.0 EVALUATION METHODOLOGY

2.1 Intake Data Analysis ............................................................................................................... 3
2.2 Key Informant Interviews with Parents ................................................................................... 3
2.3 Focus Groups with Parents ...................................................................................................... 3
2.4 Focus Group with Service Providers ....................................................................................... 3
2.5 Key Informant Interview with the CAPC Outreach Worker .................................................... 3

## 3.0 PARTICIPANT PROFILES

3.1 Demographics ......................................................................................................................... 4
3.2 Age of Participants ................................................................................................................... 4
3.3 Gender of Parent/Caregiver ..................................................................................................... 5
3.4 Family Income ......................................................................................................................... 5
3.5 Education ................................................................................................................................ 6
3.6 Family Structure ....................................................................................................................... 6
3.7 Place of Birth ............................................................................................................................ 7
3.8 Length of Time in Canada ........................................................................................................ 7
3.9 Ethno-Cultural Affiliation ....................................................................................................... 8
3.10 Languages Spoken .................................................................................................................. 8

## 4.0 KEY INFORMANT INTERVIEW FINDINGS

4.1 Number and Age of Children ................................................................................................. 10
4.2 Number of Years Residing in the CAPC Catchment Area .................................................... 10
4.3 Issues and Concerns for Parents ............................................................................................ 10
4.4 Addressing Issues and Concerns ........................................................................................... 11
4.5 Services and Programs Used .................................................................................................. 11
4.6 Services and Programs Not Used .......................................................................................... 11
4.7 Unavailable Services and Programs ...................................................................................... 12
4.8 Barriers to Accessing Services and Programs ..................................................................... 12
4.9 Addressing Barriers to Accessing Services and Programs .................................................. 12
1.0 BACKGROUND

1.1 Project Description

In 1990, Canada took part in the World Summit for Children at the United Nations where a commitment was made to improve the lives of the world’s children. As part of their response to this commitment, Canada developed the Child Development Initiative. The Community Action Program for Children (CAPC), a project attached to this initiative, was developed in 1994. CAPC is a national project with each province developing its own set of priorities and guidelines. In Ontario, there are ninety-two CAPC programs currently operating.

CAPC projects are intended to be preventative in nature by focusing on early intervention strategies for promoting child health. The priorities for CAPC programs in Ontario are:

- To promote the growth of healthy babies
- To decrease the incidence of low birth weight babies
- To increase the capacity of parents to relate positively to their children
- To provide support for parenting including support for parents of children with special needs
- To promote the recognition of child abuse and encourage effective community responses

The CAPC project in Hamilton is funded by the Public Health Agency of Canada. The sponsoring agency of the project is the Social Planning and Research Council of Hamilton. Direction for CAPC is also provided by the Riverdale CAPC Council comprised of individuals living within the catchment area. The Riverdale CAPC Council acts as a liaison to the community, identifies community needs and develops strategies and recommendations that promote the project’s goals.

The target population for the CAPC project is families with children between the ages of 0 to 6 years. In particular, CAPC is intended to address the needs of families who are considered to be at-risk due to limited income and/or social or geographical isolation although all families can access services. The CAPC catchment area is East Hamilton and Stoney Creek with the area boundaries of Lake Ontario (north), 50 Road (east), Mud Street (south) and Strathearne Road (west).

1.2 Project Mission

The mission of the CAPC project is as follows:

- CAPC provides the opportunity for residents of East Hamilton/Stoney Creek to play an active role in planning for their communities.
- CAPC believes that families/community want to provide the best for their young children, but there is a reality of barriers to resources, which is a serious restriction to goal achievement.
- CAPC feels that active involvement of community residents (living or working in the area) is the key to reducing these barriers and improving child health.

1.3 Project Goals and Objectives

The goals and objectives of the CAPC program are:

- To improve the health and well being of children aged 0 – 6
- To work with parents to make parenting easier
- To reduce child abuse and neglect
- To work collaboratively with community members to direct and improve CAPC so as to best serve the needs of parents and children
1.4 Program Descriptions

Hamilton’s CAPC project currently provides seven partnering programs for children and families in the CAPC catchment area. The programs are babyshowers, Community Access to Child Health (CATCH), Boys and Girls Club of Hamilton, Hamilton Public Library, Home Management Workers, Skills Through Activities and Recreation (S.T.A.R.) and Today’s Family Early Learning and Childcare.

babyshowers
babyshowers is an independent, nonprofit organization committed to helping families meet the basic needs of their children. They collect new and gently used baby and toddler items to give through established community agencies in Hamilton. Referrals are made through Public Health Nurses, Family Home Visitors. Hamilton Health Sciences, St. Martin’s Manor, the Maternity Centre, St. Joseph’s Immigrant Women’s Centre, CATCH, and The Children’s Hospital.

Community Access to Child Health (CATCH)
CATCH is a community development program in East Hamilton and Stoney Creek. The goal of the program is to work together with community residents in promoting healthy children, families and community support. CATCH strives to create safer environments for children both inside and outside the home by offering a variety of programs including a Parent and Tot Interactive Playgroup.

Boys and Girls Club of Hamilton
Boys and Girls Club of Hamilton operate a Lunch and Life Skills Program which offers the opportunity for parents to prepare nutritious lunches and snacks. They also provide a Multicultural Parent Education Program that addresses the needs of newcomer families in the areas of education and employment.

Hamilton Public Library – Red Hill Branch
The Hamilton Public Library offers the Multicultural Early learning Development Project (MELD) intended to reach newcomer families and provide parents with supports for their children’s early learning and school readiness development. Supports include dual language family workbooks, accessible dual language collection and family based programs including the Summer Reading Club and Storytime for Newcomer Families.

Home Management Program
The Home Management Program offered by the City of Hamilton Public Health Services is designed to support and assist parents with children ages 0 to 6. Home Management Workers meet with parents in their home and focus on the development of life skills, child rearing skills and household management skills. In addition, they assist parents in the development of action plans for returning to school or finding employment.

Skills Through Activities and Recreation (S.T.A.R.)
S.T.A.R. provides skill development programs for children between the ages of 5 to 15 in order to address the challenges faced by low-income families. S.T.A.R.’s goal is to provide children with opportunities for participation in recreational activities and to promote an interest in positive activities for children. Their partnership with CAPC enables the participation of 5 and 6 year olds in the programs.

Today’s Family Early Learning and Child Care
Today’s Family is a multi-service agency that strives to meet the diverse cultural, social and economic needs of families. In partnership with CAPC, Today’s Family provides supports to enable local residents to start up small childcare businesses in their own homes including regular home visits. This partnership addresses the issues of a lack of childcare spaces in the area and the difficulty experienced by the newcomer population finding work in Canada.
2.0 EVALUATION METHODOLOGY

Information for the evaluation was gathered using the following methods: intake data analysis, key informant interviews with parents, focus groups with parents, a focus group with service providers and a key informant interview with the CAPC Outreach Worker.

2.1 Intake Data Analysis

Service providers complete intake forms with all new families accessing CAPC programs and services. A comparative analysis of data was conducted on intake information collected in three time periods: April 1, 2007 to March 31, 2008; April 1, 2008 to March 31, 2009 April 1, 2009; and March 31, 2010. Participant profile information is provided in the following areas:

- Age of participants
- Gender of Parent/Caregiver
- Family Income
- Education
- Family Structure
- Length of Time in Canada
- Ethno-cultural Affiliation
- Languages Spoken

2.2 Key Informant Interviews with Parents

In order to gather the perspective of parents with children ages 0-6 in the CAPC catchment area, forty-two key informant interviews were conducted. Parents were interviewed at three locations: the McQuesten Community Centre, CATCH and the Dominic Agostino Riverdale Community Centre. The participants were asked ten questions relating to the needs of children and families in the area and were given a ten dollar food voucher in appreciation of their time. The interviews were conducted by the project evaluator and members of the Riverdale CAPC Council.

2.3 Focus Groups with Parents

Four focus groups were conducted with parents at the following locations in the CAPC catchment area: the Red Hill Library, CATCH, the Riverdale Community Centre and S.T.A.R. Hamilton. Three of the focus groups were conducted by facilitators from the Facilitating Inclusion Cooperative and the fourth by the project evaluator with assistance from outreach workers from the Settlement and Integration Services Organization (SISO). The focus group scripts addressed the program and service needs of families and participants were given a ten dollar food voucher as an honorarium. In total, forty-one parents participated in the focus groups.

2.4 Focus Group with Service Providers

A focus group was conducted by the project evaluator with CAPC service providers at their monthly service provider meeting. Participants were asked questions relating to the needs of parents, the successes and challenges of programs and suggestions for service enhancement. The agencies represented at the focus group were babysifters, Boys and Girls Club, Home Management Program, Hamilton Public Library (Red Hill Branch), Today’s Family Early Learning and Childcare and CATCH. In addition, a representative from S.T.A.R. provided responses to the questions at a later date.

2.5 Key Informant Interview with the CAPC Outreach Worker

Several significant changes have been made to the CAPC project over the past two years. In order to gauge the impact of these project transitions, a key informant interview was conducted with the CAPC Outreach Worker.
3.0 PARTICIPANT PROFILES

Service providers complete intake forms with all new families accessing Hamilton CAPC programs and services. There were 74 new participants in CAPC programs between April 1, 2009 and March 31, 2010. The demographic data from this period is compared with data from two previous years – April 1, 2007 to March 31, 2008 and April 1, 2008 to March 31, 2009.

3.1 Demographics

Chart 1: Number of New Participants

<table>
<thead>
<tr>
<th>Year</th>
<th>2007-2008</th>
<th>2008-2009</th>
<th>2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of New</td>
<td>209</td>
<td>105</td>
<td>74</td>
</tr>
<tr>
<td>Participants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of new intakes in Hamilton’s CAPC programs has decreased considerably over the three program periods. The intake numbers are not reflective of actual program participation since intake information is only collected when participants first access a service. Intake information is not collected yearly for participants who continue with programs from the following year.

3.2 Age of Participants

Chart 2: Age of Participants

The majority of parent participants in Hamilton’s CAPC programs in all three time frames were over 30 years old. There was a considerable drop in the number of participants between 20 and 30 years old from 2008-09 to 2009-10 while the number of young parents under 19 years old remained very low.

In the 2009-10, 20% of participants either did not respond to this question or chose the “refused” option in comparison to 5% and 7% in the previous time periods. This trend continues throughout the question areas in the 2009-10 intake forms. According to CAPC service providers, there are two reasons for this occurrence. First, participants who are already connected to CAPC but are accessing a new program are not expected to provide the full intake information a second time. Second, language barriers sometimes make it difficult to complete all the questions on the form.
3.3 Gender of Parent/Caregiver

Chart 3: Gender of Parent/Caregiver

Overwhelmingly, the majority of participants in CAPC programs in all three time frames were female parents or caregivers. It was suggested in the 2007-08 CAPC Evaluation Report, that these numbers may reflect the high percentage of ethno-cultural groups and newcomers among Hamilton CAPC participants and the prevalence of more traditional care giving roles among many of these groups.

3.4 Family Income

Chart 4: Household Income

One of the primary risk factors identified for the neighborhoods served by Hamilton CAPC programs is poverty. This is reflected in the income data collected over the past three programming years. In addition, the 2007-08 CAPC Evaluation Report showed that Hamilton’s participants have a significantly larger proportion of families who declare an annual income less than $10,000 than participants in provincial CAPC programs.
While there is no provincial data available for comparison for this 2008-10 evaluation, it was revealed that 43% of CAPC program participants declared a household income of less than $15,000. It is also important to note that of the total respondents in 2009-10, the average family contained 3.7 people. In comparison, the most commonly used poverty measure in Canada, Statistics Canada’s Low-Income Cut-Off, calculates a threshold of 41,198 for a family of four living in a large city like Hamilton.

3.5 Education

Chart 5: Education Level of Parent/Caregiver

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing/refused</td>
<td>22%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Completed elementary</td>
<td>7%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Completed high school</td>
<td>27%</td>
<td>42%</td>
<td>23%</td>
</tr>
<tr>
<td>Diploma or certificate from a trade or technical school</td>
<td>9%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Completed college</td>
<td>16%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>Completed university</td>
<td>20%</td>
<td>14%</td>
<td>14%</td>
</tr>
</tbody>
</table>

The highest percentage of participants in Hamilton CAPC programs have a high school education. In 2009-10, the number of participants with a university education had increased from the previous two programming years.

3.6 Family Structure

Chart 6: Marital Status

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing/refused</td>
<td>16%</td>
<td>36%</td>
<td>47%</td>
</tr>
<tr>
<td>Single parent</td>
<td>26%</td>
<td>26%</td>
<td>72%</td>
</tr>
<tr>
<td>Married/common-law/living with partner</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Most participants in Hamilton’s CAPC programs report being married, common-law, or living with a partner in the three time periods. However, in 2009-10, the number of single parents rose by 10% while the number of participants who were married, common-law, or living with partner decreased by 25%.
3.7 Place of Birth

Chart 7: Place of Birth

The participants in Hamilton’s CAPC programs are almost evenly split between participants who were born outside Canada and those born inside Canada. According to the 2006 census, the percentage of Hamilton residents who were born outside of Canada is 25% of the population. In comparison, CAPC program participants born outside of Canada represent approximately 50% of program users.

3.8 Length of Time in Canada

Chart 8: Length of Time in Canada

Of the participants who were born outside of Canada in the 2009-10 programming year, the majority had lived in Canada for less than 5 years. As reported in the 2008-09 Evaluation Report, this is consistent with reports that identify Hamilton as a ‘secondary’ destination after arrival in the greater Toronto area because its housing costs are more affordable than the greater Toronto area.
### 3.9 Ethno-cultural Affiliation

**Chart 9: Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused/missing</td>
<td>Scottish</td>
<td>Scottish</td>
</tr>
<tr>
<td>South Asian</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Polish</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Kurdish</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Scottish</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Yugoslavian</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The ethno-cultural affiliation of CAPC participants is difficult to determine due to the high number of participants who did not respond to this question. In 2007-08, there was a 49% non-responsive rate and a 62% non-responsive rate in 2009-10. In comparison, all but 4% of participants answered this question in 2008-09.

### 3.10 Languages Spoken

**Chart 10: Languages Spoken**

<table>
<thead>
<tr>
<th>2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak and understand English or French</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>Urdu</td>
</tr>
<tr>
<td>Arabic</td>
</tr>
<tr>
<td>French</td>
</tr>
<tr>
<td>Portuguese</td>
</tr>
<tr>
<td>Punjabi</td>
</tr>
<tr>
<td>Hindi</td>
</tr>
<tr>
<td>Hungarian</td>
</tr>
<tr>
<td>Italian</td>
</tr>
<tr>
<td>Polish</td>
</tr>
<tr>
<td>Tagalog</td>
</tr>
<tr>
<td>Vietnamese</td>
</tr>
</tbody>
</table>

While 62% of 2009-10 participants did not respond to the “ethno-cultural affiliation” question, all participants answered the “languages spoken” question. A possible explanation is that service providers were likely to check the “speak and understand English or French” option for participants they were conversing with in those languages. It is possible that participants also spoke other languages that are not reflected in the intake forms. While the data presented in this question area may not be completely comprehensive, the range of different languages spoken is reflected.
4.0 KEY INFORMANT INTERVIEW FINDINGS

One means of gathering the perspective of parents was key informant interviews conducted within the CAPC catchment area. The interviews took place in three locations: the McQuesten Community Centre, Community Access to Child Health (CATCH) and the Riverdale Community Centre. In total, 42 individual parent interviews were conducted using a ten question script. The question areas were: number and age of children; number of years residing in the CAPC catchment area; issues and concerns for parents; addressing issues and concerns for parents; services and programs used; services and programs not used; unavailable services and programs; barriers to accessing services and programs; and addressing barriers to service and program usage.

4.1 Number and Age of Children

The interview participants were asked to identify the number and ages of children in their care. Of the 42 participants, 38 were parents of a child or children six years old and under. The exceptions were as follows: Two participants were regular caregivers of grandchildren under the age of seven, one participant had a seven year old child and the other participant had three children between the ages of six and ten years.

Of the thirty-eight participants with children six years old and under, 51% responded that they had one child within this age group. The percentage of parents who had two children who were six years and under was 24% while 19% had more than two children in this age group.

The age range of the participants’ children was fairly even across all age groups. The highest percentage of children represented were infants under one year and children aged six (both at 27%). There was a lesser percentage of children who were either one years old (16%) or two years old (19%).

4.2 Number of Years Residing in the CAPC Catchment Area

The participants were asked to identify the number of years that they had resided in the CAPC catchment area. Participants who were residents for less than one year made up the lowest percentage at only 12%. The highest percentage was parents residing in the area for one to five years at 43%. Participants who had been living in the catchment area for five to ten years was 24% while 19% had been residents for over ten years.

4.3 Issues and Concerns for Parents

The interview participants were asked to identify any issues and concerns they had in relation to raising their children. The most frequent response was safety with almost half of the participants mentioning it. Many of the parents articulated that would not let their children attend programs and social events due to safety concerns. They indicated that other children in the area are “rough, neglected and run wild” resulting from a lack of parental supervision. It was also mentioned that older children and teens pose a safety risk due to the behavior that they exhibit around their children. They expressed concerns that teens were not only violent but were a bad influence in relation to habits such as smoking and using bad language.

In close connection to the participant’s safety concerns, was the issue of neighborhood crime. They indicated that drugs, guns and prostitution were a visible presence in their community. Some parents articulated that they kept their families at home at night due to fear of criminal activity. Other participants indicated that they avoided community involvement to stay removed from the people committing crime in their neighborhoods.

Other issues identified by the participants were providing for their children, accessing schools and overcoming language barriers. Some parents indicated that a lack of income and employment opportunities presented a barrier in providing for their children. Others expressed concerns about the schools their children would be attending in relation to the schools’ ability to meet their needs. Language
barriers were mentioned by parents in relation to concerns that they would not be able to navigate various systems their children would need to thrive.

4.4 Addressing Issues and Concerns for Parents

The interview participants were next asked to discuss the types of assistance needed to address the issues and concerns they had identified. The parents who had indicated that safety was their primary concern articulated several means for increasing safety in their community. One method was for landlords to be diligent in addressing these problems and to be more selective about the tenants they rented to. It was also mentioned that City Housing units should be scattered throughout the area instead of being located in one building. Parent education in the areas of childrearing and children’s safety was another means identified to address these concerns. This included children’s programming that incorporates safety awareness in its classes. The interview participants indicated that the behavior of teens in the area could be addressed by providing them with planned activities and programming.

In order to address the issue of crime, the participants articulated the need for an increased police presence in the community. They indicated that the police should be on the street and visible to deter the occurrence of criminal activities. Several participants also indicated that a Community Watch program would be a beneficial addition within their neighborhoods.

In relation to the issues of providing for children, accessing schools and language barriers, most parents indicated that they had no solutions to suggest. Two participants did articulate the need for schools to improve their ability to address language barriers for both parents and children.

4.5 Services and Programs Used

The parents interviewed were asked to identify the services and programs they participated in and their reasons for doing so. Since the participants were interviewed while accessing certain programs at the community centres, these programs were most frequently mentioned: the food bank at the McQuesten Community Centre, the Parent and Tot Playgroup at CATCH and the Welcome Baby program at the Riverdale Community Centre. The other programs that were mentioned consistently were S.T.A.R., Ontario Early Years Centres (OEYC), the Red Hill Library, CATCH clothing bank, ESL programs, various food bank locations and programs at the Riverdale Community Centre.

The location of programs was cited by the participants as the main determinant in their decision to access them. The parents also indicated that they participated in programs because it gave them an opportunity to socialize with other women. Other reasons mentioned were the staff at various programs, the educational aspect of programs and the opportunity to increase their English language skills.

4.6 Services and Programs Not Used

The interview participants were asked to identify the services and programs they were not currently accessing and their reasons for not participating. Almost half of the participants indicated that they lacked awareness of other available programs although they thought it likely that more programs did exist. Accessibility was also cited frequently as a reason for not participating in available services. Several programs such as OEYC, ESL classes and food banks were not being utilized by some parents because of the distance they would be required to travel. For other parents, their own educational or employment involvement made it difficult to access programs at the times they were held. In addition, some participants indicated that the age limits attached to programs precluded their children’s involvement.

There were several participants who indicated that they did not access more programs because they did not have time. Most of these parents had more than one child and were too busy with childcare and household responsibilities. Other parents articulated that they did not need some of the programs in the community. One example was a parent who had used the Home Management Program but now had the live-in support of her mother.
Another reason that prevented some of the parents from accessing programs was cost. They indicated that they would like to enroll their children in swimming lessons and sports programs but were unable to pay the fees. In addition, some parents articulated that they could not attend any adult programming that did not provide childcare.

4.7 Unavailable Services and Programs

The interview participants were asked to identify services and programs that are needed but are currently unavailable. Overwhelmingly, parents mentioned various types of children’s programming such as breakfast programs, after school programs and sports programs. Many participants also articulated the need for more services and programs for parents. These included First Aid classes, mother and child playgroups, women’s exercise classes and programs for Muslim women. In addition, it was indicated that they needed a parent and baby program for mothers with infants over six months of age.

In relation to unavailable services, many parents discussed existing programs that were not available within their areas. Several programs mentioned were OEYC, the Hamilton Public Library Bookmobile and Woman Alive physical health program. It was articulated that these programs were beneficial but that their locations made them inaccessible. An unavailability of childcare was also identified by parents in varying capacities. They indicated that there needed to be more childcare services for low-income families as well as more programs with childcare services attached. The expansion of free services such as food and clothing banks was a need put forward by some of the participants.

4.8 Barriers to Accessing Services and Programs

The parents who participated in the interviews were asked to identify the barriers that prevented them from accessing services and programs. Their responses reflected many issues that were raised in previous question areas. Transportation emerged as the most frequently identified barrier to service and program accessibility with half of the participants mentioning it. Most parents indicated that bus service was their only means of transportation. The barriers associated with bus travel were identified as the cost of bus fare, the length of travel time and the difficulty of taking children on the bus.

Many parents indicated that time constraints presented a barrier to service usage. They cited childcare and household responsibilities and school attendance as some of the reasons for their time challenges. Lack of childcare in general and within individual programs was also mentioned often as an obstacle preventing program usage. In addition, the costs attached associated with some programs prevented many parents from accessing them.

Other identified barriers to program usage were lack of awareness of program availability and language barriers. Some parents indicated that they did not attend programs because they did not like the staff or other participants at certain locations.

4.9 Addressing Barriers to Service and Program Usage

The interview participants were asked to identify methods for addressing the barriers that prevented service and program usage. Many parents indicated that they needed their bus fare costs to be covered in order for them to attend programs. One suggestion was for programs to provide bus tickets to participants who needed to travel to their sites. Other parents articulated that the issue of accessibility could only be addressed by providing programming in their immediate areas since there were too many barriers associated with travel.

Other responses were in relation to program costs, childcare and lack of program awareness. It was suggested that programs, particularly those for children, should be provided at no cost. The need for childcare could be addressed by providing it within programs or having more daycare available within the community. Building community awareness of the services and programs available was also seen as an important means of promoting program usage.
4.10 Ideal Community

The last question presented to the participants asked them to identify their vision of an ideal community. Their responses covered a broad range of topics and ideas and are listed in Appendix A of this report.
5.0 PARENT FOCUS GROUP FINDINGS

Focus groups with parents were conducted at four locations within the CAPC catchment area. The perspectives of participants were gathered through questions and exercises that addressed the service and program needs of families. Three of the focus groups were conducted by facilitators from the Facilitating Inclusion Cooperative and the fourth by the project evaluator with assistance from Settlement and Integration Services Organization (SISO) outreach workers. In total, forty-one participants took part in the four focus groups.

Each of the groups focused on the programs within the specific areas where they were held. The four locations were: CATCH (Quigley Road); S.T.A.R. (McQuesten Neighborhood); the Riverdale Community Centre (Riverdale); and the Red Hill Library (Queenston Road). The findings from the focus groups will be presented in separate sections according to the locations they represented.

In order to initiate the conversation and encourage participation, the focus group participants were presented with three icebreaker questions. They were asked to identify the number of languages they spoke, the length of time they had lived in the community and the ages of their children. Participant responses revealed that the languages spoken in addition to English were Urdu, Punjabi, Spanish, Lingala, French and Tagalog. The participants' length of time in the community ranged from less than one year to more than ten years. With a small number of exceptions, the participants revealed that they had children ages 0 to 12 years.

The participants were asked to respond to questions in the following areas:

- Program and Service Successes – Participants at each location were asked to identify and comment on the programs and services they accessed and participated in.
- Program and Service Gaps – Participants were asked to identify the existing program and service gaps.
- Addressing Program and Service Gaps – Participants were asked for their suggestions on how to address program and service gaps and to identify the agencies or systems that should initiate this work.

In addition, the focus group participants were asked to envision and build an ideal community as a small group exercise. The ideas presented by the participants in the exercise are included in Appendix A of this report.

5.1 CATCH – Quigley Road

Program and Service Successes

Participants in the CATCH focus group identified that they used the following programs and services: Home Management Program, clothing bank, food bank, employment services, parent and tot playgroup, after school program, women’s groups and the wrap-around program.

The participants articulated that they are very satisfied with the programs and services they receive at CATCH. Their comments included that CATCH provides volunteer positions, opportunities to network and has a very supportive staff.

Program and Service Gaps

There were several service areas identified by the participants as needing further programming or improvement. One suggestion was to increase the amount of security and policing in the community to address issues of safety for families accessing programs. Another identified need was in the area of recreational programs for children. In particular, the participants indicated that more organized sports programs, gym activities and planned field trips were needed.
The participants articulated their belief that a general lack of consistent funding created a gap in program planning. A lack of funding was also seen as contributing to a lack of community awareness of CATCH programming. They identified a need to increase awareness that CATCH offers services beyond the food and clothing bank.

Individual and group counseling in the areas of addictions and woman abuse were also identified as a needed on-site service of CATCH. In addition, participants articulated the need for speech therapy programs for children and a Woman Alive program in the area.

**Addressing Program and Service Gaps**

In order to address the need for more policing and security in the area, the participants suggested the establishment of a Neighborhood Watch and an increased and more interactive police presence. They indicated that weekly updates of crime in the neighborhood would lead to increased security.

Parental involvement was put forward as a means of improving recreational programming for children. Participation by parents was seen as an effective and beneficial way to enhance sports activities. In addition, they articulated that superintendents should stop taking away play areas for children in local buildings.

In relation to the need for children’s speech therapy programming, the participants indicated these services should be provided on-site in the area. Likewise, they articulated that it would be beneficial to have counseling at CATCH since it is a nondenominational, inviting space.

5.2 S.T.A.R. – McQuesten Neighborhood

**Program and Service Successes**

The participants who attended the focus group at S.T.A.R. indicated that they used the following programs and services: swimming program, children’s breakfast program, children’s sports and recreational programs and March break and summer programs.

It was identified by the participants that they were very satisfied with the S.T.A.R. programs. In addition, they articulated that S.T.A.R. staff are very supportive and that contributes to the program’s success.

**Program and Service Gaps**

There were several children’s programs that the participants identified as gaps in the area. Most participants indicated that a homework club would be beneficial as well as arts and crafts classes for children. It was indicated that children’s programs should focus on skills building such as cooking or core values rather than just recreation. Participants also indicated that programming for parents and young children was needed.

Another identified gap was local ESL classes for parents and children due to the inaccessibility of most programs. Participants also wanted to see the inclusion of programming for older children and teens such as movie nights.

**Addressing Program and Service Gaps**

Overwhelmingly, the participants identified S.T.A.R. as the agency best suited to provide the programs they had suggested. They articulated the need for S.T.A.R. to develop activities that are more lively and appealing to children and to connect with SISO in order to increase referrals to S.T.A.R. programs.

The participants identified the need for more community involvement in order to promote program and neighborhood enhancement. It was articulated that there were challenges to increasing attendance at
community meetings and functions in order to discuss issues. Suggestions for engaging the community were neighborhood BBQs and providing food at neighborhood meetings.

5.3 Dominic Agostino Riverdale Community Centre – Riverdale

Program and Service Successes

The Riverdale focus group participants identified that they accessed the following programs and services: swimming, Woman Alive, CAPC outreach, health information sessions, Welcome Baby and Incredible Years.

The participants expressed satisfaction with the programs and services at the Riverdale Community Centre. In particular, they emphasized the physical activity and health benefits they receive from the Woman Alive program.

Program and Service Gaps

The service gap most frequently mentioned by the participants was children's playgroups and area playgrounds. They indicated that there was a general lack of activities for young children. While recreational programs such as swimming and karate are available, there are fees attached that make them inaccessible. Overall, they indicated that children's programming needed to be expanded and available at no cost.

Recreational programming for women was another gap identified by the participants. Suggestions for programming included swimming, arts and crafts activities, cooking classes and the addition of a sauna and hot tub in the community centre. In addition, they articulated the need for increased topics and time options for the Woman Alive program and separate women's swimming sessions to make them accessible for Muslim women.

Other programming gaps identified were more support for mothers with young children and employment resources and counseling. The participants also indicated that group meetings for women to discuss different issues would be beneficial.

Addressing Program and Service Gaps

In order to increase the amount of children's programming, the participants suggested that an organization such as CAPC should attempt to find additional funding and sponsorship for sports programs. A further suggestion was to lobby local businesses to provide support for building area playgrounds.

The participants suggested that renovations to the Riverdale Community Centre could be taken on by the City of Hamilton. The improvements could include a sauna, hot tub and enhanced kitchen facilities for cooking classes.

Community agencies such as St Joseph’s Immigrant Women’s Centre, SISO and the City of Hamilton were identified as effective agencies for providing on-site women’s groups. Furthermore, the Riverdale Hub was a suggested avenue for providing micro business opportunities for women. This included the development of a monthly Marketplace for community members to promote their home-based business.

5.4 Red Hill Library – Queenston Road

Program and Service Successes

The participants at the Red Hill Library focus group indicated that they used the following services: Red Hill Library services and programs, Woman Alive and children’s swimming programs.
While the participants articulated the benefits of the Red Hill Library services and programs and the Woman Alive program, overall, they were dissatisfied with the amount of available programs and services.

**Program and Service Gaps**

The gaps identified by the participants focused on programming that was available at no cost. In terms of children’s programming, the participants mentioned swimming and karate classes, reading programs and information sessions. They also articulated the need for no-cost mom and tot playgroups and family movie nights.

The participants indicated that there is a need for parent programs that address cultural diversity. One identified gap was women’s only physical activity programs so that Muslim women can participate without wearing a Hijab. It was also articulated that services are needed to help with grocery shopping since many women are unfamiliar with Canadian food. In addition, ESL classes located in the area were identified as a gap.

**Addressing Program and Service Gaps**

The participants’ suggestions for addressing gaps and improving services centered on barriers to accessibility. The availability of childcare was identified as an important factor in allowing parents to attend programming. Cost of programs and transportation were presented as challenges to accessing programs for both children and parents. Most participants indicated that programs and services needed to be provided at no cost, have on-site childcare and provide bus tickets.

The other identified challenges to program participation were language and time barriers. They indicated that programs need to be responsive to the time restrictions of parents and to provide language interpretation.
6.0 SERVICE PROVIDER FOCUS GROUP FINDINGS

The perspective of CAPC program service providers was gathered by conducting a focus group. In attendance were service providers representing the following agencies: babyshowers, Boys and Girls Club, Home Management Program, Red Hill Library, Today's Family Early Learning and Childcare and CATCH. In addition, a representative from S.T.A.R. provided responses to the questions at a later date.

6.1 Needs Addressed by CAPC Programs

The focus group participants were asked to identify the needs of children and families in the community that are addressed by CAPC programs. There were seven needs that emerged from the responses gathered from the service providers: physical needs, parenting education, one on one support, peer support, children's programming, childcare and parenting support and education/employment assistance.

Physical Needs: The focus group participants indicated that CAPC programs address tangible, immediate needs of families. In particular it was articulated that babyshowers provides families with items such as bedding, clothing and food. The food and clothing bank at CATCH was also identified as a resource for the physical needs of families.

Parenting Education: It was identified by the service providers that CAPC programs provide families with parenting education. It was indicated that the Boys and Girls Club programs educate parents on nutrition, food preparation, First Aid and Canadian customs in order to assist them in raising and educating their children. In addition, parents receive education through the Home Management Program and various programs at CATCH.

One on One Support: The service providers indicated that parents receive one on one support from the Home Management Program. Connection with parents is made through CATCH and service is provided within the individual families’ homes. The supports provided by Home Management Workers include budgeting, stress and home management, parenting skills and accompanying clients to services.

Peer Support: Many CAPC programs were discussed by service providers as addressing needs in the areas of peer support and social interaction. It was identified that cultural and language barriers leading to the isolation of families are addressed by the ability of programs to bring together in a social environment. Families are allowed the opportunity to connect with other parents in their community and benefit from the peer support they can give and receive. It was articulated that the programs that provide peer connection are the Boys and Girls Club, the Red Hill Library and CATCH.

Children’s Programming: Service providers indicated that the provision of children’s programming is one of the most important needs addressed by the CAPC program. The Boys and Girls Club, S.T.A.R., CATCH and the Red Hill Library were identified as providers of programs in the areas of recreation, literacy, nutrition and school support. In addition, it was articulated that many of the children’s programs addressed the cultural needs of children and families in the community.

Childcare and Parenting Support: It was identified that parents receive childcare and other parenting supports from CAPC programs. Today’s Family provides parents with childcare spaces as well as school escorts and respite care. Other CAPC programs such as CATCH, Home Management Program and the Boys and Girls Club provide support to parents in raising their children.
Education and Employment Assistance: Service providers indicated that CAPC families receive educational and employment assistance from their programs. Today’s Family offers families the opportunity to develop or enhance childminding businesses in their homes through micro-lending and educational workshops. In addition, CATCH offers the services of employment and adult educational councilors for parents.

6.2 Strengths and Successes of CAPC Programs

The service providers were asked to identify the strengths and successes of the CAPC programs. While the participants discussed strengths of their programs in many areas, they all indicated that the partnership opportunities provided through CAPC was an overall strength associated with their work. The benefits of their partnership with CAPC were articulated in three areas: increased resources, service provider networking and organizational support.

Increased Resources: It was identified that CAPC allowed the programs access to resources that they would not have otherwise. One example is the recent formal partnership between babyshows and CAPC that has allowed them the funding to acquire a permanent space. Other programs were seen to benefit from resources such as meeting space, informational resources and additional funding.

Service Provider Networking: The service providers indicated that their connection to CAPC allows them increased networking opportunities. Programs can share information with one another in order to enhance their services. In addition, it allows them to increase connection with clients and to build community awareness of their programs.

Organizational Support: Another benefit associated with the CAPC partnerships was the support of a larger organizational structure. It was indicated that their programs gained increased visibility and legitimacy from being part of CAPC. Service providers also articulated that CAPC increased their connection to other broader systems in the community.

6.3 Challenges and Barriers of CAPC Programs

The service providers were asked to identify challenges and barriers that exist in relation to CAPC programs. The three areas that emerged in the discussion were funding, profile building and duplication of services.

Funding: One of the challenges associated with funding was a general indication that programs could be enhanced with increased funding dollars. A specific example provided was the inability of most programs to provide bus tickets to families to increase service accessibility. In addition, the child age requirements attached to funding creates barriers for providing full service for some families.

Profile Building: While it was identified that the CAPC programs are successful in building client awareness about their services, it was articulated that their visibility in the broader community should be increased. In particular, the service providers indicated that Ontario Works and City of Hamilton Public Health Services workers need to have increased awareness of CAPC programs in order to increase referrals for families. Since these two organizations are often the primary connect with newcomer families, they would be an important referral source for CAPC programs.

Service Duplication: Another challenge identified by the service providers was in the area of service and program duplication. It was articulated that many programs are providing similar services due to the reluctance of families to travel to different sites. Transportation costs and unwillingness to access unfamiliar places were cited as the reasons that families stayed within their areas.
6.4 CAPC Program Improvements

The service providers were asked to identify areas in the CAPC programs that need improvements. There was an overall agreement that the programs were providing successful service within the funding parameters allowed. They indicated that an increase in funding was the only means for programs to be improved. An example provided was to obtain funding for a part-time worker in the CAPC office who can speak English and other languages to newcomer families. Another suggestion was to invest in the development of a more comprehensive database to collect information on program users. Service providers also articulated the need for an increased presence from the Social Planning and Research Council of Hamilton since they are an important support for the CAPC programs.
7.0 CAPC PROJECT TRANSITIONS

In the timeframe between March 2008 and March 2010, the CAPC project underwent several significant changes. The project transitions will be outlined in this section followed by the findings from a key informant interview conducted with the CAPC Outreach Worker. The purpose of the interview was to gauge the impact of the project changes through the Outreach Worker’s unique perspective in relation to her connection with the overall project.

7.1 Project Transitions

The partnership between CAPC and two programs came to an end in the past two years. The first program to leave the CAPC project was Baby’s Best Start which ended in July 2008. Baby’s Best Start was a weekly program for pregnant women and mothers with babies up to the age of one year. The program’s purpose was to provide pre- and post-natal services and supports to women and their babies. Program participants met weekly to prepare meals, interact with peers, meet with a Public Health Nurse and registered dietician, participate in educational activities and receive food vouchers and prenatal vitamins.

The second CAPC partnership that came to an end was with Parents Helping Parents that transitioned into a partnership with Wesley Urban Ministries in March 2009. Parents Helping Parents was a home visiting program that worked in conjunction with Public Health Nurses. Family home visitors of various ethno-cultural backgrounds worked with families of like culture and language to enhance healthy child development. They provided guidance in parenting skills and child growth as well as referrals to community services and resources.

The CAPC project also gained three partnering programs within the past two years. First, babyshowers, a program that provides parents with basic needs for children joined the CAPC project. Second, the Boys and Girls Club partnered with CAPC to operate both a nutrition and multicultural parenting education program. Third, CAPC gained the partnership of the Home Management Program which provides support to parents in their homes in the areas of lifeskills, childrearing and home management skills.

7.2 Impact of Project Transitions

According to the CAPC Outreach Worker, these changes have had a significant impact on the CAPC project and the families they serve. In relation to the conclusion of Baby’s Best Start, the Outreach Worker indicated that women in the community were negatively affected and experienced a gap in service. She articulated that the program’s abrupt end due to funding cuts left pregnant and parenting mothers with no direct pre- and post-natal supports in the area. This gap has consequently been filled by the Welcome Baby program provided at the Riverdale Community Centre by the City of Hamilton Public Health Services. However, this new program only provides service to women with infants up to six months of age and a gap still exists for mothers with infants between six months and one year.

Another important change identified by the CAPC Outreach Worker was the loss of the Parents Helping Parents program within the CAPC project. She indicated that the Parents Helping Parents home visitors were successful in connecting with families in the community and referring them to CAPC programs. The information-sharing and working relationship between CAPC and the Parents Helping Parents workers created a beneficial support system for families in the area. In addition, the family home visitors were able to address language barriers to facilitate families in service accessibility.

A project transition that the CAPC Outreach Worker identified as a positive community impact is the addition of the babyshowers program. She indicated that the infusion of CAPC funding into the program has enabled them to provide a valuable service to more families in the community. Babyshowers’ partnership with CAPC has allowed them to acquire a working space and administrative support that has resulted in an expansion of their services.
The partnership between CAPC and the Boys and Girls Club was also put forward by the Outreach Worker as a positive change within the CAPC project. CAPC funding allows the Boys and Girls Club to provide nutrition programming and multicultural education to newcomer families in the furthest east end of the catchment area. In addition, she indicated that the Boys and Girls Club has assisted with connection to other community partners such as Ontario Early Learning Centres.

The Home Management Program is the most recent partnership within the CAPC project. The CAPC Outreach Worker indicated that this partnership is a good example of the benefits of partnering with funding to provide a more valuable service for families. Due to the recent nature of the partnership, it was difficult for her to gauge the specific community impact at the present time. However, she indicated that it was anticipated that the partnership would be a valuable asset to CAPC families.

### 7.3 Partnership Transitions

Changing conditions in the community combined with changing conditions in local systems of services resulted in transitions in partnerships for the CAPC program in east Hamilton.

Given the culturally diverse nature of the community in east Hamilton and Riverdale neighbourhood in particular, the Immigrant Women’s Centre of Hamilton has partnered with CAPC to provide programs to enhance the relationship between settlement support services offered to recent immigrants and refugees that facilitate and support and access to programs for residents of east Hamilton and who are parents of young children in the community.

The healthy development of children is highly dependent on nourishing foods that will promote growth, learning and good health. The development of student nourishment programs are being encouraged in schools and communities across the city. Particular attention and support is needed to establish and sustain these programs in communities with the risk factors evident in the CAPC area. As a result this CAPC is now partnered with the local Partners in Nutrition program and is directing support to student nourishment programs operating in the east Hamilton CAPC catchment area.

Catholic Family Services of Hamilton has also partnered with CAPC to provide programs to enhance the Young Parent Resource program offered at Angela’s Place in east Hamilton. These supports will include access to respite services for parents of young children, access to infant massage and enhancements to the Father’s group sessions. These services work with parents to make parenting easier, reduce child abuse and neglect and enable residents of the community to better access parent and child programs in the area.

Existing partner programs and services including Wesley Urban Ministries/CATCH program, STAR, Boys and Girls Clubs of Hamilton, Today’s Family Early Learning and Child Care and babyshowers were also provided with increased resources to enhance and sustain their capacity to continue delivering important supports to parents and children in the east Hamilton CAPC community during the year.
8.0 ANALYSIS

8.1 Tracking Program Usage

*There are challenges to tracking program usage in the CAPC project.*

There are several factors that create challenges within the CAPC project in relation to tracking program usage. First, the project has seven partnering programs that operate within different locations throughout the catchment area. There are inherent difficulties with coordinating a single system of data collection across different agencies at different sites. Second, many participants in the CAPC project stay connected to programs over long periods of time and it may be detrimental to require them to re-submit information each year. Third, language barriers pose a challenge to a thorough and accurate completion of the questions on the intake form. Despite these challenges, the intake information collected from April 2007 to March 2010 and presented in this report has provided some informative data on CAPC participants and program usage.

8.2 Program Location

*The location of programs is an important factor in determining program usage.*

A reoccurring issue that emerged within the consultations was the importance of program location. Parents who participated in the interviews and focus groups mentioned that location was a main determinant in their decision to access programs. Most participants encountered barriers to transportation including cost, length of travel time and the difficulties of taking children on public transit. Service providers indicated that duplication of service occurs within the spectrum of CAPC programs due to families' challenges in traveling to other sites. Funding for bus tickets and staff accompaniment to other programs was put forward as a means of addressing this issue.

8.3 Safety Issues

*Safety issues are a significant concern for families in the CAPC catchment area.*

Throughout the parent consultations, safety was mentioned as a concern for families in raising their children. Some of the concerns raised were neighborhood crime, violent youth behavior and aggressive children. Parents' suggestions for addressing safety issues focused on increased policing with a high visibility in the community. They also put forward some community solutions such as a Neighborhood Watch and increased Property Manager involvement. A finding worth mentioning is that safety concerns were mentioned very frequently by participants in the McQuesten and Quigley Road areas but much less frequently by participants in the Riverdale and Queenston Road areas.

8.4 Cultural Diversity

*The cultural diversity of families in the community is a main factor in the program needs of parents and children.*

The CAPC catchment area is an ethno-culturally diverse community with a high population of immigrant families. The program needs articulated in the consultations reflect the challenges and barriers faced by a community with a diversity of languages and cultures. Language barriers were often mentioned as a presenting challenge to program accessibility. However, parents also articulated that the social aspect of programs helped them to increase their English language skills. Programming for the Muslim community was identified as a gap in service particularly for women accessing recreational programming. Some CAPC programs such as Today's Family and the MELD program directly address the needs of immigrant families while others incorporate culturally diverse practices into their programs.
8.5 Families Living With a Limited Income

*The limited income of many families in the CAPC catchment area impacts on their program needs.*

One of the main focuses of the CAPC project is to address the needs of families considered to be at-risk due to limited income. The consultations reinforced this priority as issues of financial need were mentioned frequently. Parents articulated the need for no-cost programming and childcare in order for them to be accessible. Transportation costs were also often cited as a barrier to program accessibility. In addition, many parents mentioned food and clothing banks as services that they used in the community.

8.6 CAPC Programming

*The needs addressed by CAPC programs correlate with the needs articulated by parents.*

A majority of the program needs mentioned by the parents in the consultations are provided by CAPC programs. CAPC programs are provided at no cost for both parent and children’s programs. Cultural diversity and the needs of immigrant families are addressed directly by some programs and incorporated into others. In addition, tangible resources, childcare, employment supports, recreational programming and parenting supports are services that are provided by CAPC. The programming needs of families that are not as successfully being met by CAPC programs are accessibility in relation to location and transportation costs. CAPC programs cover a broad catchment area resulting in a considerable traveling distance for many families. In addition, bus tickets are often not available at CAPC programs to provide to participants.

8.7 Program Partnerships

*A strength of the CAPC program is an increase in benefits to families through program partnerships in the community.*

The CAPC project provides its programming by partnering with other organizations in the community. Its funding is used to enhance and/or provide additional programming throughout the catchment area. The benefit of these partnerships expands beyond funding into several areas. First, CAPC partnering programs gain access to additional resources such as meeting spaces and informational resources. Second, it allows networking opportunities for service providers to share information and increase connection with clients. Last, organizational support from CAPC increases the partners’ visibility and connection to broader systems in the community.

8.8 Project Transitions

*Project transitions that have occurred in 2008-2010 have impacted on programming for families in several ways.*

The time period of April 2008 to March 2010 was characterized by significant changes to the CAPC project. Both the Baby’s Best Start and the Parents Helping Parents programs that came to an end during this time were valuable programs that benefited CAPC families. While this resulted in a gap in service for a period of time, the Home Management Program and Welcome Baby program are now providing the missing services. The CAPC project also benefited from two new partnering programs during this time. Babyshowers addresses tangible needs of families while the Boys and Girls Club provides nutrition and multicultural programming. Overall, the project transitions have expanded the project services provided by CAPC except in the area of programming for mothers with infants six months to one year.
8.9 Evaluation Process Challenges

There were challenges encountered in the evaluation process in gathering the perspective of parents who were not already connected to programs.

One of the main focuses of the evaluation was to assess the needs of parents in the CAPC catchment area. One of the challenges that arose in this process was connecting with families who were not involved with community services and programs. Outreach to community groups and religious organizations within the area were undertaken but not successful. The perspective of parents who are disconnected from area resources would have provided a valuable insight into means of addressing program barriers and engaging more families.
9.0 CONCLUSION

The target population for the CAPC project is families with children between the ages of 0 and 6 years who are considered to be at-risk due to limited income and/or social or geographical isolation. The participant profile information gathered from the 2007-10 intake forms reveals that CAPC programs are succeeding in engaging families who live on limited income and are at risk of social isolation due to language and cultural barriers.

During the evaluative process, a total of eighty-three parents were consulted in order to access their needs in raising their children. Most of the program needs articulated by parents align with the services that the CAPC project provides. The exception is the ability of CAPC to be in accessible locations for all families due to the size of the catchment area.

One of the strengths of the CAPC project is to provide service to families through community partnerships. The partnerships are not only valuable in relation to program and service development but in increased resources and networking opportunities for service providers. Despite the loss of two programs during 2008-10, CAPC was able to maintain its level of service provision through the formation of three new partnering programs.

Lastly, there were difficulties encountered in the evaluative process in engaging families who were not connected to programs. It would be beneficial for future evaluations to discover means of gathering the perspectives of these community members in relation to their needs and barriers preventing service usage.
APPENDIX A: Participants’ Vision of an Ideal Community

Key Informant Interviews with Parents

The parent participants in the key informant interviews and focus groups were asked to identify what an ideal community would look like to them. Their responses are listed below.

- I like my neighborhood because it seems like a community. Everyone knows everyone so we know who bad people are.
- An ideal community would be clean, full of nice people and everyone gets along – it’s not like this now.
- It would be safer, less vandalism – people would take care of their properties.
- It would have a park with a fence and lock and supervision so older kids can’t destroy it.
- Everyone getting along, everyone putting garbage in bins. They should give flowers to low income people to plant and hydro should give a break to people at Christmas so they can have Christmas lights. The government should give money to the poor in Hamilton not Haiti.
- I like the CATCH program – I have made friends and it’s helpful.
- The area would be in good shape and be a healthy environment.
- Having reasonable priced housing and upgrading & volunteer opportunities for adults for their self-esteem. There should be trails – and open-mindedness.
- An ideal community would be somewhere friendly.
- It would have more programs for older kids – 6 and 7 year olds and a cheaper grocery store closer.
- Having a free pool and improve places and activities for kids – they shouldn’t be bored in their communities.
- Make it co-op again and make it nice.
- I like the community – if there’s no bad, you don’t appreciate the good – it’s a good mix with more good people than not. You don’t want kids to grow up in a bubble.
- I wouldn’t change it – people here are great – everyone could do a little more but that’s the way it is. I like the area.
- Food market that’s cheaper – lots of low income people live here.
- We need a community policing station and bus service up the mountain from here (takes 1 hr 20 min vs 5 min).
- Another food bank but is good the way it is.
- More open-minded and having people there for each other. More educated about the reality of life. I’m worried about our kids suffering if it doesn’t get better. People are lazy and won’t fight because they’ve been put down so much – they need to fight – need support to tell them they’re not alone.
- I like the neighborhood.
- All the neighbors help each other in City Housing.
- If everyone works together. More friendly people and less drugs and prostitutes. Need stuff for kids to do and a closer park and rec centre and after school program.
- We need a new park because the park is too far. It can never be perfect, things always happen.
- A close-knit community where everyone knows each other. I wish it was safe – more money.
- Nice parks.
- Need a bigger space like a gym where kids can play and activities and childminding.
- Good integration and communication with others especially with the language barrier.
- If all services were closer to my house because it’s hard to put kids in different activities – they’re all over the place because of ages – so it’s hard – need to be put together.
- Gym classes for women is important.
- Programs for moms and kids together. Programs for moms with daycare.
- I like it the way it is.
- Open spaces and parks for kids without a lot of roads. Neighbors who are helpful and look out for each other and each others’ kids.
- It’s all good.
- Cleaner and neighbors knowing about events and programs.
- If we listen to each other about what we need and a playground.
- The community is good but the problem is the teenagers – need to put something in place for them – they need to be part of their community.
- Community that helps the kids – gives them more education and protects them.
- Place to learn – place with entertainment especially for kids – have an arena.

**Parent Focus Groups**

In the focus groups with parents, the participants were encouraged to dream and build an ideal community as a small group exercise. Their responses are listed below according to the location of the focus group.

**Riverdale Community Centre**

An ideal community for Riverdale focus group participants would include the following:

- Swings
- Gazebo
- Splash pad
- Swimming including classes for adults
- Belly dancing for children
- Kitchen you can cook in and cooking classes
- Soup all day long
- Show and tell for children
- Playroom
- Multicultural events: to help learn about each other’s cultures e.g. to make flags in Arts and Crafts, bring something from each other’s culture
- Hot tub sauna
- Basketball activities
- Marketplace
- Community garden
- Physical activities such as karate
- Activities for young children
- Potlucks: United Nations café
- Driving classes
- ESL classes that are fun for everyone to enjoy
- Fashion shows
- Classes for hairstyling, manicure, pedicure, haircutting, hygiene
- Library

**S.T.A.R.**

Participants of the focus group at S.T.A.R. built their ideal community to include the following:

- Bigger house for programs
- Gym counseling services information booths
- S.T.A.R. soccer club, sports, swimming, basketball
- Homework club, teen movies, BBQ for communities
- Computer training, Mom + child activity, reading programs
- Communal home theatre movies
- To make people come to star meetings provide incentives and make it fun
- Skills development, value based activities
- Home work / reading club to assist children with their academics
- Sports develop camaraderie among children and youth, keep them away from drugs and violence
Participants of the focus group at CATCH built their ideal community to include the following:

- Exercise activity, gym, Co-op 24/7, daycare, community support groups
- Church
- Hot cabana boys bar, pool, Tim Horton’s, Dairy Queen
- Red or rainbow picket fence to show diversity
- Community garden-squash, corn, tomatoes
- Share cars, a shed, shared outings, lending of tools, building together
- Endless smokes